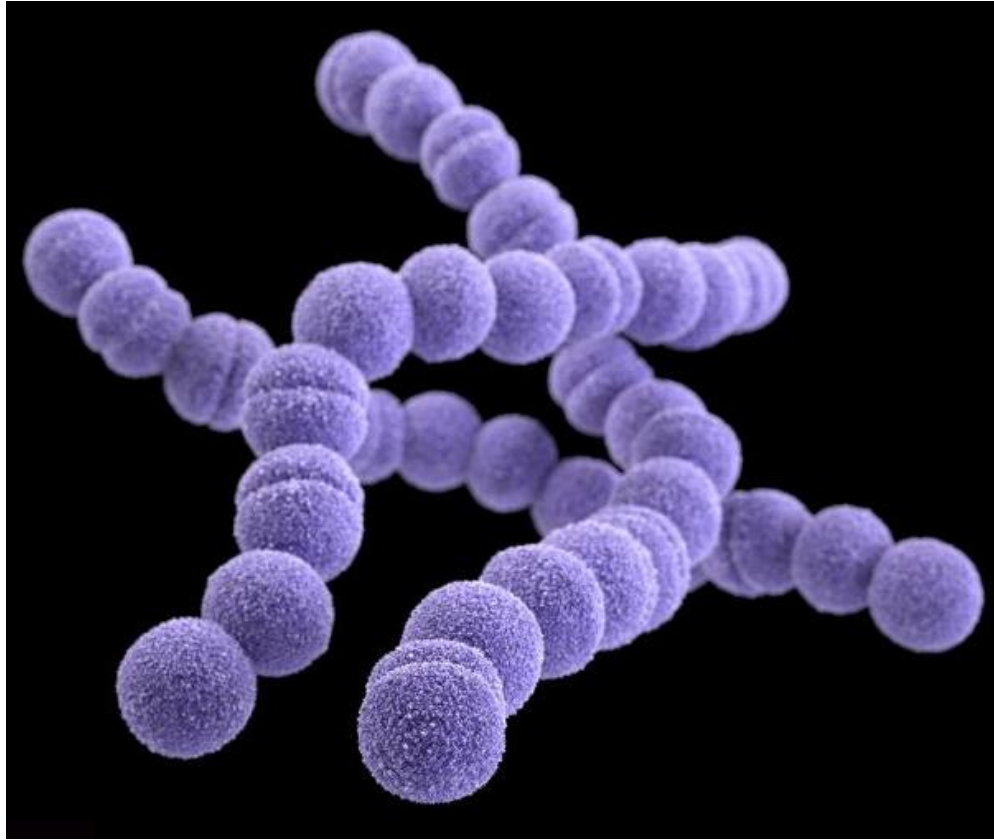


# *Group A Streptococcus*

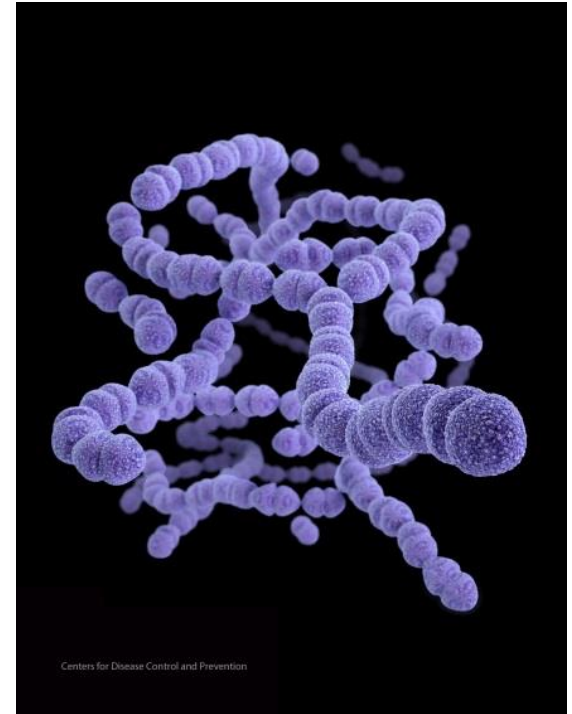


# *Objectives*

1. Describe the types of GAS
2. Discuss the public health concern for HAI's in facilities
3. Discuss the steps of both a GAS sentinel and outbreak investigation in a healthcare facility
4. Describe methods to mitigate GAS

