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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

INFECTION PREVENTION Patient Information leaflet

Group A streptococcal Infections

Information Leaflet for those in
close contact with Group A

You have been given this leaflet because you have been in contact with a case of group A streptococcal (GAS) infection. Although it is very unlikely that you will be affected by GAS infection, the medical team would like you to be able to recognise the signs of a more serious infection.

What is group A streptococcus (GAS)?

GAS is a bacteria often found in the throat and on the skin. In most people it does not cause any symptoms.

How are GAS infections spread?

The bacteria survive in throats and on hands for long enough to allow easy spread between people through sneezing, kissing and skin contact. People may carry GAS in the throat or on the skin and have no symptoms of illness. This is sometimes known as being colonised.

What kind of illnesses are caused by GAS?

Most GAS infections are relatively mild illnesses such as a sore throat (called 'strep throat') or a skin infection such as impetigo. On rare occasions, these bacteria can cause other more severe diseases.

What is invasive group A streptococcal infection (iGAS)?

Sometimes serious GAS infection may occur when bacteria gets into parts of the body where bacteria is not usually found, such as the blood, muscle, lungs or the birth canal after childbirth. These infections are called invasive GAS infection. Two of the most severe, but rare, forms of invasive GAS infection are necrotising fasciitis and Streptococcal Toxic Shock Syndrome.

Why does invasive GAS infection occur?

Invasive GAS infections occur when the bacteria get past the defences of the person who is infected. This may occur when a person has sores or other breaks in the skin that allow the bacteria to get into the tissue, including just after childbirth, or when the person's ability to fight off the infection is reduced because of long-term illness or an illness that affects the immune system. Also, some types of GAS are thought to be more likely to cause severe infection than others.

Am I at risk of getting invasive group A streptococcal infection from close contact with a patient with iGAS?

Most people who come into contact with GAS remain well and symptom free, or develop mild throat or skin infections. These infections can be easily treated by your GP.

Healthy people can get invasive GAS infection from a relative or a member of their household. If in hospital, they people can get invasive GAS infection if they have been in the same bay with another infected patient or been looked after by an infected health care worker, but it is very rare. Certain groups of people might be more at risk of contracting a more serious infection, for example, people who are elderly, or have recently given birth, or had surgery.

Do I need antibiotics?

Some people are at higher risk of being seriously ill if they have a GAS infection. Therefore, people who are contacts of a case of iGAS and who are in the following groups are usually offered antibiotics:

- older persons (≥ 75 years)
- pregnant women ≥ 37 weeks gestation
- women within 28 days of giving birth
- newborn babies (up to 28 days old)
- individuals who develop chickenpox with active lesions (blisters) from 7 days before the person with iGAS became ill to 48 hours after the person with iGAS started taking antibiotics, if they were in contact with the ill person in that period of time

People who are not in any of these groups will not usually need antibiotics as long as they remain well.

What do I need to be aware of?

The most important thing to be aware of are the early signs and symptoms of invasive infection, which are stated below: Early signs and symptoms of invasive GAS disease:

- High fever
- Severe muscle aches
- Pain in one area of the body
- Redness at the site of a wound
- Vomiting or diarrhoea
- Sore throat or tonsillitis
- Mild skin infections such as impetigo
- Rash

What should I do if I develop any of these symptoms?

If you develop any of these symptoms in the 30 days after your last contact with the person with an iGAS infection or in the 30 days from when they started antibiotics **(in this case the period is from 21/2/24 to 22/3/24)**, whichever is sooner, contact your GP or seek medical advice immediately.

Tell your GP that you have been in contact with someone recently diagnosed with invasive GAS infection and that you have developed some symptoms that you are worried about. It is very likely that your GP will ask you to come into the surgery so you can be examined. If you are too unwell to visit the surgery or it is closed you should not delay in seeking medical advice.

Most people who come into contact with GAS remain well and symptom-free, or develop mild throat or skin infections. Contracting invasive GAS disease from a close contact is very rare.

You can also obtain useful information from the following websites

<https://phw.nhs.wales/topics/strep-a-scarlet-fever-and-igas/>