



Durham Region Health Department FAX about...

For Health Care Professionals



Invasive Group A Streptococcal (iGAS) Disease –Close Contact Management

The number of invasive Group A Streptococcal (iGAS) cases in Ontario continues to remain high (see the [PHO Enhanced Epidemiological Summary for iGAS](#) published on February 15, 2024). A similar trend continues in Durham Region with a total of 107 iGAS cases reported in 2023 (Jan 1, 2023 to Dec 31, 2023), which is a significant increase compare to the previous 5 year average of 29.8 cases per year.

Clinically Severe iGAS

While the majority of illnesses caused by GAS are mild (sore throats, etc.), iGAS is when GAS is found in normally sterile sites (blood, CSF, etc.). iGAS can progress quickly to clinically severe complications such as soft-tissue infections, bacteremia, pneumonia, streptococcal toxic shock syndrome, necrotizing fasciitis or other life-threatening conditions, which can result in death. To prevent secondary cases of iGAS it is important to properly manage close contacts of clinically severe iGAS cases.

Close Contacts of iGAS

Durham Region Health Department investigates each reported case of iGAS to identify close contacts and assess their need for chemoprophylaxis and symptom monitoring. Close contacts of iGAS cases are advised to **monitor their symptoms for 30 days** and to seek medical attention immediately if they develop symptoms of GAS (including sore throat and fever). Close contacts of a **clinically severe iGAS case** may be recommended to receive **chemoprophylaxis**.

Chemoprophylaxis

The purpose of chemoprophylaxis is to eradicate nasopharyngeal colonization of GAS and thereby decrease transmission of a strain (or *emm* type) known to cause severe infection. Chemoprophylaxis should be administered as soon as possible and preferably within 24 hours of case identification but is still recommended for **up to 7 days** after the last contact with an infectious case.

You may have clients presenting to your office requesting chemoprophylaxis for iGAS if they have been identified by the Durham Region Health Department as a close contact of a clinically severe case of iGAS.

Please see the following table for assistance with chemoprophylaxis.

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905-668-2020 or 1-800-841-2729 | durham.ca/health

If you require this information in an accessible format, contact 1-800-841-2729.



Drug	Dosage	Comments
First-generation cephalosporins: cephalexin, cephadroxil, cephadrine	First line. Children and adults: 25 to 50 mg/kg daily, to a maximum of 1 g/day in 2 to 4 divided doses × 10 days	Recommended drug for pregnant and lactating women. Should be used with caution in patients with allergy to penicillin. Use of cephalosporins with nephrotoxic drugs (e.g. aminoglycosides, vancomycin) may increase the risk of cephalosporin-induced nephrotoxicity.
Erythromycin	Second line. Children: 5 to 7.5 mg/kg every 6 hours or 10 to 15 mg/kg every 12 hours × 10 days (not to exceed maximum of adult dose) Adults: 500 mg every 12 hours × 10 days	Erythromycin estolate is contraindicated in persons with pre-existing liver disease or dysfunction and during pregnancy.
Clarithromycin	Second line. Children: 15 mg/kg daily in divided doses every 12 hours, to a maximum of 250 mg po bid × 10 days Adults: 250 mg po bid × 10 days	Contraindicated in pregnancy.
Clindamycin	Second line. Children: 8 to 16 mg/kg daily divided into 3 or 4 equal doses × 10 days (not to exceed maximum of adult dose) Adults: 150 mg every 6 hours × 10 days	Alternative for persons who are unable to tolerate beta-lactam antibiotics.

Reporting

iGAS is an **immediately reportable** disease in Ontario. Please continue to report any cases of iGAS to Durham Region Health Department.

- Phone: 905-668-2020 or 1-800-841-2729 ext. 2996
- After Hours Phone: 905-576-9991 or 1-800-372-1104
- Confidential Fax: 905-666-6215
- Access to Notification Form for Diseases of Public Health Significance at www.durham.ca/hcp (under Forms, Reporting)

Thank you for your ongoing work to assess and treat clients with GAS and identify those with iGAS, and for reporting these cases to the Health Department for case and contact management.

February 21, 2024