

Steps to Take for Invasive Group A Strep Post-Partum / Post-Surgical Surveillance

1. If a case is identified as post-partum or post-surgical, notify the county of residence and the health care institution.
2. Establish retrospective surveillance of cases for 6 months prior to the earliest case and active surveillance to end 6 months after the latest case.
3. If more than one healthcare facility is involved e.g. OB clinic and hospital, consult with NC Division of Public Health (DPH).
4. Notify NC DPH if additional cases are identified for further instructions.
5. If 2 or more cases are identified in a healthcare facility, evaluate for common health care providers, including non-licensed providers.
 - a. Consider screening HCWs for 1 case, and strongly recommend HCW screening for 2 or more cases
6. Coordinate with lab to have isolate held and sent to the State Lab of Public Health (SLPH)
7. Coordinate with NC DPH to arrange for additional isolate testing through the CDC to conduct additional testing to determine whether cases may be linked.
8. Refer to the algorithm in the CD Manual GAS tool kit.
 - a. If additional cases are identified, follow the algorithm for 2 or more cases and notify NC DPH. (while the algorithm is directed toward LTC, the basic steps will be similar – consult with NC DPH for additional guidance)
9. Review related postpartum articles in the CD Manual GAS tool kit:
 - a. *Population-Based Surveillance for Postpartum Invasive Group A Streptococcus Infections, 1995–2000* and
 - b. *Prevention of Invasive Group A Streptococcal Disease among Household Contacts of Case Patients and among Postpartum and Postsurgical Patients: Recommendations from the Centers for Disease Control and Prevention*
10. Look for asymptomatic carriers:
 - a. Consider screening HCWs for 1 case, and strongly recommend HCW screening for 2 or more cases
 - b. Screening should be considered for HCWs who were present at delivery and for those who performed vaginal examinations before delivery (for postpartum cases) and for all HCWs present in the operating room during surgery and those who changed dressings on open wounds (for postsurgical cases).
11. If screening of HCWs is undertaken, sites from which specimens should be obtained and cultured include:
 - a. Throat
 - b. Anus
 - c. Vagina
 - d. Any skin lesions
12. Screened HCWs may return to work pending the culture results; however, HCWs identified as colonized should be suspended from patient care duties until:
 - a. They have received chemoprophylaxis for 24 h
 - b. Contact NC DPH for eradication regimens for those with positive cultures.
13. Review hand hygiene practices and cleaning procedures with facility staff, specifically

glove use, adequate and easily accessible hand hygiene stations (sinks and hand sanitizer)

Areas to assess in the facility setting(s): (Hospital and/or OB office)

Hand hygiene guidance:

1. Wear gloves during any procedure that involves potential exposure to blood or body fluids
2. Change gloves between patient contacts.
3. Change gloves that have touched wounds or objects potentially contaminated with blood or body fluids and perform hand hygiene before touching clean surfaces.
4. Remove and discard gloves in appropriate receptacles after every procedure that involves potential exposure to blood or body fluids and perform hand hygiene.
5. Perform hand hygiene (i.e., use an alcohol-based hand rub – preferred method unless visibly soiled. If visibly soiled, wash hands with soap and water) immediately after removal of gloves and before touching other supplies intended for use on other patients.
6. Hand hygiene should be performed prior to **and** after patient contact.

Wound care:

1. Ensure all work areas are cleaned with an EPA-approved disinfectant prior to gathering supplies to allow for appropriate contact time.
2. Practice good aseptic technique – ensuring clean and dirty areas are separated.
3. Ensure each patient receiving wound care has a dedicated pair of bandage scissors or disposable scissors available.
 - a. Sharing of scissors between patients is not best practice as the area between the hinges cannot be disinfected without autoclaving.

General infection control and education:

1. Encourage rigorous hand hygiene among employees, patients, 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 including appropriate contact times.
4. Employees who have exudative lesions or weeping dermatitis shall refrain from all direct patient care that involves the potential for contact of the patient, equipment, or devices with the lesion or dermatitis until the condition resolves.