

Summary of Key Changes to the Invasive Group A Streptococcus (iGAS) Toolkit

- Change in recommendation for isolate storage at testing lab or Bureau of Laboratories from 3 months to 4 months.
- Change in recommendation for monitoring residents daily for symptoms of GAS infection for 3 months from onset of most recent GAS case to 4 months from onset of most recent GAS case.
- Change in recommendation for timing of symptom onset for additional GAS cases from onset within 3 months of the first case to symptom onset within 4 months of the first case.
- Change in recommendation for asymptomatic colonization screening sites from pharynx, skin lesions, and indwelling catheter sites (if evidence of skin breakdown, redness, or irritation present) to pharynx, skin lesions, gastrostomy, nephrostomy, and other insertion sites (if evidence of skin breakdown, redness, or irritation present).
- Adds recommendation to consider culturing epi-linked healthcare providers (HCP) during an investigation of 2 culture-confirmed symptomatic cases of GAS infection.
- Changes blanket recommendation for culturing all HCP during an investigation of 3+ culture-confirmed symptomatic cases of GAS infection to culturing all epi-linked HCP and *consider* culturing all HCP.
- Updates the first-generation cephalosporin dosing to align with updated CDC recommendations.
- Adds enhanced infection prevention and control recommendations to algorithm.
- Changes the recommendation to implement surgical mask use during all wound care to mask use during all wound care activities and when handling invasive medical devices for the duration of the outbreak to align with updated CDC recommendations.
- Modified single case and 2+ case letters to reflect all of the updated recommendations.