

MLS Laboratory Update: Increased Cases of Invasive GAS Infections in Minnesota

DECEMBER 9, 2022

Purpose of this Message:

To inform MLS labs that Minnesota epidemiologists have detected and are monitoring a sharp increase in cases of invasive Group A Streptococcal (iGAS) infections.

Action Items:

- Reminder: invasive GAS is reportable to MDH within 24 hours (651-201-5414 or 1-877-676-5414) and isolates are submittable
- Please review the following information.

Background:

Group A streptococcal infections can cause a range of illness from mild or moderate (e.g., pharyngitis and skin and soft tissue infections) to severe disease (e.g., pneumonia, bacteremia, streptococcal toxic shock syndrome [STSS], and necrotizing fasciitis). These severe infections have a high case fatality rate. Individuals at higher risk for severe or invasive GAS (iGAS) disease include elderly or immunocompromised persons, persons with medical conditions including diabetes, malignancy, or chronic kidney, cardiac, or respiratory disease, those with skin disease, trauma, surgical wounds, injection drug use, or varicella infection and people experiencing homelessness.

Through the Emerging Infections Program (EIP) and the assistance of clinical laboratories and infection control departments, MDH conducts statewide surveillance for iGAS infections defined as GAS (most often *Streptococcus pyogenes*) isolated from a sterile body site (e.g., blood, CSF, pleural fluid, bone, joint, muscle), or a source where streptococcal toxic shock syndrome, or necrotizing fasciitis has been detected.

Based on preliminary data, the number of iGAS cases reported in November, 2022 was twice the number of cases in other months (46 cases in November to date compared to an average of 20 cases/month in 2022). MDH will continue to monitor iGAS cases reported, however cases occurring to date in the community are not known to be epidemiologically linked and there are no obvious geographic patterns of illness. Case increases have been observed in all age groups, but the increase is notable in pediatric and elderly patients and may be related to increasing respiratory viral activity.

GAS infections can spread rapidly in congregate settings including long-term care facilities, shelters for people who are experiencing homelessness, and others. In these settings, when an iGAS case is identified, there are frequently unrecognized non-invasive GAS infections.

Additional Information:

[Streptococcal Disease \(https://www.health.state.mn.us/diseases/strep\)](https://www.health.state.mn.us/diseases/strep)

[Invasive Group A Streptococcus \(GAS\) in Long Term Care Facilities \(https://www.health.state.mn.us/diseases/strep/gas/ltc.html\)](https://www.health.state.mn.us/diseases/strep/gas/ltc.html)

[Group A Streptococcal Disease](https://www.cdc.gov/groupastrep/index.html#:~:text=Bacteria%20called%20group%20A%20Streptococcus,like%20washing%20your%20hands%20often)

[\(https://www.cdc.gov/groupastrep/index.html#:~:text=Bacteria%20called%20group%20A%20Streptococcus,like%20washing%20your%20hands%20often\)](https://www.cdc.gov/groupastrep/index.html#:~:text=Bacteria%20called%20group%20A%20Streptococcus,like%20washing%20your%20hands%20often)

Questions: Please contact Paula Snippes Vagnone, Microbiology Unit Supervisor, 651-201-5581, paula.snippes@state.mn.us

Thank you for continuing to support this important surveillance.

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www.health.state.mn.us/diseases/idlab/mls/index.html

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To obtain this information in a different format, call: 651-201-5200.