

## Invasive Group A streptococcus infection (iGAS) —key Facts

Laboratory notifications of iGAS infection this season are higher than usually seen at this point in the season. In North East London, there has been an increased incidence of iGAS cases being reported since April 2023, with the majority occurring in the community.

Group A Streptococcal infections are highly contagious, and requires early recognition and management of group A streptococcus infection

### Group A streptococcus (GAS) :

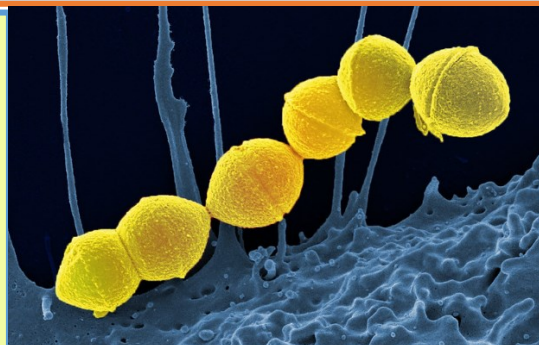
- ⇒ Group A streptococcus (GAS) also known as Streptococcus pyogenes – are bacteria that can be found in the throat and on the skin.
- ⇒ People may carry GAS and have no symptoms of illness or may develop infection.
- ⇒ *GAS definition:* The group A streptococcus (GAS) is a Gram-positive bacterium that causes a wide diversity of clinical disease in humans, ranging from pharyngitis and impetigo, to post-streptococcal immunological sequelae, such as acute rheumatic fever and acute glomerulonephritis, to invasive infections .

### Invasive Group A streptococcus (IGAS):

- ⇒ *IGAS definition:* The definition of an invasive infection is one in which GAS infects a normally sterile site. These infections are serious, with a high case fatality rate, especially when associated with streptococcal toxic shock syndrome. IGAS infections are life-threatening infections that require early detection, aggressive treatment and specific therapies for successful management.

### Why iGAS disease occurs ?

- ⇒ iGAS 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, or when the person's ability to fight off the infection is decreased because of chronic illness or an illness that affects the immune system.
- ⇒ Although healthy people can get iGAS disease, people with chronic illnesses (such as cancer, diabetes, heart disease), and individuals who are pregnant or have recently given birth, have a higher risk.



### How GAS is spread ?

- ⇒ Streptococcus bacteria survive in throats and on skin for long enough to allow easy spread between people through sneezing and skin contact.
- ⇒ People who are currently carrying GAS in the throat or on the skin with no symptoms of illness are described as colonised.
- ⇒ Both individuals who are colonised with GAS or who are unwell with a GAS infection can pass these bacteria on to others.

## What you need to be aware of ?

The most important thing to be aware of are the early signs and symptoms of iGAS disease which are shown below.

- ⇒ high fever
- ⇒ severe muscle aches
- ⇒ localised muscle tenderness
- ⇒ increasing pain, swelling and redness at site of wound
- ⇒ unexplained diarrhoea or vomiting

## How can we stop infection from Spreading ?

- ⇒ Good hand and respiratory hygiene are important for stopping the spread of many bugs.
- ⇒ By teaching your child how to wash their hands properly with soap and warm water for 20 seconds,
- ⇒ Using a tissue to catch coughs and sneezes, and keeping away from others when feeling unwell,
- ⇒ Good infection control measures such as good general cleaning and careful handling of soiled household linens such as bedding and towels reduce the risk of cross infection.
- ⇒ See more information in [Group A Strep - What you need to know - UK Health Security Agency \(blog.gov.uk\)](#)

**CATCH IT**   
Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.

**BIN IT**   
Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.

**KILL IT**   
Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.





Source Images : USKHA

## Advice on spring Covid 19 vaccination 2024



In spring 2024, the Joint Committee on Vaccination and Immunisation (JCVI) advises that a COVID-19 vaccine should be offered to: COVID-19 vaccine should be offered to :

- ⇒ adults aged 75 years and over
- ⇒ residents in a care home for older adults
- ⇒ individuals aged 6 months and over who are immunosuppressed ([COVID-19 chapter of the Green Book](#))
- This should be offered around 6 months after the last vaccine dose, although operational flexibility around the timing of the spring dose in relation to the last vaccine dose is considered appropriate (with a minimum interval of 3 months between doses).
- Vaccination continues to help protect against severe illness, hospitalisations and deaths from COVID-19.



- UKHSA surveillance data on last spring's programme showed that those who received a vaccine were around 50% less likely to be admitted to hospital with COVID-19 from two weeks following vaccination, compared to those who did not receive one.
- Vaccine uptake for last year's spring programme for those aged 75 years and over was 67.5%.
- NHS England will confirm details on how and when eligible people can access the spring vaccine in due course.

## Aseptic Non Touch Technique (ANTT)

# ANTT<sup>®</sup>

Aseptic Non Touch Technique

**What is it & what should you expect?**

*Aseptic Non Touch Technique, or ANTT, describes the actions taken by health care workers to protect patients from infection during clinical procedures. (Such as taking blood, injections, infusions and wound care etc.). As a minimum, you should expect the below:*



**Hand Cleaning**  
Hands should be cleaned immediately prior to commencing your procedure, and often, protective gloves are worn.



**Aseptic Fields**  
Depending upon the type of aseptic technique, procedure equipment should be placed on or in 'aseptic fields', such as disinfected procedure trays or sterile drapes. The most important parts of the equipment (the Key-Parts) may be protected by individual packaging or sterile caps etc.



**Non-Touch Technique**  
Non-touch technique is used to avoid touching the equipment Key-Parts (such as the needle here) or any open wound. Where these need to be touched, sterilized gloves should be worn.



**Preventing infection to others**  
After any procedure you should expect to see equipment disposed of, and hands cleaned.







