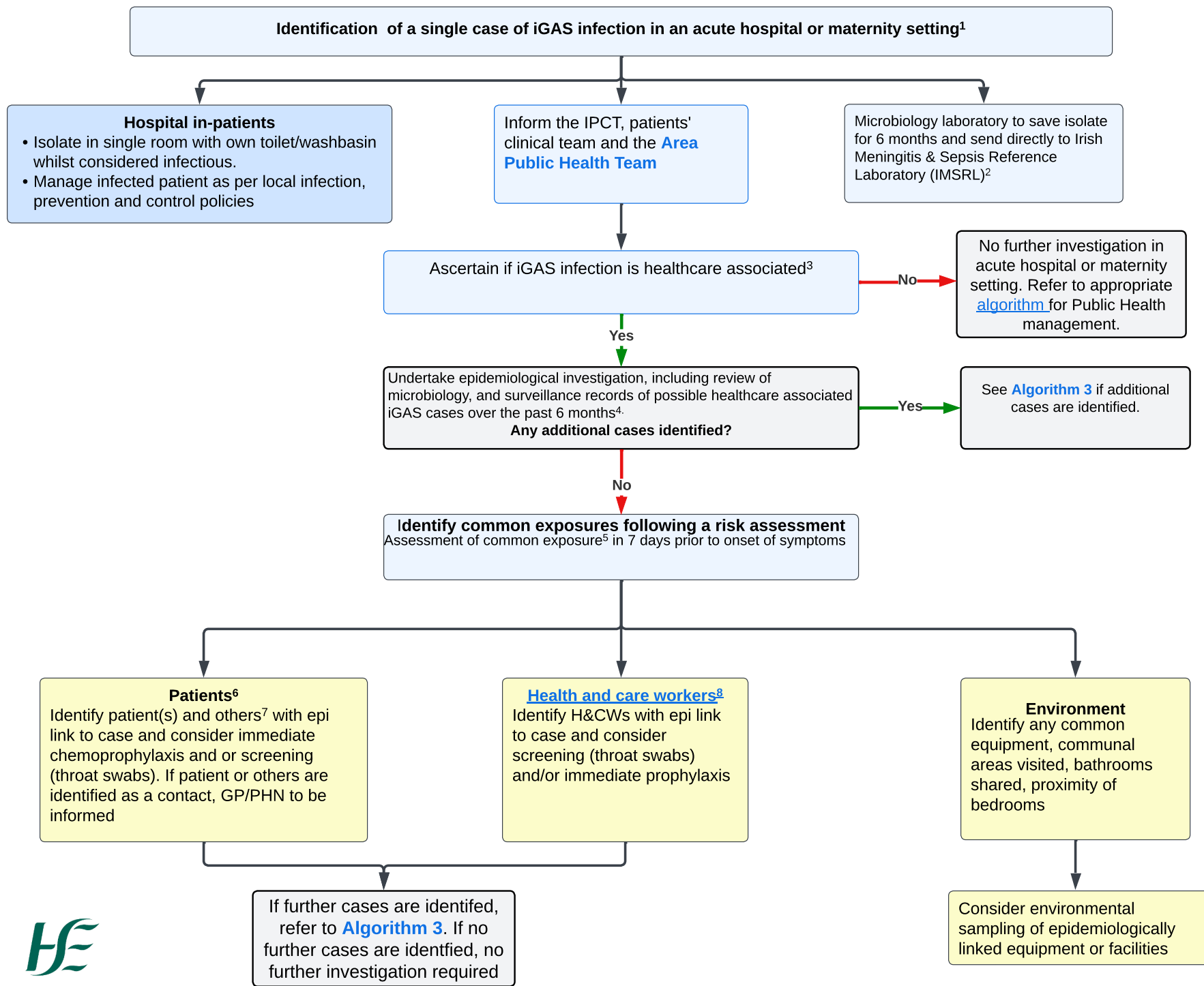


**Algorithm 4: Management of a single case of iGAS infection in an acute hospital or maternity setting<sup>1</sup>**

Version 1.0 19/06/20023 To be read in conjunction with [Management of invasive and non-invasive Group A Streptococcal infection for mothers and neonates within 28 days of delivery](#)



1. Includes hospital inpatients, patients recently discharged within **7 days**, and women who gave birth in any setting including at home.
2. Clearly label isolates sent to IMSRL. Epidemiological investigations and preventative measures should not await results of typing.
3. Consider healthcare-associated if symptoms/signs of infection not present on admission or if discharged from hospital or gave birth within the previous 7 days and where there is no other obvious source of transmission e.g. from close household contacts
4. Other patients, H&CWs, equipment and the environment are possible sources of infection. Develop timelines and inpatient journeys to identify overlaps of hospital stays and common exposures
5. Assess common exposures according to cases movements or contacts in the **7 days** prior to their respective onset of symptoms. Close contact is defined as someone who has had prolonged\* close contact with the case in an acute hospital setting during the **7 days** before onset of illness and up to 24 hours after initiation of appropriate antimicrobial therapy in the index case. *Note: H&CWs caring for patients with standard precautions and wearing appropriate PPE are not considered close contacts.*
6. Symptomatic patients or others with an epi-link to a case should be clinically assessed and managed as a case if confirmed.
7. Carers, peripartetic staff (hairdressers, podiatrists, hospital chaplains, contract cleaners etc.), visitors, volunteers, other patients with direct contact or close proximity to case within 7 days prior to onset of illness and up to 24 hours after initiation of appropriate antimicrobial therapy in the index case. Consider kitchen staff.
8. Symptomatic H&CWs should attend their treating physician for clinical review and management. Indications for this may include, strong epidemiological link, absence of alternative potential source for the infection and/or where patients developed iGAS infection. H&CWs who require antibiotics due to symptoms or positive throat swab should be excluded from work until 24 hours after starting antibiotics. The OCT should risk assess if asymptomatic H&CWs should be invited for screening and agree a pathway for same.

\*Prolonged close contact as defined by OCT Risk Assessment. Example of a patient close contact is an individual who has an overnight stay in the same room/bay as the case.

