

Information for all community agencies working with individuals who are under-housed, homeless or intravenous drug users

The Middlesex-London Health Unit (MLHU) is issuing this communication to alert community agencies and healthcare providers about the ongoing community outbreak of Invasive Group A Streptococcal (iGAS) disease.

What is the situation in Middlesex-London?

Since April 1, 2016, 132 cases of iGAS infection have been reported to the MLHU (see the chart below). Of these cases, 22% required treatment in intensive care, 15% had Streptococcal Toxic Shock Syndrome, 15% had Necrotizing Fasciitis and nine people died. While the age of cases has ranged between four and 88 years old, most cases have been among those aged 25 to 29, and those between 50 and 54 years old. While iGAS infections can occur year-round, the number of infections tends to increase during winter months.

For the past 18 months, the Health Unit has put significant effort into investigating this outbreak. There are two distinct components to this outbreak. First, two specific types of Group A Streptococcal (GAS) bacteria have been responsible for the majority of infections among injection drug users and/or under-housed individuals. However, about half of all iGAS cases have been in members of general public who do not have these risk factors. The specific types identified in the general public have also been distinct from those in the high-risk group. The MLHU's investigation into the potential causes of this increase in iGAS infections is ongoing.

What is invasive Group A Streptococcal disease?

Group A streptococcus (GAS) is a common cause of skin and throat infections, such as strep throat and cellulitis. Some people carry it in their throat or on their skin without becoming sick. The majority of GAS infections cause relatively mild illnesses like strep throat and impetigo. However, sometimes the infection is able to get into muscles, blood and other organs causing serious and sometimes life-threatening illness. Symptoms of an iGAS infection depend on the site of infection and may include fever, chills, sore throat, dizziness, confusion, severe pain, redness or swelling around a wound or injured area. iGAS is clinically defined as:

- bacteria isolated from blood, cerebrospinal fluid and other normally sterile sites;
OR
- clinically severe disease (e.g. septic shock, meningitis, necrotizing fasciitis and death) regardless where bacteria is isolated from.

Who is at higher risk of developing iGAS disease?

Those at higher risk of developing iGAS disease include: people over the age of 65, injection drug users, people who abuse alcohol, people with chronic skin breaks and lesions, and those with HIV, diabetes, cancer, chickenpox or heart disease.

What should I do if I suspect a client might have iGAS disease?

If you suspect iGAS, refer your client to the hospital immediately for the collection of superficial and deep wound cultures, as well as blood cultures and the initiation of antibiotic treatment.

How can I help my clients?

Early detection, referral and treatment are critical in reducing the risk of complications and death that can result from iGAS infections. While iGAS infections can occur year-round, the number of infections tends to increase during winter months. Because of this, the Middlesex-London Health Unit expects to see an increase in iGAS infections in the next few months.

Practice and encourage good infection prevention and control measures, including:

- Wash hands regularly, especially after coughing or sneezing and before handling or eating food;
- Cover the mouth and nose when coughing or sneezing, using a tissue or sleeve, not your hands;
- Avoid sharing drinking glasses, cups, water bottles and eating utensils,
- Do not share drugs, needles, filters and other drug paraphernalia;
- Keep all wounds clean, and watch for possible signs of infection such as a rapid increase in redness, swelling, drainage, and pain at the wound site. Seek medical attention if the infection does not resolve and/or spreads rapidly.

If you have recently been in close contact with a person who has, or had, iGAS disease, please see your healthcare provider. You may need to begin preventative antibiotic treatment.

Who should I contact for additional information?

For additional information about iGAS please visit: www.healthunit.com/group-a-streptococcal-disease

You may also contact the Middlesex-London Health Unit's Infectious Disease Team at 519-663-5317, extension 2330, Monday to Friday from 8:30 a.m. to 4:30 p.m., to speak with a member of the Infection Prevention and Control Team.