

Ministry of Health

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May 23, 2023

MEMORANDUM

TO: Hospital Emergency Departments, Labour and Delivery Units, Chiefs of Paediatrics,

Primary Care organizations including midwives,

Provincial Council for Maternal and Child Health

FROM: Dr. Barbara Yaffe
Associate Chief Medical Officer of Health

RE: Increased Invasive Group A Streptococcal Disease (iGAS) in Ontario

I am writing to inform you about invasive Group A Streptococcal Disease (iGAS) trends in Ontario and request that you be alert for the signs and symptoms of iGAS in your patients presenting with illness compatible with non-invasive GAS infections (e.g. strep throat, skin and soft tissue infections).

As you know GAS is a common cause of bacterial infections (e.g. strep pharyngitis, impetigo, scarlet fever, cellulitis). While iGAS remains relatively uncommon it can progress quickly and may be associated with streptococcal toxic shock syndrome (TSS), sepsis, soft tissue necrosis (including necrotizing fasciitis), meningitis, pneumonia and other life-threatening conditions resulting in death.

Increased iGAS cases have been [reported recently in Ontario](#) in all age groups, including among children under age 18 years of age. Rates of illness are highest among those aged 0 to 4 years and 65 years of age and older. Those at increased risk of iGAS include infants and young children aged 0 to 4 years, people who are pregnant and postpartum, and older adults. Others at increased risk include those with immunocompromising conditions, chickenpox, and people experiencing homelessness or who use injection drugs. In a [recent report](#) from the United States, some children with iGAS had preceding or concurrent respiratory viral infections.

Health care providers should:

- Provide prompt assessment and treatment as appropriate for patients with symptoms of non-invasive GAS (e.g., pharyngitis with consistent findings, skin and soft tissue infections). Note that GAS infections are generally considered non-infectious after 24 hours of appropriate treatment.
- Be alert to potential complications of GAS infections and consider iGAS as a possible cause of severe illness, particularly in those who may be at increased risk.
 - This includes infants and young children, people who are pregnant or postpartum, older adults, those who are immunocompromised, and those with recent viral infection (including chickenpox). There are some well-recognized early warning tools like the MEOWS (modified early obstetric warning system) that can be beneficial for early recognition and clinical management in the pregnant population.
- If iGAS is suspected, obtain appropriate specimens for routine bacterial culture or DNA detection by nucleic acid amplification testing (NAAT).
- Clinical management of severe iGAS disease involves supportive treatment (e.g., fluids), antimicrobials and measures to minimize or neutralize the effects of toxin production when indicated (e.g., IVIG). Early diagnosis and aggressive management can be critical, including in the [peripartum period](#). Consultation with an infectious diseases physician should be considered for the management of patients with suspected iGAS.
- Educate patients and parents/guardians on the signs and symptoms of serious bacterial infections, and when to seek urgent medical attention.
- Support your patients in keeping up-to-date on routine immunizations, in particular varicella immunization when indicated, and offer influenza vaccination for eligible patients.
- Notify your local public health unit promptly about iGAS cases and clusters.

We will continue to closely monitor the situation and keep you updated with any new developments.

Sincerely,



Dr. Barbara Yaffe, MD, MHSc, FRCPC
Associate Chief Medical Officer of Health

- c: Medical Officers of Health/Associate Medical Officers of Health, PHUs
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