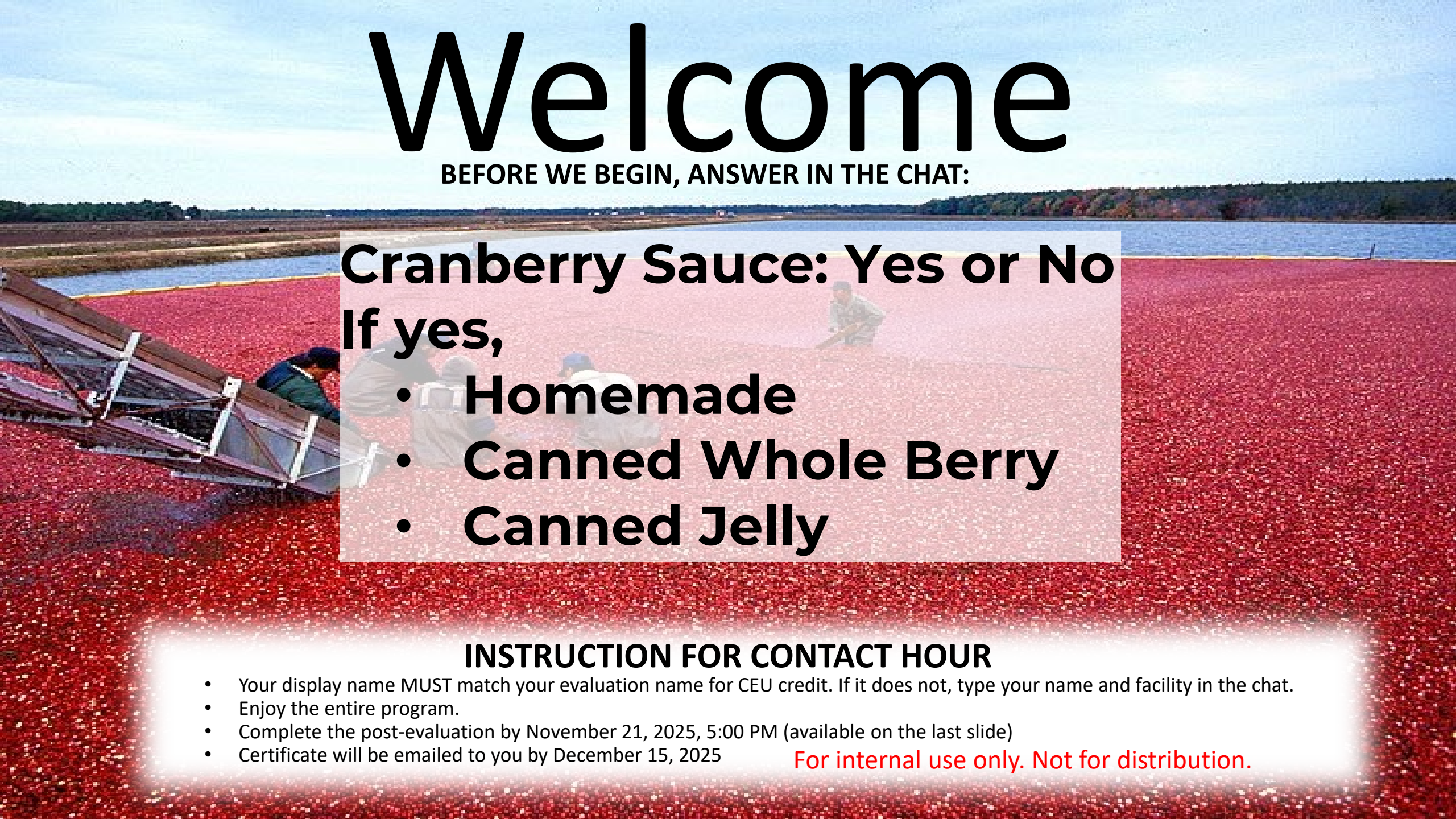
Welcome

BEFORE WE BEGIN, ANSWER IN THE CHAT:



Cranberry Sauce: Yes or No

If yes,

- **Homemade**
- **Canned Whole Berry**
- **Canned Jelly**

INSTRUCTION FOR CONTACT HOUR

- Your display name MUST match your evaluation name for CEU credit. If it does not, type your name and facility in the chat.
- Enjoy the entire program.
- Complete the post-evaluation by November 21, 2025, 5:00 PM (available on the last slide)
- Certificate will be emailed to you by December 15, 2025

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San Diego Skilled Nursing Facility Infection Prevention Collaborative

Grow - Collaborate - Succeed

Coordinated by the County of San Diego
Healthcare-Associated Infections (HAI) Program

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Reminders

Recording is on!

PHS.HAI.HHSA@ sdcounty.ca.gov

Keep your lines muted

Participate in the polls and chat

Use the chat box for questions

Slides will be emailed

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Type into the chat your:

- Name
- Title
- Facility

Healthcare Associated Infections Program

Land Acknowledgement

Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.

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Healthcare Associated Infections Program

Agenda

- Welcome
- General Updates
- Announcements
- Featured Topic: Invasive Group A Strep in Nursing Homes
- Next Collaborative

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SNF IP
Email List

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U.S. Antibiotic Awareness Week

November 18-24, 2025 | bit.ly/USAAW2025

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https://www.cdc.gov/antimicrobial-resistance/communication-resources/usaaw.html

Healthcare Associated Infections Program

Infection Control & Hospital Epidemiology (2025), 1–28
doi:10.1017/ice.2025.10252

SHEA

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

SHEA Expert Guidance

Multisociety guidance for infection prevention and control in nursing homes

Lona Mody MD, MSc[1,*], Sonali D. Advani MBBS, MPH[2], Muhammad Salman Ashraf MBBS[3], Allison H. Bartlett MD, MS[4], Suzanne F. Bradley MD[5], Deborah P. Burdsall PhD, RN-BC, CIC[6], Jennifer A. Hanrahan DO, MSc[7], Susan S. Huang MD, MPH[8], Robin L.P. Jump MD, PhD[9], Lindsay Nicolle MD[10], Mary-Claire Roghmann MD, MS[11], Patricia Stone PhD, RN[12] and Rekha K. Murthy MD[13,*]

Abstract

This multisociety guidance was endorsed by SHEA, APIC, IDSA, PALTmed, and AGS. It provides recommendations for infection prevention and control (IPC) in the context of the complexity of nursing home care in the United States: increased medical acuity of residents, the spread of multidrug-resistant organisms, and the threat of emerging pathogens. Recommendations and implementation suggestions address IPC leadership, staffing, and resources, healthcare personnel and residents' adherence to precautions and effective hand hygiene, outbreak preparedness, training, occupational health, cleaning and disinfection in the care environment, and the involvement of IPC in the facility. The guidance also addresses the challenges of maintaining a home-like care space while sustaining necessary IPC measures. The guidance covers the role of regulatory bodies like the Centers for Medicare and Medicaid Services (CMS) and recommendations from the Centers for Disease Control and Prevention (CDC). It should serve as a resource for IPC program leaders in nursing homes who are aiming to enhance infection prevention efforts.

