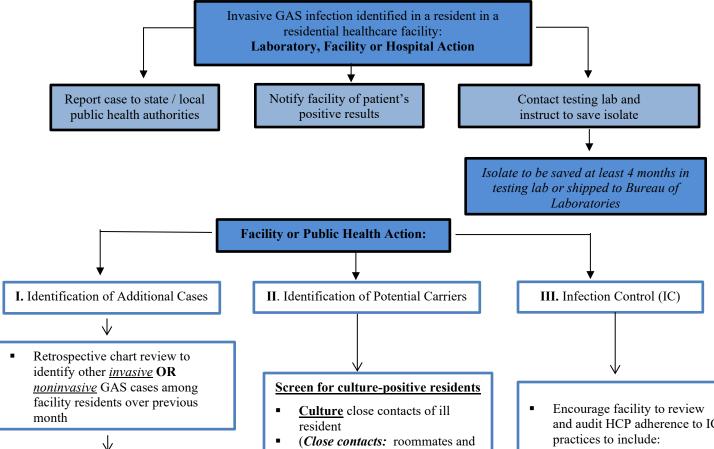




Investigation of One Culture-Confirmed Invasive Group A Streptococcus (GAS) Infection

Given the potential severity of GAS in residential healthcare facilities, even one case of invasive GAS should prompt an epidemiological investigation by the facility and the health department.



- Monitor residents daily for symptoms of *invasive* **OR** noninvasive infection for 4 months from onset of most recent GAS
- **Culture symptomatic** residents
- Treat positive cultures as clinically indicated
- Place infected residents on appropriate transmission-based precautions
- Survey (not culture) health care providers (HCPs) for symptoms suggestive of GAS infection
- **Culture symptomatic** HCPs
- Treat positive cultures as clinically
- Exclude HCP from workplace until antibiotic administered for > 24 hours

- close social contacts such as sex partners)
- Treat positive cultures with antibiotics recommendations for decolonization of asymptomatic persons
- Re-culture GAS carriers 7-10 days after finishing treatment

Sites to Culture:

Pharynx, skin lesions, gastrostomy & nephrostomy sites*

*Other insertion sites (i.e. tracheostomy, peripherally inserted central catheters, etc) should only be included if evidence of skin breakdown, redness, or irritation is present

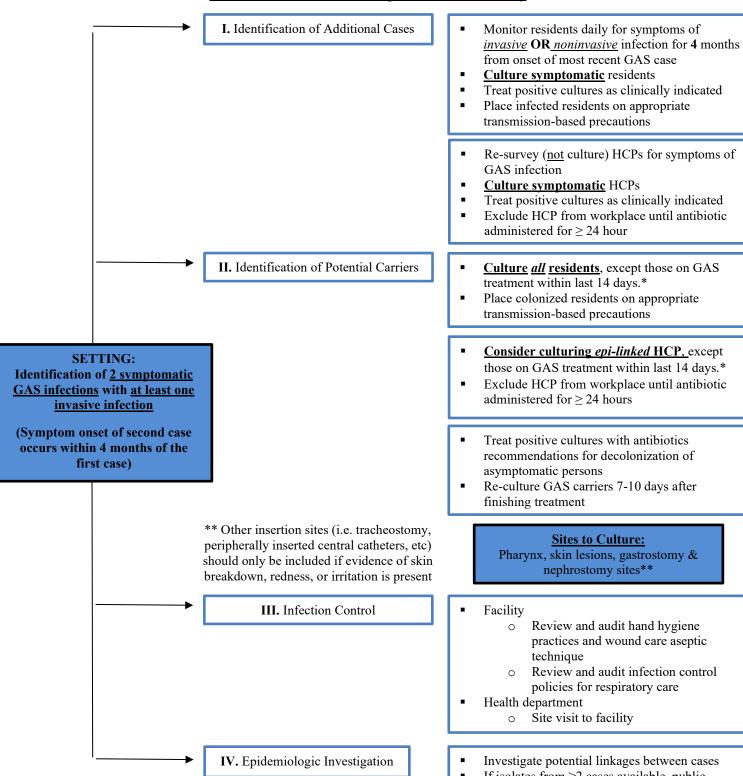
- and audit HCP adherence to IC
 - o hand hygiene
 - o aseptic wound care technique
 - o cleaning and disinfection of environmental surfaces and reusable wound care equipment
 - o dedicating multidose medication containers (e.g. creams, sprays, ointments) to a single resident whenever possible
- Encourage facility hand hygiene in-service
- Educate HCP on signs and symptoms of GAS infection
- Educate HCP on importance of not working while ill
- Encourage facility to review sick leave policies



