

6 April 2023

Health Alert: Increase in cases of Acute Post Streptococcal Glomerulonephritis (APSGN) and Invasive Group A Streptococcus (iGAS)

Since the beginning of the year the number of Acute Post-Streptococcal Glomerulonephritis (APSGN) cases and Invasive Group A Streptococcus (iGAS) cases in the Northern Territory (NT) have nearly doubled the expected number for this time period.

With high rates of group A *Streptococcus* (GAS) circulating in the NT, clinicians need to be on heightened alert for GAS-related conditions such as strep throat, skin sores (impetigo) and cellulitis and provide prompt and appropriate treatment.

All GAS infections should be treated with appropriate antibiotics as per local protocols: [Sore throat CARPA](#); [Skin infections CARPA](#). Make healthy skin a priority in your community by encouraging skin checks and providing education and treatment as needed.

Acute post streptococcal glomerulonephritis (APSGN)

There have been 9 cases of APSGN notified to the Centre for Disease Control (CDC) from Top End and Central Australian communities year to date with 4 cases in the last 2 week period. 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, skin sores or dark coloured urine please check the:

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

APSGN is an immunological syndrome affecting the kidneys, driven by a GAS infection in the preceding weeks. Evidence suggests APSGN may contribute to chronic renal failure. Clinics need to be on the lookout for children with these symptoms and if a case of APSGN is suspected, please notify the GP or the DMO on call.

Contact tracing and prophylactic antibiotics for selected contacts are required for all probable and confirmed cases. APSGN is a notifiable disease in NT. For more information see the [NT Guidelines for Control of APSGN](#).

Invasive group A streptococcal disease (iGAS)

There have been 36 cases of invasive group A streptococcal disease (iGAS) notified from Central Australia, Big Rivers, Top End, Darwin and Alice Springs regions year to date. Invasive GAS presentations can be wide ranging, from non-severe to severe disease that can lead to ICU admission or death and include bacteraemia, cellulitis, septic arthritis, osteomyelitis, pneumonia, meningitis, necrotising fasciitis and streptococcal toxic shock syndrome.

Clinicians are to be alert for signs of invasive disease which may include fever; headache; neck stiffness; nausea, vomiting or abdominal pain; red, painful skin infections which may spread rapidly and other clinical signs indicative of sepsis such as shortness of breath and confusion.

If you or your staff suspect that a patient is presenting with APSGN or iGAS please notify the covering GP or DMO 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 and iGAS. Early diagnosis allows best individual management and also public health actions to reduce further transmission of GAS. It is important, now and always to be a champion for the promotion of good hygiene and healthy skin practices.

Yours sincerely

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