(Received 4 July 2025; accepted 7 July 2025)

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https://pmc.ncbi.nlm.nih.gov/articles/PMC12620066/

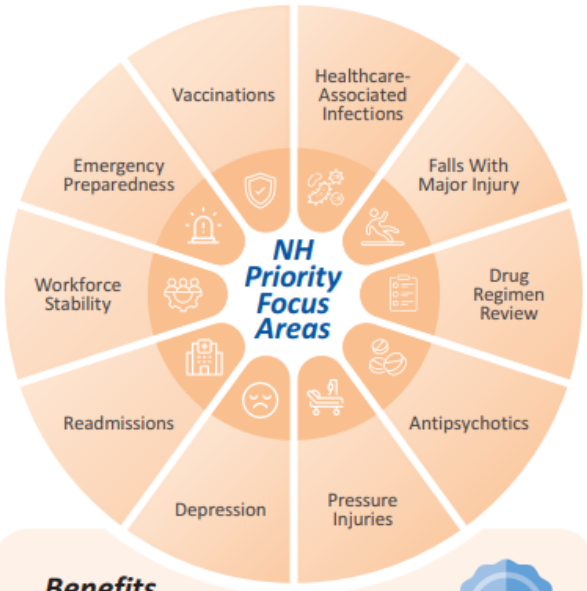
Healthcare Associated Infections Program

Partner With Us to Improve Quality!

Why Your Nursing Home?

CMS has identified your nursing home for enhanced support through the QIO Program. HSAG provides customized, data-driven quality improvement assistance at no cost to nursing homes.

HSAG is the West CMS QIN-QIO Region 7.



Benefits of Participation

Collaborate with us to improve:

- Resident quality of life and care.
- Resident, family, and staff satisfaction.
- Staff retention and workforce stability.
- QAPI program effectiveness.
- State and federal survey outcomes.
- Five-star ratings.

What's in it for You?

- Customized support by HSAG subject matter experts.

Our team of experienced staff includes NHAs, DONs, IPs, RDs, behavioral health specialists, and quality improvement specialists.

- Assistance in conducting assessments and root cause analyses to identify gaps and opportunities for improvement.
- Support in co-designing an action plan that strengthens your QAPI program and drives improvement.
- Opportunities to connect with other providers in a robust learning community.
- Access to on-demand tools, resources, best practices, and guidance to help achieve and sustain resident outcomes.

Next Steps

Sign HSAG's Provider Service Agreement to participate. For questions, call Jennifer Wieckowski, MSG, Senior Executive Director, QIO, at 818.427.4378.

For more information, email us at nursinghomes@hsag.com.

CMS = Centers for Medicare & Medicaid Services, HSAG = Health Services Advisory Group, QIN-QIO = Quality Innovation Network-Quality Improvement Organization, NH = Nursing Home, QAPI = Quality Assurance & Performance Improvement, NHA = Nursing Home Administrator, DON = Director of Nursing, IP = Infection Preventionist, RD = Registered Dietitian

This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.
Publication No. QN-13SOW-XC-08062025-01

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Nursing Home Quality Improvement Opportunity

CDPH

Health and Human Services Agency
California Department of Public Health

Erica Pan, MD, MPH
State Public Health Officer & Director

Gavin Newsom
Governor

November 18, 2025

AFL 25-30

TO: General Acute Care Hospitals (GACHs)
Critical Access Hospitals (CAHs)
Skilled Nursing Facilities (SNFs)

SUBJECT: Health Services Advisory Group (HSAG) Invitation to Partner on Centers for Medicare and Medicaid Services (CMS) Quality Improvement Initiatives

All Facilities Letter (AFL) Summary

- This AFL notifies providers that the California Department of Public Health (CDPH) encourages CMS-selected hospitals and nursing facilities to partner with HSAG to access no-cost, enhanced support for advancing quality improvement efforts.
- HSAG serves as the CMS Quality Innovation Network – Quality Improvement Organization (QIN-QIO) for California.

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-25-30.aspx

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Respiratory Virus Update

San Diego County
Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch
www.sdepi.org

November 13, 2025

COVID-19	Influenza	RSV
Hospitalizations: 1,811	Hospitalizations: 127	Hospitalizations: 23
Deaths: 55	Deaths: 3	Deaths: 0
Outbreaks*: 91	Outbreaks*: 2	Outbreaks*: 0
6/29/2025 – 11/8/2025	*6/29/2025 – 11/8/2025*	*6/29/2025 – 11/8/2025*

*In residential congregate settings

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Figure 1.1. San Diego County COVID-19 Cases
(N=10,000)

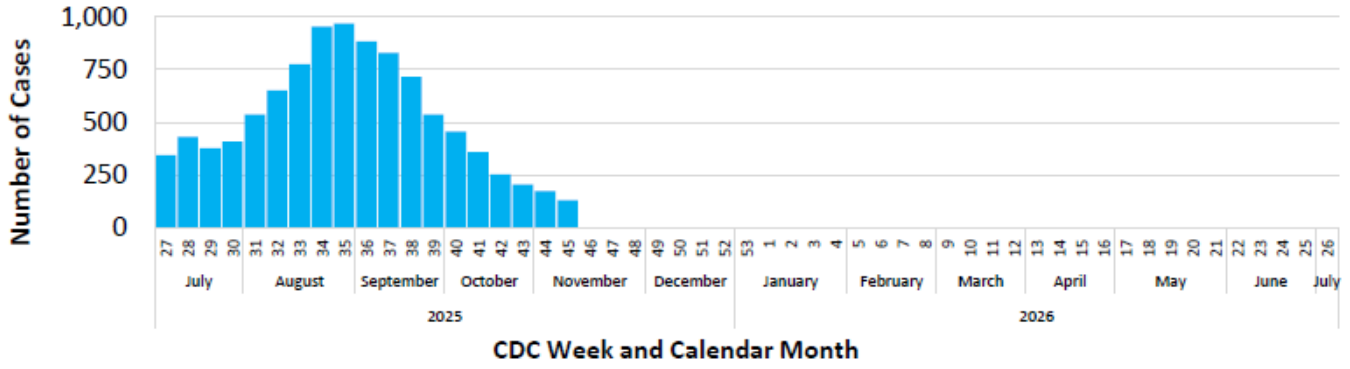


Figure 1.2. San Diego County Influenza Cases
(N=1,122)

