



# Group A Streptococcus

## What is it?

Group A Streptococcus (GAS) is a bacteria that is naturally found in many people's throats and rarely cause serious invasive disease. Group A Streptococcus can cause a variety of common diseases such as sore throats ("strep throat"), tonsillitis, scarlet fever, and skin infections such as impetigo. Occasionally, the bacteria cause more serious infections such as necrotizing fasciitis ("flesh-eating disease"), inflammation of muscle tissue and streptococcal toxic shock syndrome (STSS). These more serious infections are referred to as "invasive GAS".



## How is it spread?

Approximately 10 - 15 % of people carry GAS in their throat without any symptoms. These people are called "carriers". The bacteria may be spread when the nose or throat secretions of either a "carrier" or an ill person come in contact with the nose or mouth of another person. This occurs during activities such as: kissing or sharing of food, cutlery, drinks, water bottles, lipstick, toothbrushes, musical instrument mouthpieces, mouth guards, or cigarettes. This type of sharing should be avoided at all times. The bacteria may also be spread when a person comes into direct contact with infected lesions on the skin, such as impetigo. The bacteria do not spread through the air. Infected persons are generally not contagious after 24 hours of treatment with the appropriate antibiotics.

## What are the symptoms?

The early symptoms of toxic shock syndrome include fever, tiredness and a general feeling of unwellness. Early symptoms of necrotizing fasciitis may include fever, and abnormal pain, swelling and redness at the infected area.

## Who is considered a close contact?

Close contacts of a person with invasive streptococcal disease are those who are likely to have been exposed to the nose or throat secretions of the sick person. This exposure can result in the spread of disease only if it occurred 7 days or less before the individual became ill and up to 1 day after treatment begins in the ill person. Close contacts include the following:

- those living in the same household as the ill person;
- those who share sleeping arrangements with the ill person; those who have kissed the ill person or shared items with the ill person such as: food, cigarettes, drinks, cutlery, water bottles, lipstick, cigarettes, mouth guards, toothbrushes, or musical instrument mouthpieces;
- those who have performed mouth-to-mouth resuscitation on the ill person
- those with direct skin to skin contact with secretions from infected sores on the ill person
- **Classroom, daycare, workplace and social contacts generally are not considered close contacts**

## Can it be prevented in close contacts?

Yes, invasive GAS may be prevented by giving antibiotics to close contacts of a person who is sick with the disease. Close contacts of a person with severe infection have rates of disease slightly higher than the general public, but the risk remains very low.

**NOTE:** If the case is a resident of a Long Term Care facility, refer to the most current version of the Ontario Nursing Home Association Guidelines for the Management of Residents with Group A Streptococcus Infection in Long-Term Care Facilities.

### ***What is given to close contacts to prevent invasive GAS disease?***

When a case of Invasive Group A Streptococcus is reported, Public Health will investigate and obtain names of close contacts who meet the criteria as defined above. It is recommended that close contacts be treated with an antibiotic for 10 days to prevent disease. Haldimand Norfolk Health Unit staff will contact your family physician to review the recommended antibiotic. Close contacts should be watched for the symptoms of invasive GAS disease and seek medical attention immediately if these symptoms develop.

**This information is intended to provide general health-related information about Group A Streptococcus. It is not intended to replace medical consultation by your physician and/or other health care professionals.**

*Adapted with permission of Niagara Region Public Health*



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