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Clinical Advisory

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

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SUBJECT: Invasive Group A Streptococcus Infections

DATE: June 30, 2022

BACKGROUND:

The Massachusetts Department of Public Health (MDPH) has been working with long term care facilities (LTCF) to investigate recent increases in invasive group A streptococcal (GAS) cases and clusters, (N= 48* LTCF-associated cases since January 2021). This advisory outlines reminders to help mitigate GAS transmission in LTCFs and to meet our shared goals of providing high-quality services and treatment to residents.

Invasive GAS infections remain rare, but 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 result in 2,200 deaths annually; this is a fatality rate of approximately 11%¹.

Given ongoing transmission of GAS bacteria leading to invasive GAS cases and clusters in LTCFs, it is important that LTCF leadership and staff focus on strict infection prevention and control practices while providing resident care.

MDPH recommends the following infection prevention and control practices to mitigate transmission of GAS bacteria:

- Frequent hand hygiene using alcohol-based hand sanitizer of at least 60% alcohol. If hands are visibly dirty or soiled, handwashing should be performed with soap and water.
- Aseptic wound care, avoiding cross contamination between residents and ensuring the use of

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

* Data valid as of June 9, 2022 and subject to change

- 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 in accordance with manufacturer's instructions for use.
 - 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 (sore throat, enlarged lymph nodes, impetigo), and wound assessments. Symptomatic individuals should be tested and treated if positive.
 - Audit infection prevention and control measures, including hand hygiene, cleaning and disinfection of medical equipment and wound care. Provide feedback to staff about audit results. 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/lpcf.pdf> (pages 12 and 15 respectively).
 - Healthcare-associated invasive GAS cases that are known to be related through additional laboratory testing and have a shared exposure in the facility require testing of additional residents and staff. Specific guidance for testing is provided in the attached LTCF GAS Memo.

Appropriate infection prevention and control practices help mitigate transmission of all infectious diseases. With the increased acuity level of residents in LTCF settings, the importance of infection prevention and control is critical. For facilities interested in having MDPH staff on-site to perform a collaborative infection prevention and control assessment, please contact the MDPH Division of Epidemiology at 617-983-67800. **Newly identified cases of invasive GAS in LTCF residents or staff should be reported to the MDPH Division of Epidemiology at (617) 983-6800 available 24/7.**