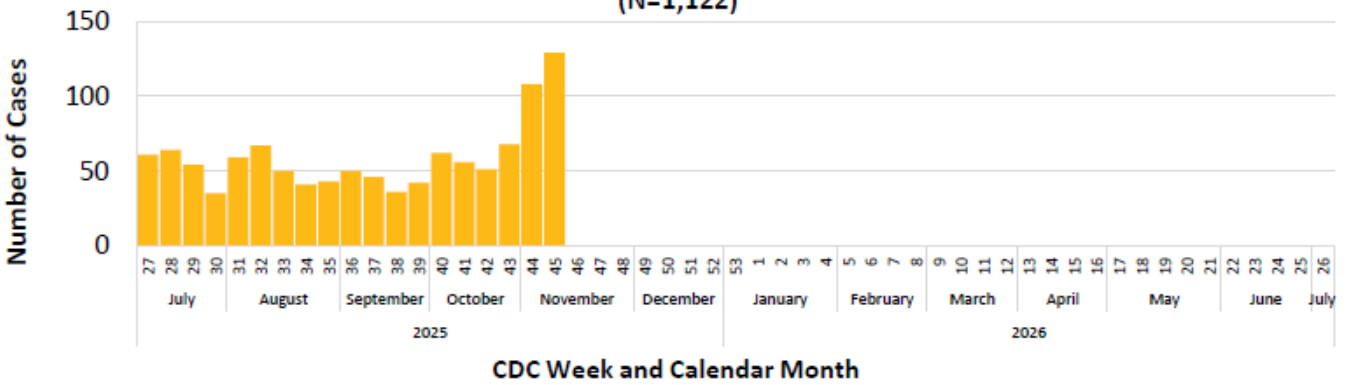
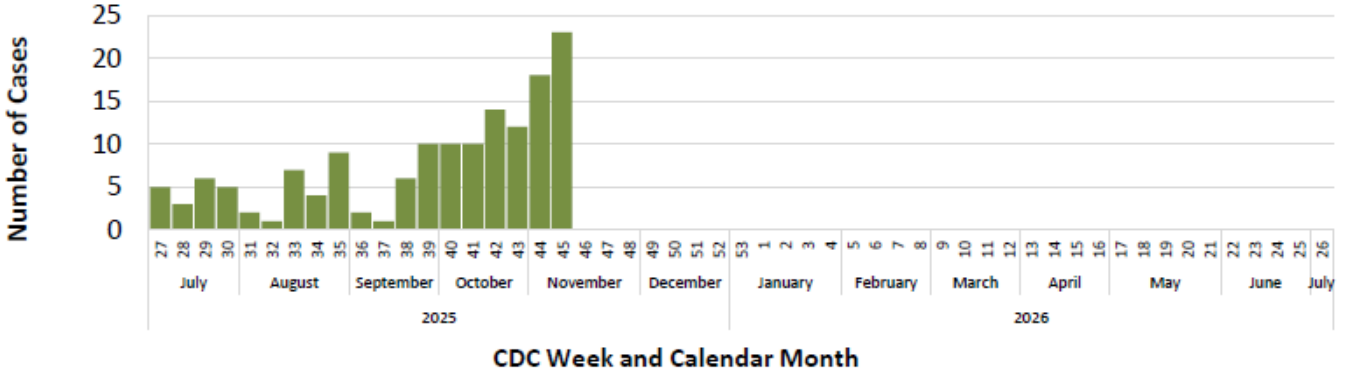
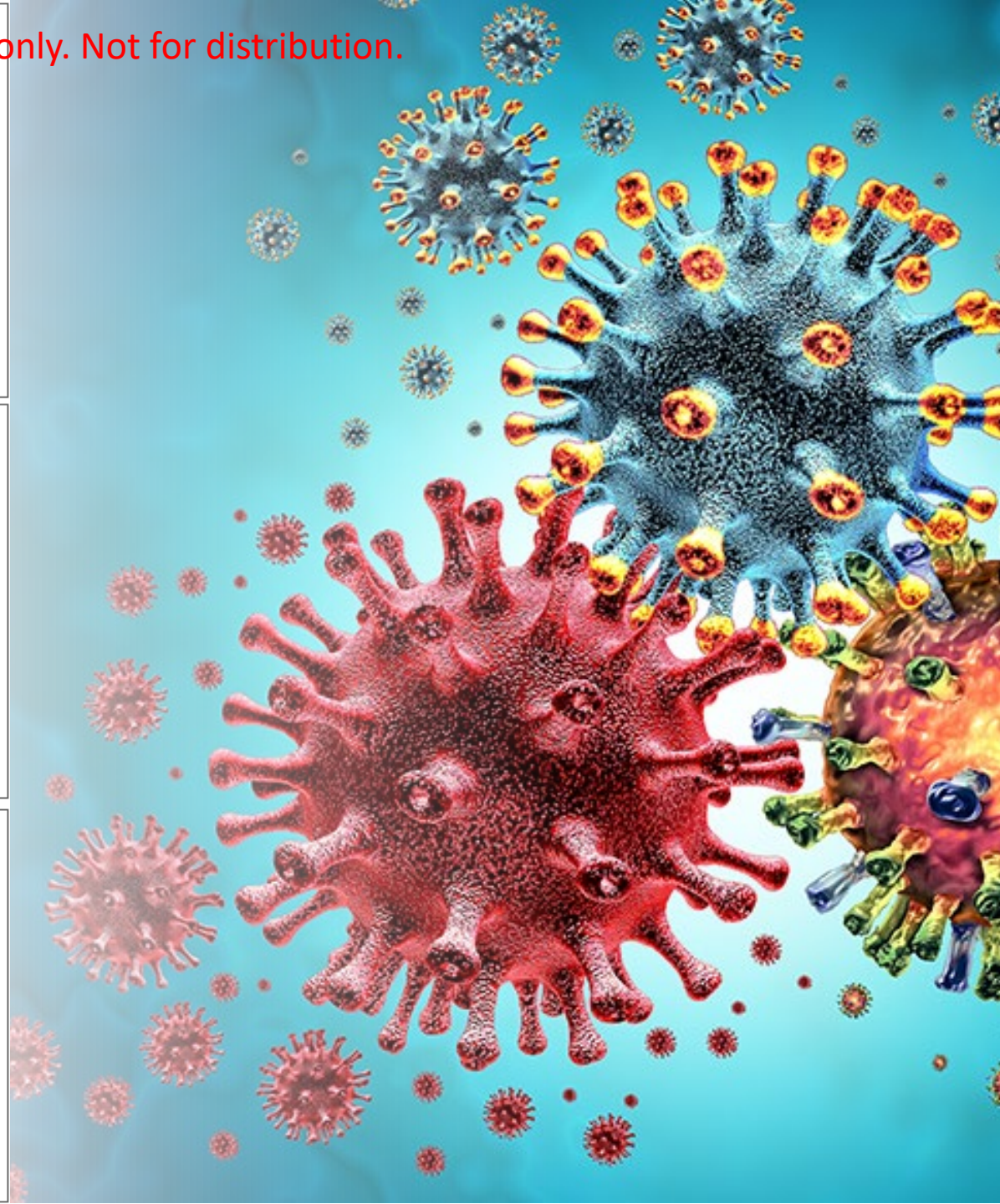


Figure 1.3. San Diego County RSV Cases
(N=148)

