

April 7, 2023

Health Notice for District of Columbia Health Care Providers Invasive Group A Streptococcal Infections

SUMMARY

The Centers for Disease Control and Prevention (CDC) issued a Health Alert Network Health Advisory on December 22, 2022, and a follow up report on March 10, 2023 about an increase in invasive Group A Streptococcus (iGAS) infections. The increase has been most notable in children and adolescents. CDC highlighted the importance of early recognition, diagnosis, and appropriate treatment of these infections in children and adults. As of April 7, 2023, a total of 10 confirmed cases of iGAS have been reported to DC Health including 1 death and 1 case in a child <1 year. This health notice provides guidance on the diagnosis and treatment of GAS infections and reporting requirements in the District of Columbia.

BACKGROUND

Streptococcus pyogenes, a beta-hemolytic bacteria that belongs to Lancefield serogroup A (group A *Streptococcus* [GAS]) causes a spectrum of illnesses ranging from acute pharyngitis and impetigo, to skin and soft tissue infections, to severe and life-threatening invasive GAS infections such as necrotizing fasciitis and streptococcal toxic shock syndrome (STSS). Group A streptococcus infections occur most commonly from December through April. Exposure to a person with GAS pharyngitis is a risk factor for development of iGAS. GAS pharyngitis is most common in children aged 5-15. Viral infections such as RSV, varicella, and influenza have also been identified as iGAS risk factors. Among the 34 iGAS cases in children and adolescents in Colorado and Minnesota during late 2022, 61.8% were preceded by a respiratory viral infection including RSV, influenza and COVID-19¹. Of note, GAS pharyngitis can have nonsuppurative complications including acute rheumatic fever, rheumatic heart disease, and acute glomerulonephritis which can be prevented with appropriate antibiotic therapy.

During the years 2020 and 2021 of the COVID-19 pandemic, invasive Group A Streptococcus infections decreased by approximately 25% in the United States compared to the years just prior. This was likely related to COVID-19 preventive measures (e.g., masking, physical distancing, school and workplace closures) in place during that time period. Preliminary data from 2022 indicates that iGAS infections in children were higher than pre-pandemic levels in some areas of the country, occurred earlier in the season than in a typical year, and coincided with the national surge of respiratory viral infections. Preliminary data for 2023 suggests that infections remained higher than usual in children in some areas of the country even after respiratory viruses decreased in those areas. Some areas of the country have also seen an increase in iGAS infections in adults².

RECOMMENDATIONS FOR CLINICIANS

- Clinicians should consider iGAS as a possible cause of severe illness in adults, children or adolescents, particularly among patients at increased risk for iGAS (concurrent or preceding viral infections, people aged 65 or older, American Indian or Alaska Native populations, residents of long-term care facilities, people with chronic medical conditions such as diabetes, malignancy, immunosuppression, chronic kidney disease, respiratory disease or cardiac disease, people with wounds or skin disease, people who inject drugs, and people experiencing homelessness).
- Obtain cultures as clinically indicated (e.g., blood, wound cultures).
- Coordinate with DC Health to submit iGAS isolates to CDC through the DC Public Health Laboratory (PHL).
 - Submit iGAS isolates to CDC for the following infections:
 - Necrotizing fasciitis or necrotizing pneumonia with empyema
 - Streptococcal toxic shock syndrome (STSS)
 - Septic shock
 - Meningitis and intracranial abscess or empyema
 - Cases requiring extracorporeal membrane oxygenation (ECMO) support
 - Cases resulting in death
- Follow clinical diagnostic and treatment guidelines for GAS infections:
 - [Group A Streptococcus: Information For Clinicians | CDC](#)
- Be aware of alternative treatments for children with GAS pharyngitis given the national shortage of liquid amoxicillin suspension.
 - [Amoxicillin Shortage: Antibiotic Options for Common Pediatric Conditions \(aap.org\)](#)
- Offer prompt varicella and seasonal flu vaccination to eligible patients who are not up to date on their vaccines.

REPORTING REQUIREMENTS

Cases of iGAS (including necrotizing fasciitis and STSS) in children under 18 and clusters involving any age group must be reported within 24 hours by submitting a Notifiable Disease and Condition Case Report Form online using the DC Reporting and Surveillance Center (DCRC), which can be found on our Infectious Diseases website: dchealth.dc.gov/node/143092.

REFERENCES

1. [Notes from the Field: Increase in Pediatric Invasive Group A Streptococcus Infections — Colorado and Minnesota, October–December 2022 | MMWR \(cdc.gov\)](#)
2. [Increase in Invasive Group A Strep Infections, 2022-2023 | CDC](#)

ADDITIONAL RESOURCES

- [Group A Streptococcal \(GAS\) Disease: For laboratorians](#). (CDC 2022)
- [CDC HAN Health Advisory: Increase in Pediatric Invasive Group A Streptococcal Infections](#)

Please visit the DC Health - Health Notices website (dchealth.dc.gov/page/health-notice) regularly for the most current information.

Please contact the Health Division of Epidemiology-Disease Surveillance and Investigation at: Phone: 202-442-9371/442-8141 (8:15 am-4:45 pm) | 844-493-2652 (after-hours calls) | Fax: 202-442-8060 | Email: doh.epi@dc.gov