Interim UK guidelines for management of close community contacts of invasive Group A Streptococcal disease (iGAS)

1. Invasive Group A Streptococcal (iGAS) cases are defined through the isolation of GAS from a sterile site or from a non-sterile site in patients with clinical signs of streptococcal toxic-shock syndrome (STSS). Ensure iGAS isolates sent for typing.

2. Close contact is defined as someone who has had prolonged close contact with the case in a household type setting during the seven days before onset of illness. Examples of such contacts would be those living and/or sleeping in the same household, pupils in the same dormitory, boy/girlfriends or university students sharing a kitchen in a hall of residence. In addition, someone who has been directly exposed to larger particle droplet/secretions from the respiratory tract of a case around the time of admission to hospital should be considered a close contact e.g. been involved in resuscitation of the case.

3. The provision of information to close community contacts of cases of iGAS forms the risk communication strategy. The HPA has a Q&A information leaflet for close community contacts of iGAS available at:

www.hpa.org.uk/infections/topics_az/strepto/pyogenic/QAhhd.htm

4. If either mother or baby develops iGAS in the neonatal period (first 28 days of life) then the other, as the ‘contact’, should be given antibiotics as indicated above.

5. Symptoms suggestive of invasive disease include high fever, severe muscle aches, localised muscle tenderness (a lot of pain but not a lot to see), otherwise unexplained gastrointestinal symptoms +/− a high index of suspicion of invasive disease. In the absence of a more likely alternative diagnosis then an emergency referral to A&E or examination by ID physician/specialist in severe GAS infection is indicated. The A&E department (Sister in Charge) should be contacted directly to advise them of the incoming patient.

6. Symptoms suggestive of a non-invasive GAS infection include sore throat, low grade fever, minor skin infections plus a low index of suspicion of invasive disease