



DATE: April 2, 2024

TO: Hospitals, Local Health Departments, Laboratories, Emergency Medicine, Family Medicine, Pediatrics, Adolescent Medicine, Internal Medicine, Infectious Disease, Infection Control Practitioners, Urgent Care, and Primary Care Providers

FROM: New York State Department of Health (NYSDOH) Bureau of Communicable Disease Control (BCDC)

HEALTH ADVISORY: UPDATE ON INCREASE IN INVASIVE GROUP A STREPTOCOCCAL INFECTIONS IN NEW YORK STATE

SUMMARY

- This advisory provides an update to the [New York State Health Alert on invasive group A streptococcal infections in New York State – April 7, 2023](#).
- Provisional surveillance data demonstrate **substantially higher incidence of invasive group A streptococcal infections during 2023 compared to pre-pandemic levels**.
- Over 1,000 cases of invasive infections were reported during 2023 with an incidence rate of 9.3 cases per 100,000 residents, nearly double pre-pandemic levels.
- The elevated burden of disease remains high throughout NYS during early 2024.
- NYS clinicians are reporting severe outcomes of invasive group A streptococcal infections, including necrotizing fasciitis, streptococcal toxic shock syndrome, osteomyelitis, septic arthritis, and death.
- Recent laboratory data show **decreased antimicrobial susceptibility to both clindamycin and erythromycin**. Increasing resistance complicates the treatment of both invasive group A streptococcal infection as well as streptococcal pharyngitis (“strep throat”), particularly for individuals who are allergic to penicillinⁱ.
- Concurrent or preceding viral infections, including varicella (chickenpox), may increase risk for invasive group A streptococcal infection.
- Persons at higher risk for invasive infection include individuals age 65 years or older; American Indian and Alaska Native populationsⁱⁱ; residents of long-term care facilities; persons with underlying medical conditions, including diabetes, malignancy, immunosuppression, chronic kidney, cardiac or respiratory disease, wounds, or skin breakdown or disease; persons who inject drugs; and persons experiencing homelessnessⁱⁱⁱ.
- **Health care providers are asked to raise their index of suspicion for invasive group A streptococcal infections and obtain relevant cultures when clinically indicated.**

RECOMMENDATIONS FOR HEALTHCARE PROVIDERS

1. Consider invasive group A streptococcal infection as a possible cause of severe illness in children and adults with concomitant viral respiratory infections. Persistent or worsening symptoms in persons with known or presumed viral infections, sometimes

following initial improvement, should prompt consideration of invasive group A streptococcal infection.

2. Invasive group A streptococcal infections are reportable within 24 hours of diagnosis to the local health department (LHD) of the county in which the patient resides^{iv}.
 - a. Outside of NYC, LHD contact information is available at: https://www.health.ny.gov/contact/contact_information. If unable to reach the LHD where the patient resides, contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or at 866-881-2809 after hours.
 - b. For NYC residents, report to the NYC Health Department's Provider Access Line at 866-692-3641.
 - c. Additionally, reports of unusually aggressive or severe invasive group A streptococcal infections affecting persons younger than 18 years of age or clusters of invasive group A streptococcal infections in persons of any age should be reported to NYSDOH Bureau of Communicable Disease Control at 518-473-4439 or BCDC@health.ny.gov.
3. Ask laboratories to hold invasive group A streptococcal infection isolates from patients younger than 18 years or from clusters in persons of any age; these may be requested for additional testing at the Wadsworth Center public health laboratory.
4. For household contacts of patients with invasive group A streptococcal infection, routine screening for and chemoprophylaxis against GAS are not recommended. Clinicians and public health officials may choose to offer chemoprophylaxis to household contacts who are at an increased risk of sporadic disease or mortality due to GAS.

ADDITIONAL RESOURCES

- CDC: [Possible Increase in Invasive Group A Strep Infections, 2022-2023 | CDC](#)
- NYSDOH: [New York State Health Alert on invasive group A streptococcal infections in New York State – April 7, 2023](#)
- CDC: [Group A Streptococcal \(GAS\) Disease | CDC](#)
- CDC: [Streptococcal Toxic Shock Syndrome: For Clinicians | CDC](#)
- CDC: [Type II Necrotizing Fasciitis: Information For Clinicians | CDC](#)
- CDC: [Pharyngitis \(Strep Throat\): Information For Clinicians | CDC](#)
- CDC: [MMWR Notes from the Field: Increase in Pediatric Invasive Group A Streptococcus Infections — Colorado and Minnesota, October–December 2022](#)

ⁱ [Antibiotic Resistance Threats in the United States, 2019](#). U.S. Department of Health and Human Services, CDC; 2019.

ⁱⁱ [Prevention of Invasive Group A Streptococcal Disease among Household Contacts of Case Patients and among Postpartum and Postsurgical Patients: Recommendations from the Centers for Disease Control and Prevention](#) *Clin Infect Dis*. 2002 Oct 15;35(8):950-9.

ⁱⁱⁱ [Invasive Group A Streptococcal Infections Among People Who Inject Drugs and People Experiencing Homelessness in the United States, 2010-2017](#) *Clin Infect Dis*. 2021 Dec 6;73(11):e3718-e3726

^{iv} <https://www.health.ny.gov/professionals/diseases/reporting/communicable/>