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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

SUBJECT: Invasive Group A Streptococcus Infections

DATE: March 6, 2024

BACKGROUND:

The Massachusetts Department of Public Health (MDPH) continues to investigate invasive group A streptococcal (GAS) cases and clusters in long-term care facilities (LTCF). It is MDPH's goal to provide LTCFs with information, guidance, and recommendations to try to mitigate GAS transmission and to meet our shared goals of providing high-quality services and treatment to residents.

Invasive GAS infections though relatively rare, are increasing in frequency, 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). In the United States, an estimated 25,000 cases of invasive GAS infection and 2,200 associated deaths occur annually: resulting in a fatality rate of approximately 9%.¹.

ACTION STEPS:

Given that we are in respiratory season which includes increased transmission of group A streptococcus infections, it is important that LTCF leadership and staff focus on strict infection prevention and control practices while providing resident care as well as following MDPH recommendations. The following are infection prevention and control practices to mitigate transmission of GAS bacteria:

¹ https://www.cdc.gov/abcs/downloads/GAS_Surveillance_Report_2019.pdf

- Frequent hand hygiene using alcohol-based hand sanitizer of at least 60% alcohol unless hands are visibly dirty or soiled.
- Proper wound care, avoiding cross contamination and ensuring the use of clean supplies in a clean environment.
- 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 patient rooms and common areas using appropriate EPA registered disinfectant for the appropriate contact or wet time.
- Routine surveillance for residents and staff with symptoms of group A streptococcus, including wound assessments. Symptomatic individuals should be tested and treated if positive.
- Audit hand hygiene, cleaning and disinfection of medical equipment and wound care; provide feedback to staff. If your facility has an outside wound care provider, have facility staff audit the contracted wound care provider's technique.
 - For hand hygiene and wound care audits, see the Centers for Disease Control and Prevention's LTCF Infection Prevention and Control Assessment Tool here: <https://www.cdc.gov/infectioncontrol/pdf/icar/lcf.pdf> (pages 12 and 15 respectively)
- When a facility is experiencing GAS cases in residents, additional screening of residents and staff may be recommended.
- Any LTCF experiencing a GAS cluster with three or more invasive and non-invasive cases, with at least one invasive resident GAS case should result in notification of all patients and families regarding an ongoing GAS outbreak in the facility, including steps the facility is taking to mitigate the situation.
- If a facility is not complying with MDPH recommendations, including, but not limited to, screening of residents and staff (if recommended), or a recommendation to prophylax residents and staff, any newly identified GAS case(s) should result in additional communication to patients and families. If a short-term rehab unit is involved in the outbreak, all new admissions and their physicians should be educated about the ongoing GAS outbreak prior to admission to be given the right to choose admission to another facility.
- In situations where there is large number of GAS cases in a facility (invasive and non-invasive), MDPH may recommend house wide resident and staff prophylaxis to eliminate reservoir(s) and carriage in the facility. This recommendation will be made on a case-by-case basis.

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.