# *Group A Strep (GAS)*

- A group of gram-positive bacteria
- Spherical shape and divide by fission, but remain attached and grow in beadlike chains
- Commonly found in the throat and on the skin
- Illness varies depending on site of infection



# *Infections Caused by GAS*

- Strep throat
- Impetigo
- Scarlet fever
- Can cause severe and sometimes life-threatening (invasive) infections
  - Bacteria can invade normally sterile locations of the body, such as the blood, CSF, joint or pleural fluid
  - Post-Streptococcal Glomerulonephritis



# *Rare, But Deadly...*

**Streptococcal toxic shock syndrome (TSS)** - is a rapidly progressing infection

- Usually infects people in their 20s or 30s
- Causes blood pressure to fall rapidly and organs to fail

**Necrotizing fasciitis** - quickly spreading infection of the flesh and muscle

- Caused by toxins released by *S. pyogenes* "Flesh-eating bacteria."



# *Why is GAS important to me?*

- It is an infection that may be transmitted from person to person in a confined setting, which includes long term care.



# *The Path of GAS Spread*



- Inadequate infection control
  - Improper hand hygiene
  - Inadequate environmental cleaning
- Poor wound care technique

# *Burden of Invasive GAS*

- Invasive group A strep (e.g. cellulitis with blood infection, pneumonia, or necrotizing fasciitis)
- CDC estimates that approximately 11,000 to 13,000 cases occur annually in the US
- LTCF residence is an independent risk factor for invasive disease
- Incidence 3–8 times higher among LTCF residents





# *LTCF Mortality Risks*

- Between 1,100 and 1,600 people die as a result of invasive GAS disease annually in the US
- LTCF residents 1.5 times more likely to die from invasive GAS infections than the average population
- 10-15% of LTCF residents who acquire a GAS infection will die.



# *Recent GAS Outbreak Vignette*

- 2 Facilities in County X, North Carolina
- 2 Healthcare workers worked at both facilities
- 24 Total cases to date
  - **Facility A:** 10 cases (among eight residents and 2 employees)
  - **Facility B:** 14 cases (among 12 residents and 2 employees)
- 6 residents died (case fatality rate 25%)



