

Summary of recommendations

| Reference Number | Section | Recommendation | SIGN-Grade* |
|----------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Single case of iGAS | | | |
| 1. | Older persons (>75 years) | Offer antibiotic chemoprophylaxis to all older (75 years and above) household contacts of the case. | D and GPP |
| 2. | Pregnancy, post-partum, and neonates | Offer antibiotic chemoprophylaxis to all women from ≥ 37 weeks of pregnancy up to 28 days after giving birth who are close contacts of the case. | D and GPP |
| 3. | | Offer antibiotic chemoprophylaxis to neonates up to 28 days after birth where the mother or any close contact develops iGAS infection. | D and GPP |
| 4. | Chickenpox and Influenza | Offer antibiotic chemoprophylaxis to a close contact who has developed chickenpox with active lesions within the 7 days prior to diagnosis of iGAS in the index case, or within the 48 hours after commencing antibiotics by the iGAS case if exposure ongoing. | D and GPP |
| 5. | Time to clearance following antibiotics | Contacts of iGAS cases who have GAS pharyngitis or pharyngeal carriage should isolate for at least 24 hours after starting antibiotic treatment. | B |
| 6. | | Contacts of iGAS cases who have other presentations of GAS infection should isolate for at least 24 hours after starting antibiotic treatment | GPP |
| 7. | Contact communication and antibiotic chemoprophylaxis | Offer antibiotic chemoprophylaxis promptly (within 24 hours, and not beyond 10 days after date of diagnosis of index case) ¹ to high-risk contacts, without need for screening. | D and GPP |
| 8. | Timing of administration of chemoprophylaxis | Chemoprophylaxis should be commenced as soon as possible (within 24 hours) after eligible contacts are identified and not beyond 10 days after date of diagnosis of index case ¹ . Advise GPs to maintain low threshold of suspicion for 30 days in all close contacts. When a contact | D and GPP |

¹ For maximum benefit, antimicrobial chemoprophylaxis should be commenced as soon as possible (within 24 hours) after a contact has been identified. All identified close contacts should be commenced on chemoprophylaxis, except those who have been identified more than 10 days following the date of diagnosis of the iGAS index case, as commencement of therapy after this period is very unlikely to confer any protective benefit.

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| | | is deemed eligible for chemoprophylaxis, the full course should always be completed. | |
| Household settings | | | |
| 9. | Outbreak of iGAS in household setting | If 2 or more confirmed or probable iGAS cases are identified in the household, offer chemoprophylaxis to the entire household ASAP and not beyond 10 days after date of diagnosis of index case ¹ | GPP |
| Crèche, schools and other childcare settings | | | |
| 10. | Single case of iGAS in a crèche, school or other childcare setting | For a single case of iGAS in a crèche, school, or other childcare setting: establish if there are other cases of GAS within 7 days or iGAS within 30 days or co-circulating chickenpox or influenza in staff and children. Send Strep A (Group A streptococcus) factsheet to staff and parents within defined setting to provide information. Send Information leaflet for contacts of patients with Invasive Group A Streptococcal infection (iGAS) to identified close contacts. | GPP |
| 11. | Outbreak of iGAS in a crèche, school or other childcare setting | In an outbreak of iGAS, or when there is evidence of ongoing GAS, or chickenpox or influenza transmission in a crèche, school or other childcare setting, the Guideline Development Group recommends: <ul style="list-style-type: none"> • Setting up an OCT • Following principles of outbreak investigation set out above • Seeking expert advice on investigation and management | GPP |

*Refer to Appendix 1 for SIGN-Grading