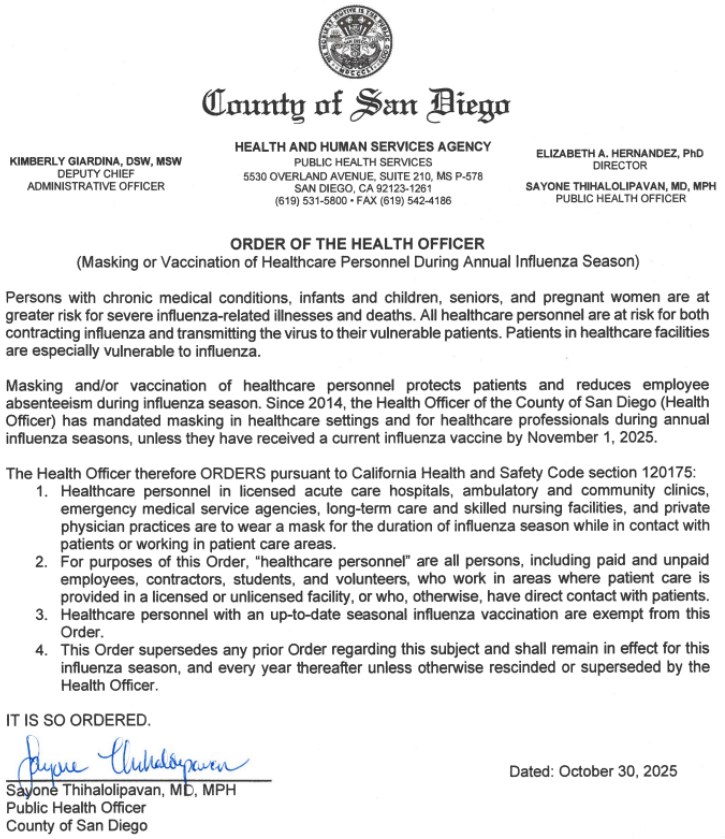




Source Control: County of San Diego Health Officer Order

Flu Vaccination or Mask for Healthcare Personnel During Annual Influenza Season

- All licensed acute care hospitals, skilled nursing facilities, long-term care facilities, ambulatory and community clinics, and ambulance providers in San Diego County require their healthcare personnel (HCP) to receive an annual influenza vaccination, or, if they decline, to wear a mask while in contact with patients or working in patient care areas during each annual influenza season.
- **Influenza usually circulates October through May**
- **County of San Diego mask mandate timeframe for unimmunized HCP: Typically, November 1 – March 31***
  *monitor local transmission levels



County of San Diego

KIMBERLY GIARDINA, DSW, MSW
DEPUTY CHIEF
ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5530 OVERLAND AVENUE, SUITE 210, MS P-578
SAN DIEGO, CA 92123-1261
(619) 531-5800 • FAX (619) 542-4186

ELIZABETH A. HERNANDEZ, PhD
DIRECTOR
SAYONE THIHALOLIPAVAN, MD, MPH
PUBLIC HEALTH OFFICER

ORDER OF THE HEALTH OFFICER
(Masking or Vaccination of Healthcare Personnel During Annual Influenza Season)

Persons with chronic medical conditions, infants and children, seniors, and pregnant women are at greater risk for severe influenza-related illnesses and deaths. All healthcare personnel are at risk for both contracting influenza and transmitting the virus to their vulnerable patients. Patients in healthcare facilities are especially vulnerable to influenza.

Masking and/or vaccination of healthcare personnel protects patients and reduces employee absenteeism during influenza season. Since 2014, the Health Officer of the County of San Diego (Health Officer) has mandated masking in healthcare settings and for healthcare professionals during annual influenza seasons, unless they have received a current influenza vaccine by November 1, 2025.

The Health Officer therefore ORDERS pursuant to California Health and Safety Code section 120175:

1. Healthcare personnel in licensed acute care hospitals, ambulatory and community clinics, emergency medical service agencies, long-term care and skilled nursing facilities, and private physician practices are to wear a mask for the duration of influenza season while in contact with patients or working in patient care areas.
2. For purposes of this Order, "healthcare personnel" are all persons, including paid and unpaid employees, contractors, students, and volunteers, who work in areas where patient care is provided in a licensed or unlicensed facility, or who, otherwise, have direct contact with patients.
3. Healthcare personnel with an up-to-date seasonal influenza vaccination are exempt from this Order.
4. This Order supersedes any prior Order regarding this subject and shall remain in effect for this influenza season, and every year thereafter unless otherwise rescinded or superseded by the Health Officer.

IT IS SO ORDERED.

Sayone Thihalolipavan, MD, MPH
Public Health Officer
County of San Diego

Dated: October 30, 2025

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https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/Vaccine_Preventable_Diseases/Seasonal_Influenza/HealthcareFluMandates.html

Healthcare Associated Infections Program

Respiratory Virus Season Updates

- **CDPH Respiratory Virus Prevention & Control Guidance**
  - Overall guidance and key messages will be unchanged.
    - Encourage residents and healthcare personnel to stay up to date on recommended vaccinations
    - Maintain policies for source control masking to reduce transmission in healthcare settings.
    - Initiate prompt testing & treatment of COVID-19 and influenza
  - https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CA_RecsPrevControl_RespVirus_SNFs.pdf

- **Please order all supplies IN ADVANCE during respiratory season preparations.**
  - Test kits and PPE are currently UNAVAILBLE from the County/CDPH

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Consensus WCHA 2025-2026 Respiratory Virus Season Immunization Recommendations

Age/Condition	COVID-19	Influenza	RSV
Children	• All 6-23 months • All 2-18 years with risk factors or never vaccinated against COVID-19 • All who are in close contact with others with risk factors[1] • All who choose protection[1]	• All 6 months and older	• All younger than 8 months[2] • All 8-19 months with risk factors
Pregnancy	• All who are planning pregnancy, pregnant, postpartum or lactating	• All who are planning pregnancy, pregnant, postpartum or lactating	• 32-36 weeks gestational age[2]
Adults	• All 65 years and older • All younger than 65 years with risk factors • All who are in close contact with others with risk factors • All who choose protection	• All	• All 75 years and older • All 50-74 years with risk factors

1. COVID-19 vaccine is available for persons 6 months and older.
2. Protect infants with either prenatal RSV vaccine or infant dose of nirsevimab or clesrovimab.

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https://www.cdph.ca.gov/Pages/public-health-for-all/publichealthforall.aspx

Healthcare Associated Infections Program

County/CDPH Briefings

- **County LTC Sector Monthly Telebriefing:**
  - Bi-monthly 4th Thursday @ 2PM-3PM
  - Next briefing is 11/20/25

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Healthcare Associated Infections Program

Contact Hour Instructions

Ensure	• Ensure your full name identifies you on Teams
Enjoy	• Enjoy the full presentation
Complete	• Complete the post-evaluation

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Speaker

Mara Rauhauser, BSN, RN, PHN, CIC
Senior Public Health Nurse
County of San Diego
Healthcare-Associated Infections Program

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Healthcare Associated Infections Program

Group A Streptococcus (GAS) in Skilled Nursing Facilities

Mara Rauhauser BSN, RN, PHN, CIC
Senior Public Health Nurse

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Healthcare Associated Infections Program

Objectives

- Describe invasive group A streptococcal (iGAS) disease.
- Name two reasons iGAS is a problem for SNFs.
- List three infection prevention and control actions that can decrease risk of iGAS transmission.

