

Invasive Group A Streptococcal (iGAS) Disease Fact Sheet for Contacts

You have been given this information sheet because you have been identified as a close contact of a person with invasive group A Streptococcal (iGAS) infection. Although your risk of developing iGAS infection is small, it is important that you are aware of symptoms to look out for, and to seek medical attention should you have those symptoms.

What is group A streptococcus?

Group A streptococcus (GAS) or *Streptococcus pyogenes* is a bacterium that can be found in the throat and on the skin. Most people who carry GAS do not have any symptoms of illness.

How does it spread?

People who carry GAS can spread the infection by coughing and sneezing droplets that contain the bacteria, or by direct skin to skin contact. Those who are already sick with GAS are the most likely to spread it to others. Most people who come into contact with someone with GAS, remain well. Some people may carry it without any symptoms of illness. In other people the bacterium can cause illness. This is known as being 'infected'.

What kinds of infections are caused by GAS?

Most GAS infections are relatively mild illnesses such as sore throat ('strep throat'), scarlet fever or a skin infection such as impetigo (a crusted skin infection that often affects children) or cellulitis (an infection causing redness of the skin).

Both throat infection and some skin infections may require an injection or a short course of antibiotics. On rare occasions, GAS can cause severe and even life-threatening disease called invasive GAS (iGAS) disease.

What is invasive group A streptococcal disease (iGAS)?

Invasive GAS disease, or iGAS, may occur when bacteria get into parts of the body where bacteria usually are not found, such as the blood, muscle, lungs or the birth canal after childbirth.

Two of the most severe, but rare, forms of iGAS disease are necrotising fasciitis (a deep tissue infection often requiring surgery) and Streptococcal Toxic Shock Syndrome (an illness that can cause high fever, low blood pressure, body rash, diarrhoea and vomiting, difficulty breathing, and kidney or liver damage).

Who is at risk of iGAS infections?

Invasive GAS infections occur when the bacteria get past the defences of the person who is infected. This may occur when a person has sores or other breaks in the skin that allow the bacteria to get into the tissue, including just after child birth or when the person's ability to fight off the infection is reduced because of long term illness or an illness that affects the immune system. Invasive GAS infection can also occur in previously healthy people.

Some strains of GAS are more likely to cause severe disease than others.

Am I at risk of getting iGAS from close contact with a person with iGAS?

Most people who have close contact with a person with iGAS infection remain well and symptom-free or develop mild throat or skin infections. These infections can easily be treated by your GP. Invasive GAS disease is very rare, however there is some evidence that close

contacts of a case, e.g. household members, mother-neonate pairs within 28 days of birth, sexual partners, childcare attendees and nursing home residents, are at slightly higher risk of infection with GAS due to direct contact with secretions from infected persons.

The most important thing to be aware of are the early signs and symptoms of iGAS infection, as a person with iGAS infection can become very ill within 12-24 hours. Early signs and symptoms may include:

- Fever
- Sore throat
- Skin rash or redness around a wound site
- Severe headache
- Shortness of breath
- Severe limb pain or muscle aches

If you develop any of these symptoms within the next 30 days, seek medical advice immediately and take this information sheet with you. If you feel unwell enough to require medical review, tell your doctor that you are a contact of a person with iGAS infection.

Do contacts of a person with iGAS infection require treatment?

Contacts of a person with iGAS infection do not usually require any treatment if they remain well, and secondary cases are rare. However, if you or someone else in the household experience any early symptoms of GAS such as sore throat, skin infection or fever within 30 days of a known case, you may require antibiotics. You should seek medical advice and tell the doctor that you have been in contact with someone recently diagnosed with iGAS infection.

Infection Prevention strategies

Hand hygiene, using either soap or water or an alcohol-based hand rub can reduce the risk of transmission. Any wounds that are draining or have pus must be kept covered with a clean, dry bandage/dressing. Used tapes, dressings or band aids must be discarded in the bin following hand hygiene. Bacteria can be spread on linen, towels and wash cloths. Launder items after use with a regular laundry detergent.

Who can I speak to if I have questions?

You can talk to your doctor if you have any questions.

You can also contact your local Public Health Unit, see https://www.healthywa.wa.gov.au/Articles/A_E/Contact-details-for-population-public-health-units for contact details.

Acknowledgement: Adapted from **WNHS Infection Prevention and Management**

