

Invasive Group A Streptococcus (GAS) in Long Term Care Facilities

Background

Group A Streptococcus (GAS) is a bacteria that people carry in their throat or on their skin, and often it can be present even when the person has no symptoms. This is called colonization. GAS can cause illnesses from relatively mild sore throats (strep throat) or skin infection (e.g. impetigo) to life threatening invasive infections such as pneumonia, necrotizing fasciitis, blood stream infection, or toxic shock syndrome.

Transmission

GAS is transmitted person-to-person when an infected person comes in contact with the nose, mouth, eyes, or a break in the skin of an uninfected person. The risk of spreading GAS is higher when an infected person has an illness due to the bacteria versus when someone is just carrying the bacteria (i.e. is colonized). The infection is generally not spread through contact with household objects and equipment.

Disease Reporting

The Minnesota Department of Health (MDH) has been conducting active laboratory based surveillance of invasive GAS disease since 1995. All healthcare providers and reference laboratories are required to report cases of invasive GAS to MDH.

[Reporting Streptococcal Disease
\(\[www.health.state.mn.us/divs/idepc/dtopics/reportable/streptococcal.html\]\(http://www.health.state.mn.us/divs/idepc/dtopics/reportable/streptococcal.html\)\)](http://www.health.state.mn.us/divs/idepc/dtopics/reportable/streptococcal.html)

Long Term Care Facilities

Long term care facilities are of particular concern with respect to invasive GAS. Many long term care residents are at increased risk for serious GAS disease due to advanced age, frequent breaks in the skin, and immunocompromising conditions. Staff and residents can become ill with non-invasive infections such as strep throat or cellulitis and spread their infection on to susceptible individuals who can then develop serious invasive infections. Inadequate hand hygiene, by staff, residents, and visitors can lead to transmission.

Additionally, infections that are treated without a culture can contribute to transmission.

Treatment with an antibiotic for 24 hours generally eliminates the ability to spread GAS. It is very important to complete the full antibiotic course. Long term care residents with any GAS should be confined to their rooms for 24 hours after antibiotics are started. Any staff member with a GAS infection (e.g. strep throat) should be excluded from work until 24 hours after their first dose of antibiotics.

If a case of invasive GAS is identified in a resident at your facility, MDH recommends heightened vigilance for other GAS infections in staff and residents. This may include reviewing previous infections and requesting cultures for current infections as well as inquiring about strep throat and skin infections among residents and staff.

Prevention

Long term care staff can help prevent the spread of GAS through appropriate hand hygiene. Hand hygiene should be performed before and after caring for residents, after coughing or sneezing, and before preparing or eating food. Staff should contact their health care provider when they have a sore throat or if signs of a skin infection develop. If GAS is cultured or if a strep test comes back positive, staff must wait at least 24 hours after their first dose of antibiotic has been taken before returning back to work and they should finish the entire course of antibiotics.

If residents are diagnosed with GAS, they should be confined to their rooms for 24 hours after taking their first dose of antibiotics. When caring for a resident with GAS, staff must wash hands with soap and water or use an alcohol based hand sanitizer before and after resident contact. Staff must follow appropriate infection prevention precautions including contact and droplet precautions depending on the residents' symptoms and diagnosis. Staff can also keep wounds clean and watch for signs of infection such as redness swelling, drainage, and pain.

Good infection control practices in all areas of the facility including hand hygiene and careful handling of open sores and wounds will do much to prevent serious cases and protect vulnerable residents.

Resources

MDH can provide additional resources and guidelines for long term care facilities with cases of GAS. Contact 651-201-5414 for recommendations.

- [Group A Streptococcus \(GAS\)](http://www.health.state.mn.us/divs/idepc/diseases/gas/)
(www.health.state.mn.us/divs/idepc/diseases/gas/)
- [CDC: Group A Streptococcal Disease](https://www.cdc.gov/groupastrep/)
(<https://www.cdc.gov/groupastrep/>)
- [Clinical Infectious Diseases: Group A Streptococcal Disease in Long-Term Care Facilities: Descriptive Epidemiology and Potential Control Measures](https://academic.oup.com/cid/article-lookup/doi/10.1086/520992)
(<https://academic.oup.com/cid/article-lookup/doi/10.1086/520992>)
- [Emerging Infectious Diseases: Invasive Group A Streptococcal Disease in Nursing Homes, Minnesota, 1995–2006](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2600262/)
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2600262/>)

Minnesota Department of Health
Infectious Disease Epidemiology, Prevention and Control Division
651-201-5414 | 1-877-676-5414
www.health.state.mn.us

If you require this document in another format, such as large print, please call 651-201-5414.