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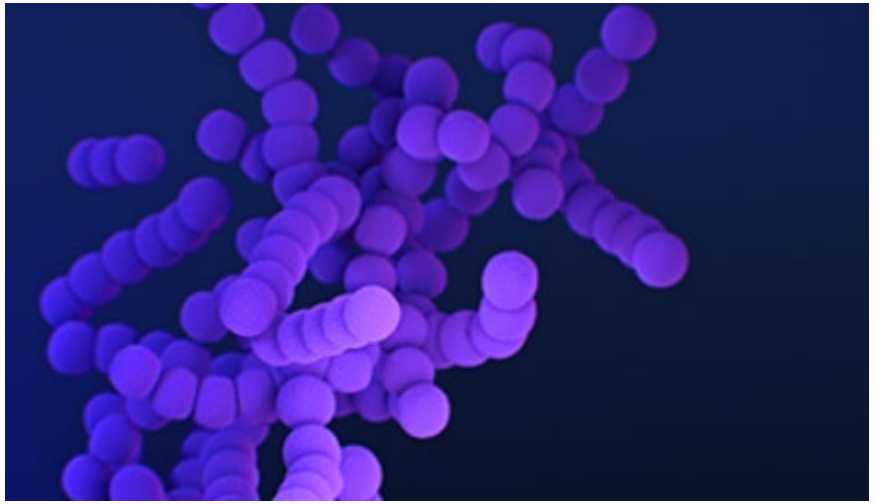
Healthcare Associated Infections Program

What is Group A Streptococcus (GAS)

Streptococcus *pyogenes*

- Gram-positive bacteria
- Group A is one of several types of streptococci
- Exclusively infects humans
- Virulence factors
  - M proteins (many types)
  - Pyrogenic toxin (causes the rash in scarlet fever)
  - Toxic shock syndrome toxin-1



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https://www.cdc.gov/group-a-strep/php/ltcf-toolkit/glossary.html

Group A Streptococcus (GAS)

- May colonize throat or skin
  - 5-15% of general population estimated to be colonized
- Responsible for a wide range of infections
- Antibiotic Resistance is increasing in GAS

Noninvasive:

- Impetigo
- Pharyngitis (strep throat)
- Scarlet Fever

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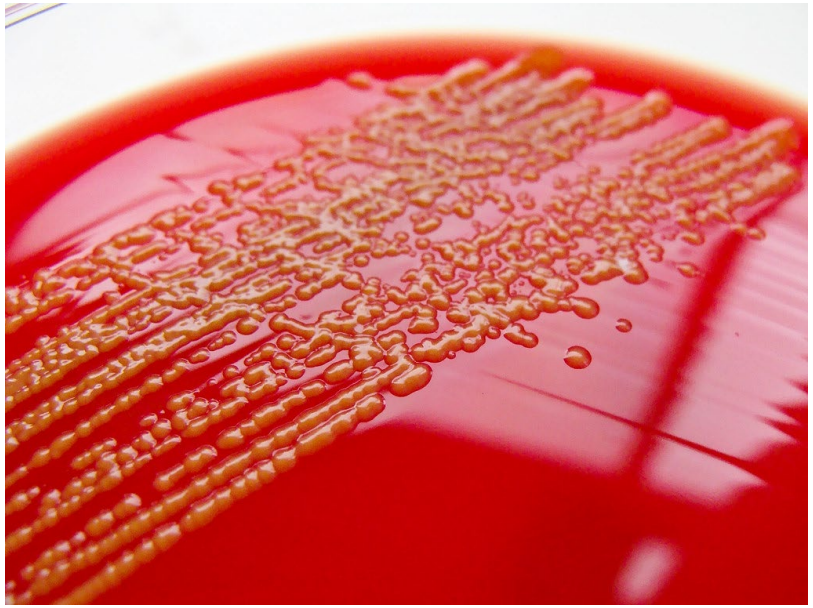
https://www.cdc.gov/group-a-strep/php/ltcf-toolkit/glossary.html

Healthcare Associated Infections Program

Invasive Group A Streptococcus (iGAS)



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Definition:

An illness with: Isolation of *S. pyogenes* (by culture) or identification (by molecular test) from either:

- A normally sterile site (e.g., blood, cerebrospinal fluid, pleural fluid, peritoneal fluid, joint fluid)
- A wound culture with *S. pyogenes* in a patient with either necrotizing fasciitis or STSS

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https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/IDBGuidanceforCALHJs-iGAS.pdf

https://www.cdc.gov/group-a-strep/php/ltcf-toolkit/glossary.html

Invasive Group A Streptococcus (iGAS)

Invasive Disease:

- Cellulitis
- Streptococcal Toxic Shock Syndrome
- Type II Necrotizing Fasciitis
- Bacteremia
- Meningitis
- Empyema

Immune-mediated Sequelae (long term outcomes):

- Post-Streptococcal Glomerulonephritis
- Acute Rheumatic Fever
- Pediatric Autoimmunie Neuropsychiatric Disorder Associated with Streptococcal infections (PANDAS)

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https://www.cdc.gov/group-a-strep/php/ltcf-toolkit/glossary.html

Knowledge Check

True or False:

GAS and iGAS only cause mild noninvasive disease.

False

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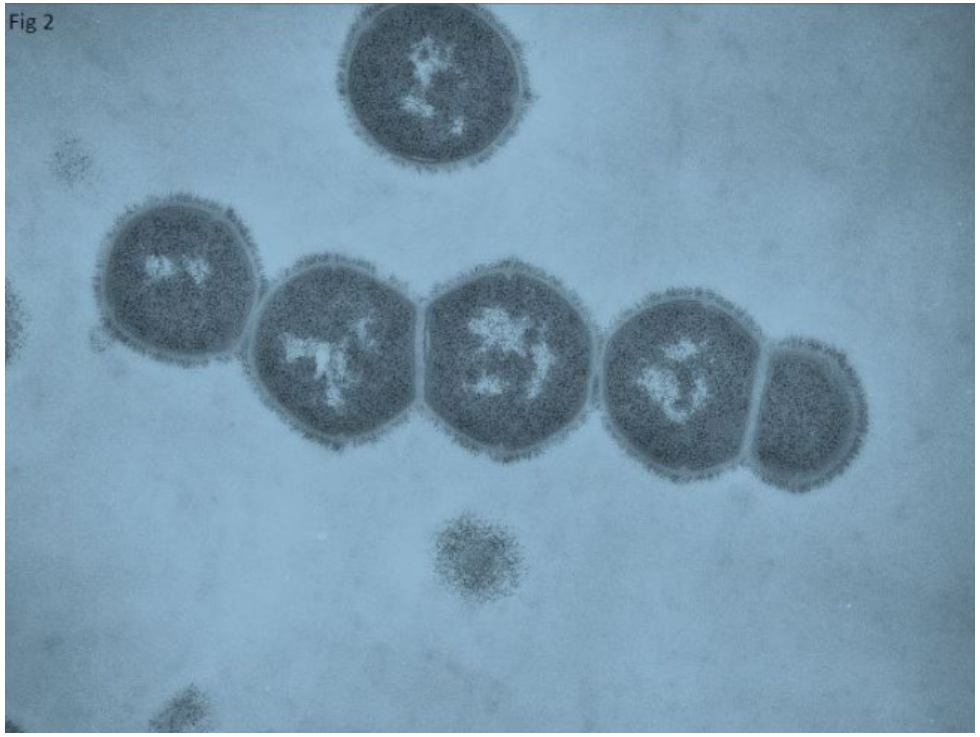
Healthcare Associated Infections Program

