Health Advisory: Group A Streptococcal Infections

Minnesota Department of Health, Thurs, Dec 8 14:00 CST 2022

Action Steps

Local and tribal health department: Please forward to hospitals, clinics, urgent care centers, emergency departments, and convenience clinics in your jurisdiction.

Hospitals, clinics and other facilities: Please distribute to infection preventionists, internists, hospitalists, infectious disease doctors, emergency department staff and all other health care providers.

Health care providers:

- Recognize Group A Streptococcal (GAS) infections early, especially among patients at high risk for severe illness.
- Consider obtaining culture for suspected GAS infection, including cultures of abscesses, other infected sites, and blood cultures as clinically indicated.
- Report cases of invasive (i) GAS within 1 working day to MDH at 651-201-5414 (1-877-676-5414) and inform MDH epidemiology if iGAS case is a resident of a long-term care facility, homeless shelter, or other congregate setting (when known).
- Long-term care facilities should review MDH recommendations ([Invasive Group A Streptococcus (GAS) in Long Term Care Facilities -](https://www.health.state.mn.us/diseases/strep/gas/ltc.html) and promptly contact MDH epidemiology (651-201-5414 or 1-877-676-5414) if an iGAS case is identified in a resident to discuss response.

Situation

MDH conducts statewide surveillance for iGAS infections defined as GAS isolated from a sterile body site (e.g., blood, CSF, pleural fluid, bone, joint, muscle), streptococcal toxic shock syndrome, or necrotizing fasciitis. Based on preliminary data, the number of iGAS cases reported in November was twice the number of cases in other months (46 cases in November to date compared to an average of 20 cases/month in 2022). To date, cases occurring in the community are not known to be epidemiologically linked and there are no obvious geographic patterns of illness. Case increases have been observed in all age groups but the increase is notable in pediatric and elderly patients and may be related to increasing respiratory viral activity. MDH continues to monitor reported iGAS cases.

Group A streptococcal infections can cause a range of illness from mild or moderate (e.g., pharyngitis and skin and soft tissue infections) to severe disease (e.g., pneumonia, bacteremia, streptococcal toxic shock syndrome [STSS], and necrotizing fasciitis). These severe infections have a high case fatality rate. Individuals at higher risk for severe or invasive GAS (iGAS) disease include elderly or immunocompromised persons, persons with medical conditions including diabetes, malignancy, or chronic kidney, cardiac, or respiratory disease, those with skin disease, trauma, surgical wounds, injection drug use, or varicella infection and people experiencing homelessness.

GAS infections can spread rapidly in congregate settings including long-term care facilities, shelters for people who are experiencing homelessness, and others. In these settings, when an iGAS case is identified, there are frequently unrecognized non-invasive GAS infections.
For More Information

- [MDH Streptococcal Disease](https://www.health.state.mn.us/diseases/strep)
- [MDH Invasive Group A Streptococcus (GAS) in Long Term Care Facilities](https://www.health.state.mn.us/diseases/strep/gas/ltc.html)
- [CDC Group A Streptococcal (GAS) Disease](https://www.cdc.gov/groupastrep/index.html)

A copy of this HAN is available at: [MDH Health Alert Network](http://www.health.state.mn.us/han)
The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.