



BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

February 18, 2008

ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

Re: Guidelines for the Control of Invasive Group A Streptococcal Disease (iGAS)

Please note the following revisions to the above guidelines:

Page 1, Section 1.0 “Clinical Information:”

- New section
- Note the statement in the last paragraph: “These guidelines have been prepared to assist in the public health management of close contacts of cases of **severe** invasive GAS disease.” Chemoprophylaxis is not routinely recommended for contacts of cases that are not severe (such as bacteremic or septic arthritis cases). Such cases have milder disease than others with invasive GAS. Their contacts are also likely to have milder disease, as there is some degree of consistency in the type and severity of disease caused by a particular GAS strain.

Page 2, Section 2.0 “Epidemiology:”

- New section

Page 3, Subsection 3.1 “Case definitions for surveillance of invasive GAS disease:”

- The definitions have been revised to be consistent with the revised national case definitions
- The term “severe invasive disease” has replaced the previous term “clinical severity.”
- Deleted the definition of a suspect case
- Footnotes include additional examples of sterile and non-sterile sites
- New notes as per revised national guidelines regarding the reporting and public health management of GAS pneumonia when the isolate is from a sterile or non-sterile site.

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Page 4, Subsection 3.2 “Types of cases:”

- New subsection, as per national guidelines, that defines severe, sporadic, index, and subsequent cases.

Page 5, Subsection 4.2.1 “Close contacts:”

- The definition of a household contact has been made more specific: the individual has to have spent at least 4 hours/day on average in the previous 7 days or 20 hours/week with the case
- Now included as close contacts are:
 - non-household persons who share the same bed with the case or had sexual relations with the case
 - injection drug users who have shared needles with the case and
 - children and staff of family or home day care centres

Page 6, Subsection 4.2 “Contact management:”

- Chemoprophylaxis is recommended for up to 7 days after the last contact with an infectious case. Prior guidelines had allowed for prophylaxis up to 14 days after the last contact.
- Last paragraph provides information re: alerting close contacts to signs and symptoms of invasive GAS disease and when to seek medical attention

Page 7, Subsection 4.3 “Special settings:”

- New subsection, per revised national guidelines

Page 9, “Table 3: Recommended chemoprophylaxis regimens for close contacts:”

- Revised recommendations, per revised national guidelines
- Penicillin is now not included in this table. Penicillin may be considered for GAS chemoprophylaxis because of its proven efficacy, safety, narrow spectrum and low cost. However, penicillin is less effective in eradicating GAS from the upper respiratory tracts of chronic (asymptomatic) carriers.
- New footnote regarding erythromycin and clarithromycin resistance in BC

Page 10 Section 6.0 “Packaging and shipping of *S. Pyogenes* isolates:”

- This section has been simplified and directs the reader to Transport Canada’s Transport of Dangerous Goods Regulations





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Page 11, Section 7.0 “Reporting:”

- New section

Pages 12 and 13: “Invasive Group A Streptococcal Disease: Case Report Form:”

- Added “Date of onset of symptoms” under “Health Authority Information”
- “Meningitis” and “bacteremia” added to list of syndromes under “Clinical Information”
- Under “Predisposing Conditions,” if there has been contact with a person with invasive GAS, the name of the case is now requested
- Deleted section “For completion by Medical Health Officer”
- “Joint fluid” added to list of “Source of Isolate”
- Last section is to be completed by BCCDC Epidemiology Services and has been revised to reflect information currently reported on laboratory reports [i.e. emm Type (previously “M” type); T Type; SOF (serum opacity factor); and AOF (anti-opacity factor)].

Please delete and destroy the following pages from the Communicable Disease Control Manual – Chapter I Management of Specific Diseases:

Invasive Group A Streptococcal Disease
Table of Contents
Pages 1 – 12

Dated April 2006

Insert the following pages in the Communicable Disease Control Manual – Chapter I Management of Specific Diseases:

Invasive Group A Streptococcal Disease
Table of Contents
Pages 1 – 14

Dated February 2008





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If you have any questions or concerns, please contact Karen Pielak, Nurse Epidemiologist, @ telephone (604)660-3382, fax (604)660-0197 or by email karen.pielak@bccdc.ca

Sincerely,

Monika Naus
Associate Director
Epidemiology Services
BC Centre for Disease Control

pc: Dr Perry Kendall
Provincial Health Officer
Ministry of Health Services

Dr. Eric Young
Deputy Provincial Health Officer
Ministry of Health Services

Dr. Bob Fisk
Medical Consultant
Non-Communicable Disease
Ministry of Health Planning

Warren O'Briain
Executive Director
Comm Disease and Addiction Prevention
Ministry of Health Services

Craig Thompson
Manager, Communicable Disease Prevention --Immunization
Communicable Disease and Addiction Prevention
Ministry of Health Services