For more information see - [www.antt.org](http://www.antt.org)

- Always decontaminate your hands effectively.
- Never touch key parts.
- Touch not key parts with confidence.
- Take appropriate IPC precautions.

**Key sites** – part of patient's body that, when touched, could potentially cause an infection

- insertion sites of vascular access devices and catheter
- Surgical wounds
- Non-intact skin

**Key part** – part of equipment which, when touched, could potentially cause an infection

<p><b>1. Bevel of a cannula</b></p> 	<p><b>2. Urinary catheter – tip and whole catheter</b></p> 	<p><b>3. Septum of a needle free connector</b></p> 
<p><b>4. Syringe tip and safety hypodermic needle</b></p> 	<p><b>5. Dressings – the parts that come into contact with skin and wounds</b></p> 	<p><b>6. Rubber tops of vials containing medications</b></p> 

Source Images : [aseptic-non-touch-technique-antt.pdf \(imperial.nhs.uk\)](#)  
[Patients \(antt.org\)](#)

### POTENTIAL PORTALS OF ENTRY

#### Skin

When changing the dressing, the skin must be cleaned with 2% chlorhexidine in 70% alcohol (and allowed to dry) to reduce transient micro-organisms on the skin.

#### Contaminated entry port

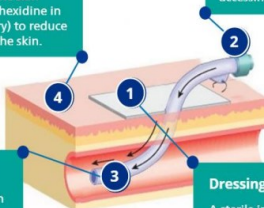
Micro-organisms can enter the needle free connector or port. Cleaning the device for 15 seconds and allowing to dry prior to accessing, reduces this risk.

#### Intravenous catheter

Using ANTT during insertion will minimise the risk of introducing micro-organisms into the bloodstream.

#### Dressing

A sterile intact dressing helps to reduce potential micro-organisms entering the insertion site.



## Post Infection Reviews (PIRs)

- **What is a PIR?** A process that help to identify factors that may have contributed to the infection and/or outbreak. The process help to identify any parts of the resident's/patient's care pathway which may have contributed to the infection to prevent a similar occurrence in future.
- **The Health and Social Care Act 2008:** Code of Practice for the NHS for the Prevention and Control of Healthcare Associated Infections (revised January 2015) stipulates that NHS bodies must, in relation to preventing and controlling the risk of Health Care Associated Infections (HCAI), have in place appropriate core policies/procedures. Implementation of this procedure will contribute to the achievement and compliance with the Act.

### Why we are conducting PIRs

To help identifying any critical points and contributory factors leading to any infection or outbreak. This enables lessons to be learnt and make recommendations for improvement.

### What type of PIRs we are conducting:

- C.difficile PIRs
- MRSA bacteraemia PIRs
- IGAS PIRs
- E. Coli bacteraemia PIRs

### How are PIRs conducted in the community

- A PIR form will be sent to the relevant stakeholders for completion. (form to be returned in 1 working day).
- A PIR meeting is arranged within 14 days from the incident (if required).

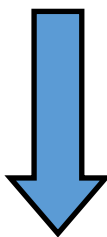


### What input is required from stakeholders:

- *Acute Trusts* are asked to inform the NEL ICB IPC Team of new Community Onset Community Acquired Infections (COCA) (for example a new E. Coli bacteraemia) and to provide information around the patients and GP demographic, date of sample and any other relevant clinical information.
- The PIR form will then be sent to the *GPs* that will complete the section relevant to the patient's care in the community (for example if the patient was on any antibiotics or other relevant medications, etc)
- If the patient was living in a care home, supported living or other community settings prior to the incident, the IPC Team will contact the manager of the setting to discuss the case and assess if were any contributory factors leading to the incident. Managers may be asked to complete part of the PIR document (if relevant) and to attend the PIR meeting.

### Benefits of conducting PIRs:

- Assist the clinical setting (primary care; acute trust ; community setting) to understand the causes of serious healthcare associated infections (i.e. MRSA bacteraemia, C.difficile infection, IGAS, etc.).
- Help to identify factors that may have contributed to the infection/incident.
- Help to identify any parts of the patients care pathway which may have contributed to the infection to prevent a similar occurrence in future.
- Establish what went well with the care given.
- Establish what could be improved.
- Help to promptly identify the lessons learnt from the case in order to improve practice for the future.
- Lead to greater awareness, changed behaviours and agreed improvements in care.
- Help providers of healthcare and ICBs to identify any areas of non-optimal practice that may have contributed to the incident.



### Successful use of PIRs depends on:

- Being completed in a timely manner (usually 14 days from the day of the incident).
- Being open and honest.
- Being multidisciplinary – all involved.
- Being inclusive of all organisations involved in the provision of care.
- Providing lessons that will be acted on to drive improvements in care.
- Being integrated into governance systems.
- Keeping the patient at the centre and keeping them informed of the outcome to understand why the infection occurred.

IPC Team contact details

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**References :**

- [UK guidelines for the management of contacts of invasive group A streptococcus \(iGAS\) infection in community settings \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/100000/uk-guidelines-for-the-management-of-contacts-of-invasive-group-a-streptococcus-igas-infection-in-community-settings.pdf)
- [Group A Strep - What you need to know - UK Health Security Agency \(blog.gov.uk\)](https://www.blog.gov.uk/2019/07/23/group-a-strep-what-you-need-to-know/)
- [JCVI advises on eligible groups for 2024 spring COVID-19 vaccine - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-advises-on-eligible-groups-for-2024-spring-covid-19-vaccine)
- [Microsoft Word - MRSA PIR Guidance April 2014 version 2 updated \(england.nhs.uk\)](https://www.england.nhs.uk/media/123456/mrsa-pir-guidance-april-2014-version-2-updated/)