

Ministry of Health

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December 15, 2023

MEMORANDUM

**TO: Hospital Emergency Departments, Labour and Delivery Units, Chiefs of Paediatrics,
Primary Care Organizations including Midwives,
Provincial Council for Maternal and Child Health**

**FROM: Dr. Barbara Yaffe
Associate Chief Medical Officer of Health**

RE: Increased Invasive Group A Streptococcal Disease (iGAS) in Ontario

Dear colleagues,

I am writing to provide you with an update about invasive Group A Streptococcal disease (iGAS) trends in Ontario.

The number of iGAS cases reported in Ontario this season has been higher in both adults and children compared to fall 2022, with the highest rates of illness in adults 65 years and older and children aged 1 – 9 years. This is especially concerning with the imminent start to the influenza season and ongoing incidence of COVID-19 infections, given that recent viral infection is a risk factor for iGAS. Similar increases have been observed in other provinces/territories and countries.

While iGAS remains relatively uncommon and with varying clinical presentations, it can progress very quickly and be associated with severe illness including sepsis, soft-tissue necrosis, streptococcal toxic shock syndrome, meningitis, pneumonia or other life-

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threatening conditions resulting in death. As a result, early recognition and prompt aggressive management are critical.

Preceding signs and symptoms can include fever, upper respiratory tract infection symptoms, gastrointestinal symptoms, rash and severe pain. Clinicians should provide prompt assessment and treatment for individuals with symptoms of non-invasive GAS (e.g. pharyngitis with consistent findings, skin and soft tissue infections).

We ask that you please be on the alert for potential complications of GAS infections and consider iGAS as a possible cause of severe illness, especially in those who may be at increased risk including:

- Infants and young children;
- People who are pregnant or postpartum;
- Older adults 65 years and older;
- Immunocompromised individuals;
- People with wounds, conditions causing breaks in the skin, or recent surgery;
- People experiencing homelessness and/or using injection drugs; and
- Individuals with recent viral infection (e.g. influenza, chickenpox).

If iGAS is suspected, please obtain appropriate specimens for routine bacterial cultures or DNA detection by nucleic acid amplification testing (NAAT) and consider early consultation with an infectious diseases specialist in severe cases if possible. It is important to educate patients and/or parents/guardians on the signs and symptoms of serious bacterial infections and when to seek urgent medical attention. We also appreciate you supporting patients to stay up-to-date on routine immunizations for which they are eligible (e.g. influenza, chickenpox, COVID-19).

We will continue to actively monitor the situation and keep you updated with any new developments. Please continue to report any cases of iGAS to your local public health unit.

Sincerely,



Dr. Barbara Yaffe, MD, MHSc, FRCPC
Associate Chief Medical Officer of Health

- c: Medical Officers of Health/Associate Medical Officers of Health, PHUs
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 - Dr. Wajid Ahmed, Associate Chief Medical Officer of Health, MOH
 - Dr. Fiona Kouyoumdjian, Associate Chief Medical Officer of Health, MOH
 - Dr. David McKeown, Associate Chief Medical Officer of Health, MOH
 - Dr. Michelle Murti, Associate Chief Medical Officer of Health, MOH
 - Dr. Daniel Warshafsky, Associate Chief Medical Officer of Health, MOH
 - Dr. Jessica Hopkins, Chief Health Protection & Emergency Preparedness Officer, PHO