Epidemiology

GAS Pharyngitis/Strep Throat:

- More frequent during winter and early spring
- Accounts for 5-15% of sore throat visits in adults
- Most common cause of acute pharyngitis in 5-15 yo children
- Incubation period 2-5 days
- Infectious period: Transmission is possible during asymptomatic colonization. During the symptomatic phase is the highest risk of transmission through 24 hours after treatment is initiated. If not treated, persons are considered communicable for up to 21 days
- Spread through respiratory droplets and oropharyngeal secretions
- Many types of tests including the rapid antigen detection test
- Treated with a course of antibiotics



The fuzz around each cell is the M protein

Figure 2. [Thin section electron micrograph of...]. - Streptococcus pyogenes: Basic Biology to Clinical Manifestations - NCBI Bookshelf

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Healthcare Associated Infections Program

Epidemiology

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Details vary based on infection type

Invasive GAS infections

Cellulitis:

- GAS is the most common cause
- Risk factors: disruption of the skin barrier, obesity, impaired LE circulation
- Erythema, pain, warmth locally
- Chills, fever, malaise may be present
- Treated with antibiotics
- Occasionally results in bacteremia
- Rarely results in deep tissue infections
  - Infective endocarditis
  - Necrotizing soft tissue infections
  - Osteomyelitis
  - Septic thrombophlebitis
  - Suppurative arthritis

https://www.cdc.gov/group-a-strep/hcp/clinical-guidance/cellulitis.html

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Healthcare Associated Infections Program

Epidemiology

Details vary based on infection type

Invasive GAS infections:

- Pneumonia, meningitis, necrotizing fasciitis and STSS
- Associated with high morbidity and mortality rates 10-15% of iGAS infections result in death, higher for STSS cases
- Spread by contact or droplet
- Incubation varies, STSS can be 24-48 hours
- Infectious period: Up to 28 days
- Symptoms can include fever, chills, severe pain, and myalgias
- Dependent on site of infection: cough (pneumonia), headache (meningitis) or pain out of proportion to any skin finding (necrotizing fasciitis)

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https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/IDBGuidanceforCALHJs-iGAS.pdf

Isolation Precautions

Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions

Guideline for Isolation Precautions: Appendix A

ISOLATION PRECAUTIONS GUIDELINE | PAGE 13 OF 19 | ALL PAGES

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Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Streptococcal disease (group A *Streptococcus*) Skin, wound, or burn **Major**	Contact + Droplet + Standard	Until 24 hours after initiation of effective therapy	Until drainage stops or can be contained by dressing.
Streptococcal disease (group A *Streptococcus*) Skin, wound, or burn **Minor or limited**	Standard		If dressing covers and contains drainage.
Streptococcal disease (group A *Streptococcus*) Endometritis (puerperal sepsis)	Standard		
Streptococcal disease (group A *Streptococcus*) Pharyngitis in infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	

https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html#S

Healthcare Associated Infections Program

Isolation Precautions

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Streptococcal disease (group A *Streptococcus*) Pneumonia	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Streptococcal disease (group A *Streptococcus*) Scarlet fever in infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Streptococcal disease (group A *Streptococcus*) Serious invasive disease	Droplet + Standard	Until 24 hours after initiation of effective therapy	Outbreaks of serious invasive disease have occurred secondary to transmission among patients and healthcare personnel [162, 972, 1096-1098].Contact Precautions for draining wound as above; follow recommendations for antimicrobial prophylaxis in selected conditions [160].

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https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html#S

Knowledge Check

What type of precautions should be used for GAS or iGAS:

A. Contact Precautions
B. Droplet Precautions
C. Standard Precautions
D. Based on severity and location of infection

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Healthcare Associated Infections Program

Risk Factors for iGAS in LTCF Residents

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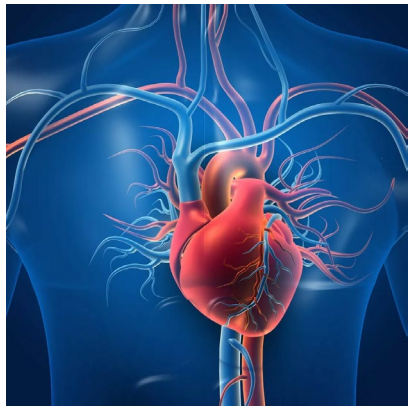

- Older age: 65 years and older have higher rates of iGAS; mortality among those ≥65 years: ~15%
  - iGAS in elderly most commonly due to skin or soft tissue infection
- Diabetes
- HIV infection
- Heart disease
- Cancer
- Obesity
- Long term care facility resident
  - 3- to 8-fold higher incidence of iGAS in LTCF residents compared with age-matched adults living in the community
  - 1.5 times more likely to die from iGAS infection
- Preceding or concurrent influenza infection
- Exposure to children with sore throats

https://www.cdc.gov/group-a-strep/php/ltcf-toolkit/increased-risk.html

https://www.cdc.gov/group-a-strep/php/ltcf-toolkit/glossary.html

Healthcare Associated Infections Program

Headlines

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Antimicrobial Stewardship & Healthcare Epidemiology

SHEA

Antimicrobial Stewardship & Healthcare Epidemiology

Infection control approaches to group a *Streptococcus* outbreaks in behavioral health settings

Published online by Cambridge University Press: **15 August 2025**

Kevin M. Gibas, Briana Castro, Kavyasri Melapu, Maria F. Gomes and Michael P. Koster Show author details

