HEALTH ADVISORY

Public Health
Prevent. Promote. Protect.
REGION IV PUBLIC HEALTH
Clark, Cowlitz, Skamania, Wahkiakum counties and Cowlitz Tribe

TO: Physicians and other Healthcare Providers

Please distribute a copy of this information to each provider in your organization.

Questions regarding this information may be directed to the following Region IV health officers:

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Alert categories:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.

HEALTH ADVISORY
February 28, 2018

Increase in Group A Streptococcal (GAS) Infections

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The following health advisory was sent on February 13 by Public Health Seattle King County.

Action requested:

- Be aware of an increase in GAS infections in King County in recent years, including invasive disease.
- Review invasive GAS disease clinical presentation, risk factors, and the need for rapid evaluation and treatment of persons with suspected necrotizing fasciitis and other invasive GAS syndromes.
- Review CDC guidance for chemoprophylaxis of household contacts of invasive GAS cases.
- Be aware that people experiencing homelessness and persons who inject drugs (IDU) are at increased risk for GAS infections.
- Report outbreaks of GAS to your local health jurisdiction

Background:

In recent years, invasive GAS infections have been increasing in many areas of the US (as well as in British Columbia, Canada, and elsewhere). Since mid-2016, GAS infections have been increasing in King County. GAS is a common cause of skin infections and pharyngitis, and less commonly causes invasive infections such as necrotizing fasciitis, bacteremia, pneumonia, and streptococcal toxic shock syndrome. Most cases in King County have been skin and soft tissue infections with a smaller increase in invasive disease cases.

Transmission:

GAS is primarily spread by close contact between individuals via respiratory droplets and direct skin contact; it can also spread by sharing needles and through contaminated objects that remain wet with respiratory secretions or wound drainage (e.g., cups, utensils, wound dressings). Crowding and unhygienic living conditions can facilitate GAS transmission. **Close contacts** of invasive GAS cases should be instructed to monitor their health for signs and symptoms of GAS infection (e.g., fever, sore throat, red or warm skin at a wound site) for 30 days and seek medical care if symptoms develop (see references below for definitions of close contacts).

Risk factors:

For GAS skin infections include IDU, breaks in the skin and chronic skin breakdown. Risk factors for invasive GAS infection include age > 65 years, immunosuppression, chronic underlying diseases (i.e., diabetes, chronic renal failure, cancer; heart disease, steroid use); Native American people, alcoholism, IDU.

Subsequent invasive GAS infections are rare among household contacts of persons with invasive GAS infections, however the risk is higher than the risk among the general population.

Clinicians can consider **post-exposure chemoprophylaxis** (PEP) for high-risk household (see CDC guidance, below) or high-risk community contacts (see Public Health Ontario guidance, below), although there are no US recommendations for the latter. In addition to the PEP regimens in the CDC guidance, a 10 day course of a 1st generation cephalosporin is appropriate. Based on local susceptibility data, macrolides are not recommended for empiric use.

Necrotizing fasciitis:

Often begins at a site of trauma or a skin lesion that can initially appear relatively benign (i.e., minor abrasion, IDU injection site, boil); a minority of patients have no visible skin lesion. Severe pain out of proportion to physical findings is characteristic. Erythema can advance rapidly over 24-48 hours to increasing inflammation and dusky discoloration, with systemic toxicity (e.g., high temperatures, disorientation, lethargy). An erythematous tract may appear along the route of infection as it advances proximally in an extremity.

GAS toxic shock syndrome:

Begins with an "influenza-like" prodrome (fever, chills, myalgias, nausea, vomiting, diarrhea) followed by hypotension. Where there is a defined portal of entry, there may be early evidence of skin infection. Confusion and/or combativeness occurs in many cases. Illness progresses to shock with organ failure.

For more information:

- CDC Guidance for Prevention of Invasive Group A Streptococcal Infections. Clin Infect Dis. 2002;35(8):950–9. https://academic.oup.com/cid/article/35/8/950/330363
- Public Health Ontario: Recommendations on Public Health Management of Invasive GAS https://www.publichealthontario.ca/en/eRepository/iGAS_Recommendations_on_Public_Health_Management.pdf
- CDC GAS information: https://www.cdc.gov/groupastrep/index.html
- Clinical information on severe GAS infections: https://www.ncbi.nlm.nih.gov/books/NBK333425/

Thank you for your partnership.

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