



October 5, 2017

Invasive Group A Streptococcus (iGAS) Advisory

Some of you have noted an increase in invasive group A streptococcus (iGAS) cases in your clinical practice. Northwestern Health Unit is investigating an increase in the number of iGAS in the region. The increase has primarily been in August and September 2017. The investigation has not found a clear cause for the increase in cases. The increase is affecting primarily the Sioux Lookout Local Health Hub, and Kenora Local Health Hub to a lesser extent (health hubs include a larger municipality and surrounding communities/municipalities).

Based on currently available information regarding this increase, predominant risk factors appear to be dermatological conditions (such as a previous skin condition, previous wound or burn), alcohol abuse, chronic illness/underlying condition, and diabetes. Other risk factors for iGAS disease include: being immunocompromised, injection drug use and being homeless/under-housed. There is also preliminary information suggesting that there is an increase in wound infections in those who use injection drugs.

Health care providers should be aware of this increased risk for individuals with these risk factors when assessing patients for both invasive and non-invasive GAS.

iGAS is a reportable disease and patients suspected of the following illnesses should be reported immediately to Northwestern Health Unit at (807) 468-3147 ext. 3336:

- Streptococcal toxic-shock syndrome
- Soft-tissue necrosis (including necrotizing fasciitis, myositis or gangrene)
- Meningitis
- Death

In Ontario, chemoprophylaxis is recommended as per the Public Health Agency Canada (PHAC) Guidelines for **close contacts** of invasive GAS disease with evidence of severity such as in Streptococcal Toxic Shock Syndrome, soft tissue necrosis, meningitis, pneumonia or death. GAS pneumonia should not be used as a sole indicator of severity. For recommendations for chemoprophylaxis and more information please see [PHAC Guidelines for the Prevention and Control of Invasive Group A Streptococcal \(GAS\) Disease](#).

Close contacts are defined as:

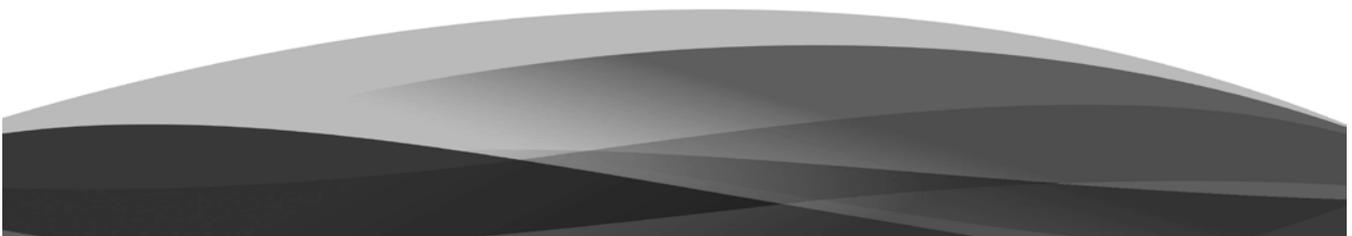
- household contacts who have spent at least 4 hours/day on average with the case in the previous 7 days;
- non-household contacts who share the same bed with the case or had sexual relations with the case;
- persons who have had direct mucous membrane contact with the oral or nasal secretions of a case, such as mouth to mouth resuscitation, open mouth kissing or unprotected direct contact with an open skin lesion of the case; and
- injection drug users who have shared needles with the case.

All close contacts of invasive GAS disease should be informed about the signs and symptoms of GAS infection and be advised to seek medical attention if signs and symptoms develop within 30 days after exposure to a case. NWHU will assist with contact follow up and education and can be consulted as required.

Attached on page 3 is a fact sheet on IGAS.

Northwestern Health Unit has increased communication and programming to difficult-to-reach high risk groups, and agencies that serve these groups. Surveillance and further investigation will continue and health care providers will be updated regularly.

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Invasive Group A Streptococcal Disease (iGAS)

Group A streptococcus (GAS) is a bacteria commonly found in the throat or on the skin. Many healthy people carry the bacteria and have no signs of illness. The majority of GAS infections cause relatively mild illnesses like strep throat and impetigo.

Invasive group A streptococcal disease (iGAS) is a serious and sometimes life-threatening illness that occurs when the bacteria invades a part of the body where it is not usually found. This includes illnesses such as meningitis (infection of the lining of the brain), necrotizing fasciitis (infection that destroys muscle or its adjacent tissue), bacteremia (infection of the blood) and streptococcal toxic shock syndrome (infection that damages organs like the kidneys, liver, and lungs).

What are the symptoms of iGAS disease?

Typical symptoms of iGAS disease include; fever, severe body aches, chills, sore throat, dizziness, confusion, or rash. There may be severe pain, redness or swelling around a wound or injured area. A person with iGAS can become very ill within a few hours.

How is GAS spread?

GAS is spread by direct contact with secretions from the nose and throat of an infected person or carrier and through contact with infected wounds or sores on the skin. The risk of spreading the infection is highest when a person is unwell with an illness such as strep throat or an infected wound. People who carry the bacteria, but have no symptoms, are much less contagious.

More to know

- If you've been in close contact with a person who has recently had invasive GAS disease, see your health care provider. You may need preventative antibiotics.
- Wash your hands regularly especially after coughing or sneezing and before handling or eating food.
- Cover your mouth and nose when you cough or sneeze, use a tissue or your sleeve, not your hands.
- Make sure your immunizations are up to date, including the annual flu shot.
- Avoid activities where you may have come into contact with someone else's body fluids such as open mouth kissing and sharing water bottles, utensils or needles.
- People diagnosed with strep throat should stay home from work, school, or child care until 24 hours after taking an antibiotic.
- Keep all wounds clean, and watch for possible signs of infection such as rapid increase in redness, swelling, drainage, and pain at the wound site. Anyone with signs of an infected wound, especially if fever develops, should seek medical care right away.



**Northwestern
Health Unit**

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