# *LHD Investigation Steps*

Investigation steps for single and multiple cases

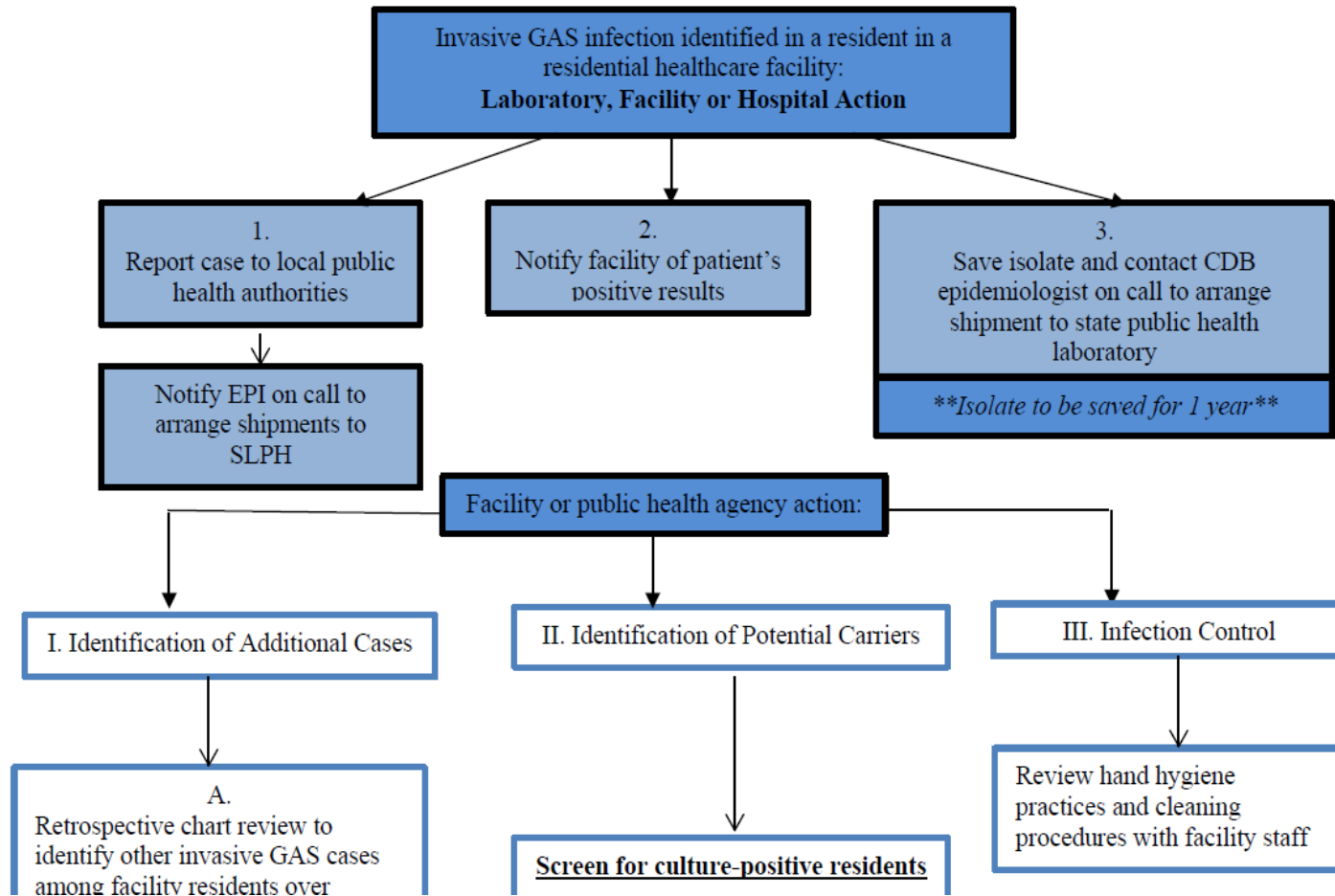
- Retrospective chart review
- Survey healthcare workers for GAS symptoms
- Culture close contacts
- 4 months active surveillance