Article | Figures | Supplementary materials | Metrics

Save PDF | Share | Cite

Abstract

ELSEVIER

Contents lists available at ScienceDirect

American Journal of Infection Control

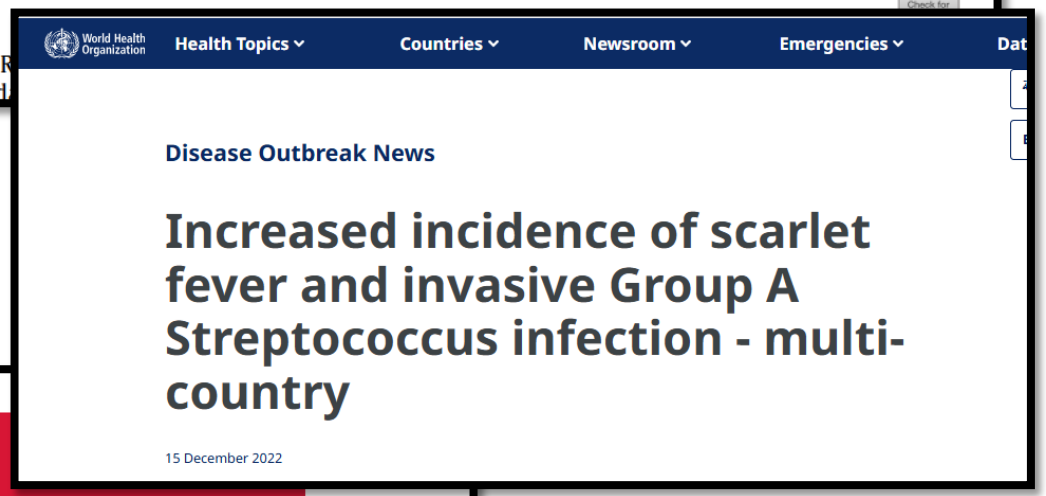
journal homepage: www.ajicjournal.org

AJIC American Journal of Infection Control

Brief Report

Transmission of group A *Streptococcus* in long-term care: An outbreak investigation

Theresa Murillo R
Gabrielle Barmad



World Health Organization | Health Topics | Countries | Newsroom | Emergencies | Dat

Disease Outbreak News

Increased incidence of scarlet fever and invasive Group A Streptococcus infection - multi-country

15 December 2022

CDC

U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

CDPH California Department of Public Health

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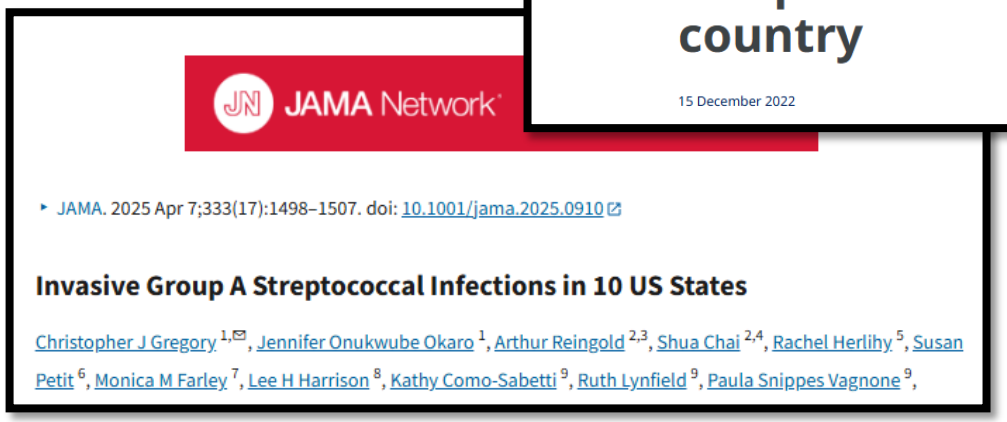

JAMA Network

JAMA. 2025 Apr 7;333(17):1498–1507. doi: 10.1001/jama.2025.0910

Invasive Group A Streptococcal Infections in 10 US States

Christopher J Gregory [1,✉], Jennifer Onukwube Okaro [1], Arthur Reingold [2,3], Shua Chai [2,4], Rachel Herlihy [5], Susan Petit [6], Monica M Farley [7], Lee H Harrison [8], Kathy Como-Sabetti [9], Ruth Lynfield [9], Paula Snippes Vagnone [9],

World Health Organization

Healthcare Associated Infections Program

Increase in iGAS Cases and Deaths

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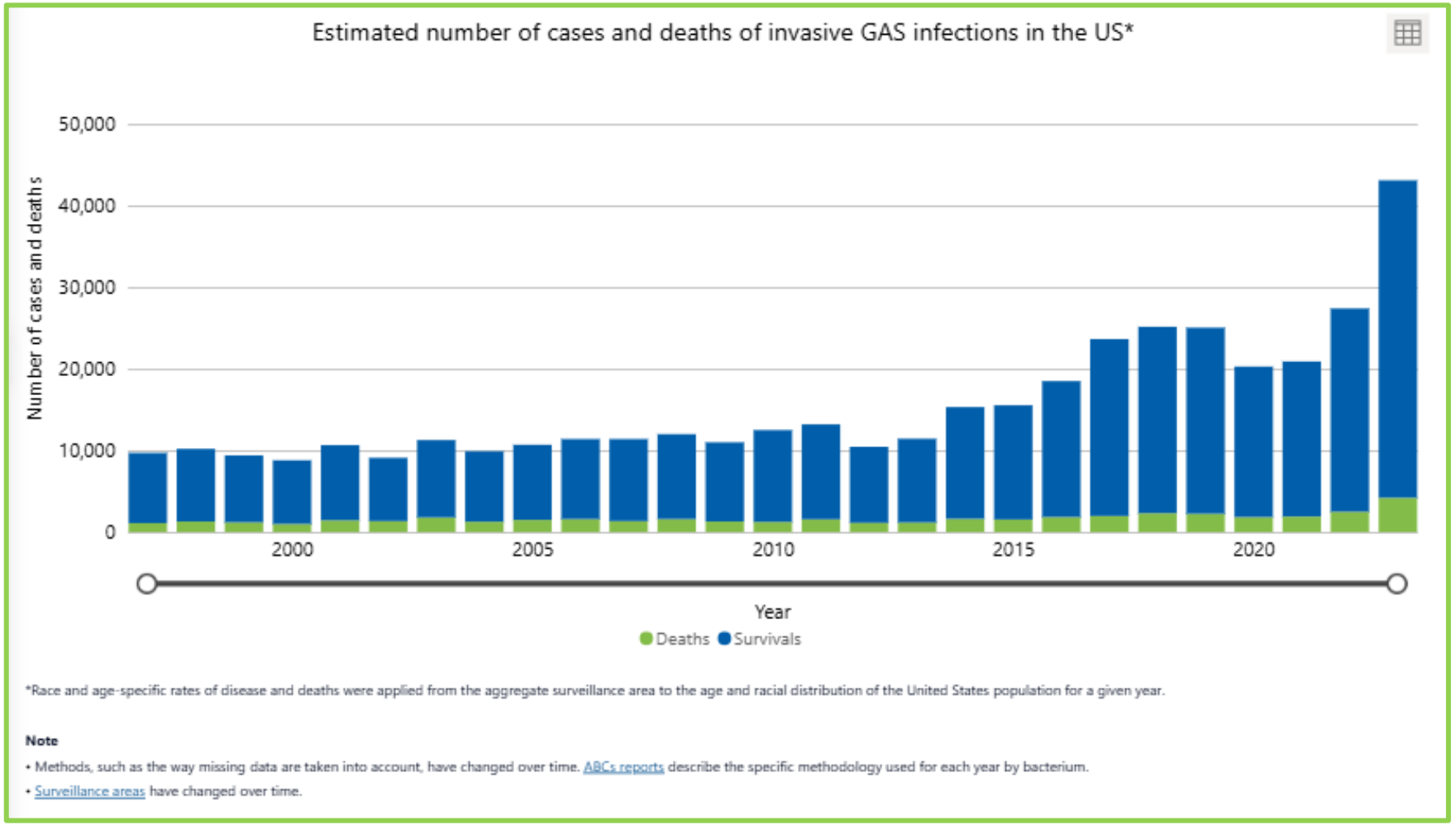

