

29 September 2022

## 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 need to be on heightened alert and encourage individuals and communities to reduce GAS transmission and its related conditions. This includes promoting hand washing, increasing skin hygiene and prompt treatment of sore throats ('strep throat'), skin sores, and scabies. For individuals already on secondary prophylaxis for prevention of recurrent ARF episodes, supporting their timely and consistent prophylactic treatment is essential.

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 01/09/2022, 5 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)

APSGN is an immunological syndrome affecting the kidneys, driven by a Group A Streptococcal 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)

Since 01/9/2022, 13 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 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.

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. Since 01/08/22 there have been 34 cases of ARF reported across the NT.

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 6 months post GAS 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 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, iGAS and ARF. 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 promoting good hygiene and healthy skin practices.

Yours sincerely

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