# Public Health Response to GAS

## Investigation of One Culture-Confirmed Invasive GAS Infection

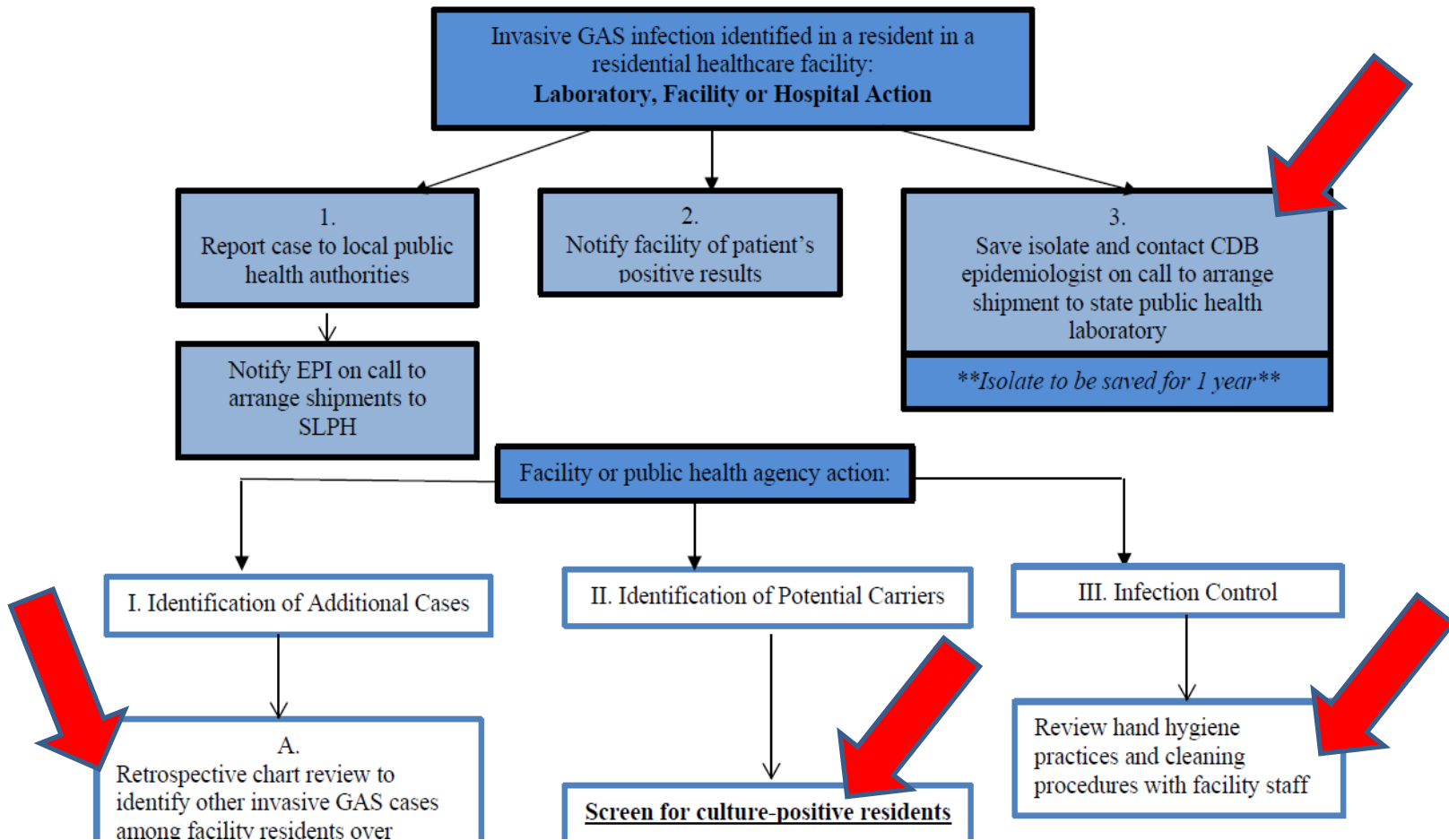
Given the potential severity of GAS in residential healthcare facilities, **even one case of invasive GAS** should prompt an epidemiological investigation by the facility and the local health department.



# The Response

## Investigation of One Culture-Confirmed Invasive 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 local health department.



# *GAS Prevention*

## **Prevention is critical:**

Two of the best methods to prevent the spread of this infection:

- Strict attention to hand hygiene and
- Keeping staff out while ill (i.e. sore throats)

# *Infection Risk Factors*

- Increased staff contact linked to illness
  - Significant nursing needs
  - Non-intact skin/wound care
  - Immobility/bed baths
- Link to inadequate infection control
  - Poor hand hygiene
  - Staff working while sick





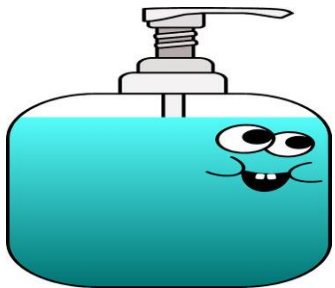
# *Masking during wound care?*

- Not required, may be best practice
- Recent outbreak linked to healthcare



# Hand Hygiene

- Alcohol-based hand sanitizers are the **most effective** products for reducing the number of germs on the hands of healthcare providers.
  - They are the **preferred** method for cleaning your hands in the healthcare setting, when hands are not visibly soiled
  - Soap and water are recommended for cleaning visibly soiled hands



<https://www.cdc.gov/handhygiene/providers/index.html>

# *References*

- <https://www.cdc.gov/groupastrep/diseases-public/index.html>
- <http://professionals.site.apic.org/10-ways-to-protect-patients/using-ppe-the-right-way/>
- <https://www.cdc.gov/handhygiene/providers/index.html>

Thank you!!  
NC SHARPPS Team