

Steps to Take for Single Confirmed Invasive Group A Streptococcus Infection in a Long-Term Care Facility

Investigation Steps

1. Look for additional cases:
 - a. One month retrospective chart review of facility residents, looking for persons with invasive group A Streptococcal disease (bacteremia, septic arthritis, meningitis, osteomyelitis, etc).
 - b. Continue active surveillance for invasive and noninvasive cases for four and three consecutive months respectively with no reported cases. (report either weekly or monthly to the local health department)
 - c. Survey Facility workers for symptoms of strep infection (including fever, sore throat, tonsillitis, rash, cellulitis, or wound infection) during the month preceding onset of the most recent case. Culture throat and skin lesions¹ of any symptomatic employee. Those with positive cultures should be treated as clinically indicated by their primary care provider.
 - d. Notify state health department if additional cases are identified for further instructions.
2. Look for asymptomatic carriers:
 - a. Culture close contacts of ill the resident, including roommates, sex partners and close friends. Obtain specimens from throat, skin lesions, indwelling catheters.
 - b. Contact state health department for eradication regimens for those with positive cultures.
3. Review hand hygiene practices and cleaning procedures with Facility staff, especially glove use, adequate and easily accessible hand hygiene stations (sinks and hand sanitizer), and cleaning and disinfecting of bath and shower facilities between patients.

Hand hygiene guidance

1. Wear gloves during any procedure that involves potential exposure to blood or body fluids, including bathing or showering residents. Change gloves between patient contacts. Change gloves that have touched potentially blood-contaminated objects or wounds before touching clean surfaces.
2. Remove and discard gloves in appropriate receptacles after every procedure that involves potential exposure to blood or body fluids.
3. Perform hand hygiene (i.e., hand washing with soap and water or use of an alcohol-based hand rub) immediately after removal of gloves and before touching other supplies intended for use on other residents.

General infection control and education

1. Encourage rigorous hand hygiene among employees, residents, and visitors.
2. Provide specific infection control education to employees on the importance of basic hand hygiene and adherence to sick leave policy.
3. Provide specific education to employees on cleaning and disinfection procedures.

¹Skin lesions should be cultured using a culturette that has been moistened with sterile saline or sterile water prior to swabbing the affected area.

4. Employees who have exudative lesions or weeping dermatitis shall refrain from all direct resident care that involves the potential for contact of the patient, equipment, or devices with the lesion or dermatitis until the condition resolves.
5. Ensure appropriate cleaning and disinfection of shower room between residents.

¹Skin lesions should be cultured using a culturette that has been moistened with sterile saline or sterile water prior to swabbing the affected area.