



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 Bureau of Infectious Disease and Laboratory Sciences  
 250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY  
 Governor

KIMBERLEY DRISCOLL  
 Lieutenant Governor

KATHLEEN E. WALSH  
 Secretary

ROBERT GOLDSTEIN, MD, PhD  
 Commissioner

Tel: 617-624-6000  
 www.mass.gov/dph

**Clinical Advisory**

**TO:** Massachusetts Long Term Care Facility Medical Directors, Administrators, Directors of Nursing and Infection Preventionists

**FROM:** Larry Madoff, MD, Medical Director, Bureau of Infectious Disease & Laboratory Sciences  
 Catherine M. Brown, DVM, MSc, MPH, State Epidemiologist

**SUBJECT:** Invasive Group A *Streptococcus* Infections

**DATE:** June 24, 2025

**BACKGROUND:**

Invasive Group A streptococcal (GAS) infections are reportable to the Massachusetts Department of Public Health (MDPH) and all healthcare associated infections are investigated. MDPH continues to see an increasing number of invasive GAS cases and clusters in long-term care facilities (LTCF). It is our goal to provide LTCFs with information, guidance, and recommendations to mitigate GAS transmission and meet the shared goals of providing high-quality services and treatment to residents.

Although invasive GAS infections remain relatively rare, they are increasing in frequency. They can be life-threatening and may manifest as one of several clinical syndromes including, but not limited to, bacteremia, pneumonia, meningitis, osteomyelitis, septic arthritis, peritonitis, necrotizing fasciitis, and toxic shock syndrome (TSS). National 2023 Centers for Disease Control and Prevention (CDC) surveillance data show an estimated 43,100 invasive GAS cases (an increase of almost 16,000 cases compared to 2022 data) and 4,210 associated deaths, resulting in a fatality rate of approximately 9%.<sup>1</sup> These national data mirror what we are seeing in Massachusetts, shown in the table below.

MA Healthcare Associated Invasive GAS Infections by Year				
	LTCF	Post-partum	Post-surgical	Other HAI**
2019	37	3	6	25
2020	27	1	3	12
2021	18	3	0	10
2022	61	0	3	12
2023	152	6	2	12
2024	152	6	4	14
2025*	135	3	1	9

\*Data as of June 6, 2025; includes on 5 months' worth of data  
 \*\*Includes other healthcare facility related cases (those that are not post-partum or post-surgical)

<sup>1</sup> <https://www.cdc.gov/abcs/bact-facts/data-dashboard.html>

## **ACTION STEPS:**

Because cases of GAS continue to rise in Massachusetts, it is important that LTCF leadership and front-line staff focus on strict infection prevention and control (IPC) practices while providing resident care. Below is a list of recommended IPC practices to help mitigate transmission of GAS bacteria. All facility and contracted staff should be educated on GAS infection and the following IPC guidance:

- **Frequent hand hygiene (HH)** using alcohol-based hand sanitizer containing at least 60% alcohol unless hands are visibly dirty or soiled, in which case soap and water is necessary.
- **HH for residents** before and after communal activities.
- **Enhanced Barrier Precautions** for all residents with wounds or indwelling devices.
- **Proper wound care**, including:
  - Avoiding cross contamination and ensuring the use of clean supplies in a clean environment.
  - Providing dedicated medication and scissors to any resident with a wound(s).
  - Cleaning and disinfecting scissors between dirty and clean tasks and after each use.
  - Discarding or dedicating any unused wound care supplies that enter the resident room.
- **Appropriate cleaning and disinfection of reusable medical equipment** using an EPA-registered disinfectant for the appropriate contact or wet time.
- **Routine cleaning and disinfection of resident rooms** and common areas using appropriate EPA registered disinfectant for the appropriate contact or wet time.
- **Routine surveillance, including wound assessments**, for residents and staff with symptoms of GAS infection. Symptomatic individuals should be tested immediately and treated if positive. GAS positive staff should remain out of work until they have received 24 hours of appropriate antibiotic treatment.
- **Audits of hand hygiene, cleaning and disinfection** of medical equipment and wound care; conducted daily; provide feedback to front-line staff. If your facility has a contracted wound care provider, have facility staff audit the contracted wound care provider's practice.
  - For hand hygiene and wound care audits, see the CDC's LTCF Infection Prevention and Control Assessment Tool here: [hand hygiene observations](#); [wound care observations](#).
- **Additional screening** of residents and staff recommended by MDPH when a facility is experiencing GAS infections in residents.
- **Written notification** to all residents and families regarding an ongoing GAS outbreak in the facility, including steps the facility is taking to mitigate the situation anytime a LTCF is experiencing a GAS cluster of three or more infections, at least one of which is an invasive resident GAS infection. See CDC toolkit: [CDC LTCF GAS Toolkit](#).
- **Widespread resident and staff prophylaxis** to eliminate reservoir(s) and carriage in the facility in situations where there are a large number of GAS infections and colonized residents in a facility (invasive and non-invasive). This recommendation will be made by MDPH on a case-by-case basis.

If a facility is experiencing a GAS cluster, they are expected to adhere with MDPH recommendations, including, but not limited to the action steps described above involving screening of residents and staff, and/or a recommendation to administer antibiotic prophylaxis to residents and staff. Any newly identified GAS infection(s) should result in additional communication to residents and families. In addition, if a short-term rehabilitation unit is involved in the outbreak, all new admissions and their physicians should be educated about the ongoing GAS outbreak prior to admission in order to preserve their right to choose admission to another facility.

**Any newly identified cases of invasive GAS in LTCF residents or staff should be reported to the MDPH Division of Epidemiology at (617) 983-6800 which is available 24/7.**