NORTHERN TERRITORY GOVERNMENT

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Health Alert: Increase in group A Streptococcal (GAS) diseases

In the past 4 weeks there has been an increase in Acute Post-Streptococcal Glomerulonephritis (APSGN), Invasive Group A Streptococcal (iGAS) and Acute Rheumatic Fever (ARF) notifications across the NT.

With high rates of group A *Streptococcus* circulating in the NT, clinicians should be on heightened alert and encourage actions to reduce GAS transmission and related conditions. This includes promoting hand washing, increased skin hygiene and prompt treatment for sore throats ('strep throat'), skin infections, and scabies and supporting and promoting those on secondary prophylaxis to prevent ARF to be timely and consistent with their preventive treatment. . All infections should be treated with appropriate antibiotics as per local protocols: Sore throat CARPA p407; Skin infections CARPA p387; Secondary prophylaxis for ARF CARPA p295. Consider a healthy skin promotion with community wide involvement in skin checks, education and treatment if needed.

Acute post streptococcal glomerulonephritis (APSGN)

Since 30/04/2022, 4 cases of acute post-streptococcal glomerulonephritis (APSGN) have been notified to the Centre for Disease Control from East Arnhem, Top End and Central Australia communities. Historical data suggest that when 4 or more cases of APSGN occur anywhere in the NT in a 2 week period, APSGN disease is more likely to be occurring Territory-wide.

Therefore for any children presenting with puffy faces, sores or dark coloured urine please check the following:

- weight (look for sudden increase)
- BP (look for increase)
- urine (look for blood and protein)
- oedema (puffy face and eyes)

Clinics need to be on the lookout for children with these symptoms and refer for appropriate investigation and care.

Invasive group A streptococcal disease (iGAS)

Since 30/4/2022, 10 cases of invasive group A streptococcal disease (iGAS) have been notified from Central Australia, Big Rivers, Top End, Darwin and Alice Springs communities. Invasive GAS has a wide range of presentations including but not limited to bacteraemia, cellulitis, septic arthritis, osteomyelitis, pneumonia, and meningitis. At the most severe end of spectrum, necrotising fasciitis and streptococcal toxic shock syndrome can lead to life threating complications or cause death.

The detection of GAS from a normally sterile site by culture or nucleic acid testing is the definition of invasive GAS disease.

Acute rheumatic fever (ARF)

Acute rheumatic fever (ARF) is an illness caused by an autoimmune response following infection with GAS of the skin or throat. Acute episodes occur 2-3 weeks after exposure to GAS.

Hospitalisation is recommend within 24-72 hours for all cases of suspected ARF for clinical assessment, and confirmation of diagnosis. Local protocols can be accessed at ARF CARPA p295.

Be alert for signs and symptoms of ARF including:

- fever
- painful or swollen joints
- chorea (up to six months post exposure)
- new murmur
- shortness of breath
- signs of heart failure
- prolonged PR interval

Please also be aware of the importance of dental care especially for those with Rheumatic Heart Disease due to the increased risk of bacterial endocarditis and its complications.

If you or your staff suspect that a patient is presenting with APSGN, iGAS or ARF please notify the GP or DMO on call and contact the local CDC branch. Public health action including contact tracing and prophylaxis may be required.

Thank you for being alert to and assisting in diagnosing cases of APSGN, iGAS and ARF. Early diagnosis allows best management and public health actions to reduce further transmission of GAS. It is very important, now and always to be a champion for promoting good hygiene and healthy skin practices.

Yours sincerely

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