Northwestern Health Unit
www.nwhu.on.ca

December 12, 2017

Health Advisory: Update on iGAS situation across the region

We are still seeing elevated numbers of iGAS cases across the catchment area of Northwestern Health Unit primarily in the Sioux Lookout Health Hub but also affecting the Kenora Health Hub.

Reminders about iGAS:

- iGAS can present similarly to febrile respiratory illness.
- Consider iGAS as a possible illness, particularly for patients with common risk factors and altered level of consciousness or signs of sepsis.
- NWHU is only notified if the lab sample is from a normally sterile site. Therefore cases of invasive group A strep may be missed if such a sample was not taken or if the sample is a false negative (e.g. sample taken after antibiotics were started). Please notify Northwestern Health Unit if you suspect invasive group A strep.

Current status:

- Since May 20th, 2017 there have been approximately 50 confirmed cases of iGAS across the region. A large proportion of cases are in patients from Sioux Lookout, and nearly half of all cases are from remote First Nations communities.
- Approximately 17% of cases have been severe.
- Most common associated risk factors with current outbreak: excessive alcohol use; dermatological conditions; being homeless or under-housed; chronic illness; diabetes.

Normally iGAS is seen more in males (60%) than females (40%), and more common in those over 50 years old. This outbreak is atypical, **currently**:

- 76% of iGAS cases have been in males
- Cases in 20-39 age group is high (54% vs 28% baseline).
- Serotype emm 74 is a type we have not seen before in our area, and this emm type appears to account for the increase over baseline rates. This type has been connected with outbreaks related to shelters and under-housed/ homeless population in other parts of Ontario, Canada, and the U.S.

A summary of NWHU actions is attached.

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NWHU Actions Taken re: iGAS:

In an attempt to determine whether common exposure locations exist, we are:

- Re-interviewing cases with most common emm types, focusing on people the case had contact with, and places the case spent time during the week to month prior to infection.
- Using more detailed questions in follow-up of all current and new cases.

Since the rise in iGAS cases, we have:

- Had regular communication with shelters, day programs for the under-housed, and harm reduction programs. This includes public health inspections, hygiene recommendations for shelters, education about iGAS, wounds, and symptoms that should prompt medical attention.
- Provided basic wound care kits for clients' self-care
- Reviewed research to find additional evidence-based interventions that may reduce morbidity and mortality among most at-risk people.
- Increased communication with hospitals, labs, Public Health Ontario, Sioux Lookout First Nations Health Authority, First Nations and Inuit Health Branch, the MOHLTC, and other northern Health Units to assess the situation and plan response.
- Noted that the primary root causes of the outbreak are based in social determinants of health and that long-term change in outcomes will require sustained commitment to improve these determinants.

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