

*Streptococcus pyogenes* or Group A *Streptococcus* (GAS) is a type of bacteria that can be found in the nose, throat, or on the skin. It may not cause any signs and symptoms of infection or can infect different parts of the body, causing mild to severe disease.

GAS can be transmitted to others by a person who is colonized or infected through respiratory droplets, contact with saliva or nasal secretions, or contact with open sores or wounds. Outbreaks are most common in long-term care facilities, with these residents being more vulnerable for severe infection and death. Because of this, prompt action is needed when a resident develops an invasive GAS infection (infection of a normally sterile site like blood).

## Infection Prevention Checklist



- Resident placement:** Place residents with Group A *Streptococcus* infection or colonization using appropriate precautions depending on the infected site.
  - Major skin, wound, or burn:** **Contact and Droplet Precautions** until drainage stops or is contained by a dressing. Use **Enhanced Barrier Precautions** after discontinuing Transmission-based Precautions, until the wound is healed.
  - Pneumonia, severe invasive disease:** **Droplet Precautions** until 24 hours after the initiation of effective antibiotic therapy, which should be discussed with a medical provider.
- Communication:** Notify resident, caregiver, and staff of positive Group A *Streptococcus* results.
  - Report to your local health department (<https://www.vdh.virginia.gov/local-health-districts/>): suspected outbreaks (immediately); cases of invasive GAS or toxic shock (within three days).
- Look for more cases:** Educate staff and residents about GAS infection prevention precautions and signs and symptoms of GAS infections, such as sore throat and wound infection.
  - Encourage staff to inform their supervisor and seek medical care if they develop GAS symptoms.
  - The health department will provide additional surveillance and screening recommendations for other residents in the facility.
- Keep sick staff at home:** Exclude staff from work until GAS has been ruled out or until 24 hours after the start of effective antimicrobial therapy. If the source of infection is a draining skin lesion, it must be able to be contained and covered. Otherwise, exclude from work until the lesion is no longer draining.
- Personal protective equipment (PPE):** Select and wear PPE appropriately. Discard after each use.
  - During a suspected or confirmed GAS outbreak, masks should be worn for all wound care or when handling invasive medical devices (e.g., central lines, urinary catheters)
- Cleaning and disinfection:** Clean and disinfect the resident's room on a routine basis (e.g., daily) and when visibly soiled.
  - Use environmental cleaning and disinfection products that have kill claims against GAS.
- Medical equipment:** Dedicate equipment and supplies to residents where possible, especially for wound and personal care.
  - Clean and disinfect reusable medical equipment after each use.
- Hand hygiene:** Clean hands frequently, especially before and after touching a resident or their immediate environment. Alcohol-based hand rub (at least 60% alcohol) is recommended in most instances.

9. **Wound care and respiratory care practices** (e.g., invasive mechanical ventilation, tracheostomy care): Follow key infection prevention and control practices (e.g., hand hygiene, PPE use, cleaning and disinfection) when performing wound or respiratory care.
  - a. Ensure that all staff who perform these tasks receive infection prevention education, training, and a competency assessment.
  - b. For more information on infection prevention and wound care, refer to the VDH Wound Care website: <https://www.vdh.virginia.gov/haiar/wound-care/>.
10. **Auditing:** Increase frequency of auditing infection prevention practices (e.g., environmental cleaning, hand hygiene, PPE, respiratory care, wound care).

## Group A *Streptococcus*: How to Share the News



1. **To the resident and those authorized to receive health information:** You (or your loved one) have tested positive for Group A Strep. These bacteria can spread from person to person.

**If the resident has a GAS infection:** Group A Strep is currently causing an infection in your [wound/throat/blood] and we will be treating this infection. We will be taking precautions to prevent the spread of this germ by wearing extra equipment like a gown, gloves, and/or mask. We will also be washing our hands a lot and encourage you to do the same.

**If the resident is colonized / colonization screening is positive:** You are not sick from Group A Strep right now but the germ could still spread to other residents or staff. We will be taking extra precautions like wearing masks until 24 hours after you have had effective treatment. We will also be washing our hands a lot and encourage you to do the same.
2. **To healthcare workers:** This resident is now positive for Group A *Streptococcus* and requires [Contact and/or Droplet Precautions] for the duration of [see IP Checklist #1A]. You must always wear [explain what PPE is required] every time you go into the room, clean equipment after use, and always do good hand hygiene. Group A *Streptococcus* is known to cause large, difficult to control, outbreaks in long-term care facilities. This puts all our residents and you at risk, so it is important to be consistent with these infection prevention measures.

## Additional Resources



CDC Group A Strep website: <https://www.cdc.gov/group-a-strep/>

- Information for clinicians; learn more about diseases caused by Group A Strep
- Outbreak response resources, including a Group A Strep toolkit for long-term care facilities (<https://www.cdc.gov/group-a-strep/php/lcf-toolkit/index.html>)