

Appendix 5: NSW iGAS information for residential aged care facility

XX MONTH 20XX

- iGAS is caused by an infection with group A *Streptococcus* (GAS), a type of bacteria often found in the throat and on the skin.
- Although the risk of developing iGAS is low, it is important that residents/ staff are aware of symptoms to look out for.
- Seek medical attention urgently if any residents have or develop symptoms.

Dear Manager,

A resident/residents/staff from the **wing/level** of **[RACF name]** **has/have** been diagnosed with invasive group A streptococcal disease (iGAS). We request that you closely monitor for symptoms of iGAS in other residents who share the **wing/level** for the next 30 days (until **XX/XX/202X**). There is no need to isolate the residents if they are well. Please see below for important information on iGAS.

What is group A *Streptococcus* (GAS)?

Group A *Streptococcus* (GAS) bacteria – also known as *Streptococcus pyogenes* – are commonly found in the throat and on the skin. People can carry GAS bacteria and have no symptoms of illness or they may develop an infection. GAS infections are usually mild infections of the throat or skin, such as ‘strep throat’ and ‘impetigo’ or ‘school sores’.

How is GAS spread?

GAS bacteria are usually spread between people through coughing, sneezing, kissing, or direct skin to skin contact. People who carry GAS bacteria without any symptoms and people who are unwell with a GAS infection can both pass the bacteria on to others.

What is invasive group A streptococcal (iGAS) disease?

iGAS disease occurs when GAS bacteria get into parts of the body where they are not usually found such as the blood, joints, or lining of the brain.

Although iGAS is uncommon, it can be a serious disease and can develop very quickly requiring immediate medical attention.

Who is at risk of iGAS?

Most people who have contact with a person with iGAS remain well and symptom-free. There is some evidence that close contacts of a person with iGAS including aged care facility residents are at higher risk, particularly within 30 days of contact with a person with iGAS. Close contact means a person who had prolonged close contact with a case in a household or household-like setting during the 7 days before diagnosis of iGAS in the case.

While iGAS disease can affect anyone, older people (particularly people aged over 75 years), Aboriginal and Torres Strait Islander people and people with chronic or immunocompromising conditions may be at higher risk.

Do contacts of a person with iGAS require treatment?

Contacts of a person with iGAS do not usually require any treatment if they remain well. Antibiotics may be considered for contacts in some circumstances. The public health unit can advise if this is required for residents at your facility.

What are the symptoms of iGAS?

Symptoms of iGAS depend on which part of the body is infected, and include:

- Fevers
- Unusual tiredness
- Chills and/or sweats
- Dizziness
- Shortness of breath and/or chest pain
- Headache and/or stiff neck
- Nausea and vomiting
- Red, warm, painful, and rapidly spreading skin infection which may have pus or ulceration.

What do we do if a resident develops iGAS symptoms?

A person with iGAS can become very sick within 12 – 24 hours. It is important to seek medical advice immediately if any resident in the affected **wing/level** develops iGAS symptoms. Please arrange for a clinical review by a doctor as soon as possible and tell the doctor that the resident is a close contact of someone with iGAS. The doctor can advise whether iGAS is likely and arrange for early treatment if needed.

If a resident develops mild symptoms such as a sore throat or minor skin infection without any of the symptoms of iGAS above, arrange for a clinical review with their local doctor, who can arrange testing and treatment if they think this is required. Please also advise the public health unit of any residents who develop symptoms.

What happens if a resident is confirmed to have iGAS?

If a resident is diagnosed with iGAS they will need to be kept isolated using standard and droplet transmission-based precautions until they have completed 24 hours of appropriate antibiotics.

How is iGAS prevented?

Practicing good hand hygiene (e.g. regularly washing your hands with soap and water or using an alcohol-based hand rub) can help reduce the risk of spreading GAS bacteria. Open wounds should be kept covered with a clean, dry bandage or dressing until they are healed. Discard used tapes, dressings or band aids immediately in the bin.

For more information, please see the attached [NSW Health iGAS Fact Sheet](#), or [Healthdirect – Group A Streptococcal Disease](#) or call the Public Health Unit on **<phone>**.

Yours sincerely

Director, Public Health Unit