Investigation of Two Culture-Confirmed Symptomatic Cases of GAS Infection

As outlined in the investigation of a single culture-confirmed case, the laboratory or hospital identifying the positive culture result should inform the facility as well as the health department.

Save all GAS isolates to send to public health laboratory



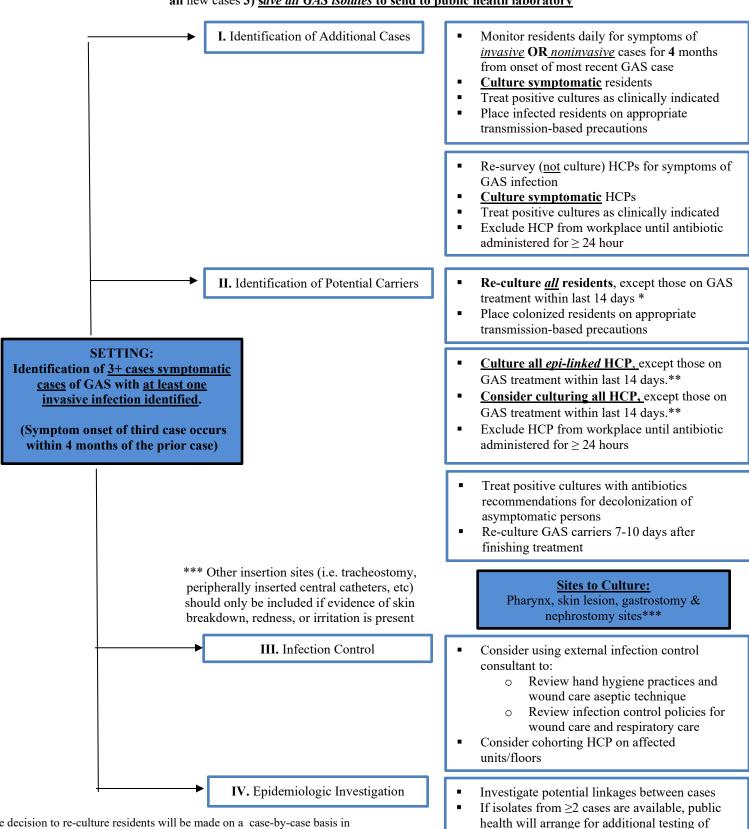
^{*}In some investigations, epidemiologic evidence might support targeted culturing of residents (e.g., wing or floor based) and/or epi-linked healthcare providers (e.g. wound care staff). This decision will be made on a case-by-case basis in consultation with Bureau of Epidemiology.

■ If isolates from ≥2 cases available, public health will arrange for additional testing of isolates to look for strain relatedness



Investigation of Three or More Symptomatic Culture-Confirmed Cases of GAS

Continue steps outlined in algorithms for one or two cases: 1) notify facility of patient 2) notify health department of all new cases 3) save all GAS isolates to send to public health laboratory



^{*}The decision to re-culture residents will be made on a case-by-case basis in consultation with BOE.

isolates to look for strain relatedness

^{**}Whether to screen only epi-linked HCP by culture for GAS in the facility or all HCP is a decision that should be made on a case-by-case basis in consultation with BOE