https://www.cdc.gov/abcs/bact-facts/data-dashboard.html

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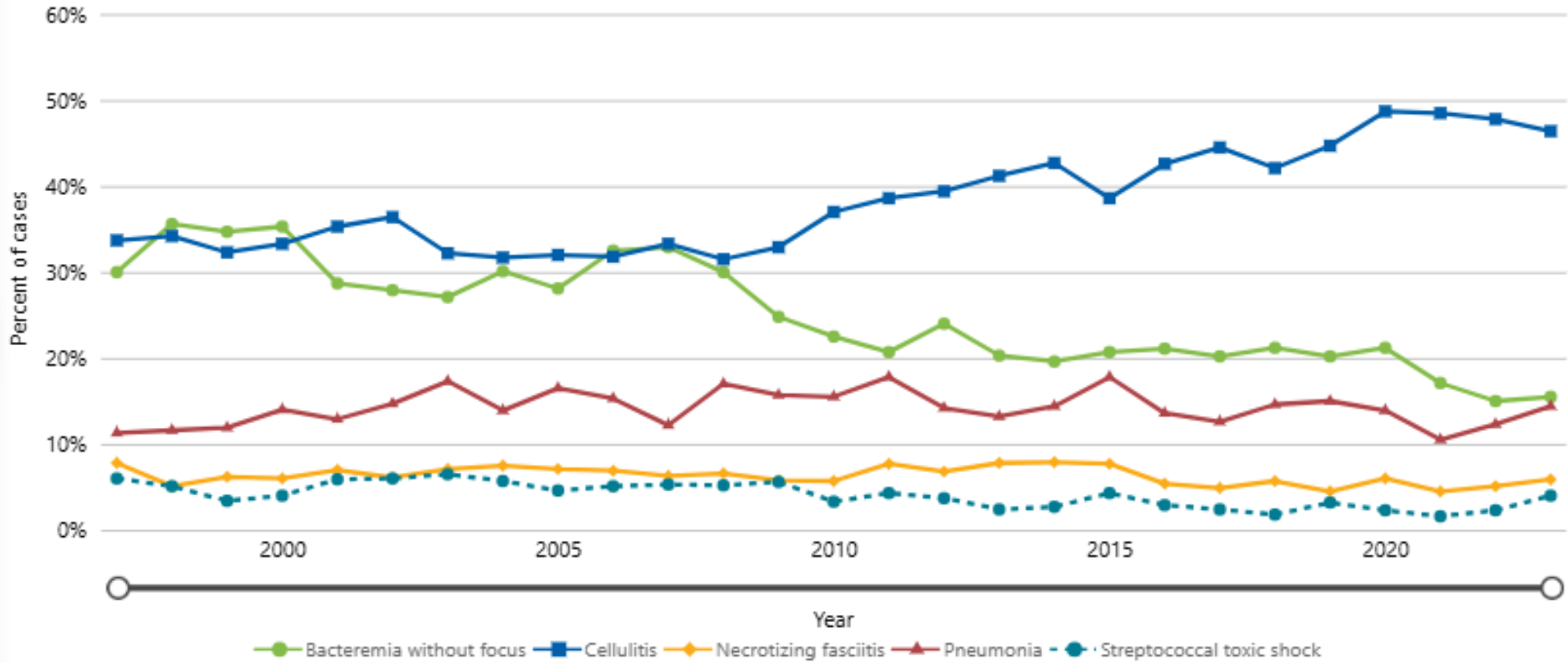
Percent of invasive GAS infections with select syndromes in ABCs areas



Note

- Cases might have more than one syndrome (e.g., a case with both pneumonia and meningitis in the same individual) and are included in calculations for each syndrome. Information on how syndromes are defined can be found under the Methodology section.
- Bacteremia without focus cases are those in persons who had a positive blood culture but no other clinical syndrome identified (e.g., pneumonia or meningitis).
- Classification of streptococcal toxic shock syndrome in ABCs has changed over time.
- Methods, such as the way missing data are taken into account, have changed over time. ABCs reports describe the specific methodology used for each year by bacterium.
- Surveillance areas have changed over time.

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Reporting

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When to report to local Public Health and Licensing:

- iGAS infections that occur in patients who, in the preceding 48 hours or longer, were residents of a healthcare facility or LTCF
- Postpartum associated iGAS infections
- Post surgical associated infections
- Meningitis of any cause, including iGAS
- Outbreaks of GAS and iGAS

- Most GAS infections are not reportable to CDPH.
- Most iGAS infections are sporadic and have limited public health action.
- For reportable cases or outbreaks of GAS/iGAS, healthcare providers are required to report within 24 hours to the LHD

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-08.aspx

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Group A *Streptococcus* Infections in Long-Term Care Facilities

Transmission

Prevention of transmission of GAS in healthcare setting should include:

- Appropriate transmission-based precautions according to the type of infection
- Always use standard precautions
- Rapid diagnosis and treatment of patients with clinical infections
- Excluding potentially infectious HCW from work

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Transmission

Once introduced into a facility, GAS can easily spread through multiple routes

Who usually brings the bacteria into LTCFs

GAS can be transmitted to others in a LTCF by:

- Residents
- Visitors
- Healthcare personnel (HCP): multiple outbreak investigations have linked transmission to HCP with GAS pharyngitis who cared for patients while ill
- Asymptomatic, colonized residents and HCP can serve as sources of GAS transmission during outbreaks

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Factors that affect spread within a LTCF

Spread of GAS among residents in LTCFs has been associated with the following:

- Having a roommate who's infected or colonized with GAS
- Being cared for by the same HCP as a resident who's infected or colonized with GAS
- Residing on the same unit as a resident who's infected or colonized with GAS

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Infection Prevention and Control Practices

Common IPC lapses identified during multiple GAS outbreak investigations in LTCFs:

- Hand hygiene
- Wound Care
  - Can lead to shedding or spray of GAS into the environment or onto HCW during care
  - Challenging task with many opportunities for cross contamination

Strengthening all infection prevention and control practices with special emphasis on hand hygiene adherence and wound care best practices is key

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Multi-facility Outbreaks

- LTCFs in close proximity often share HCW
- Shared HCWs can be a source of transmission between facilities
- HCWs that have more than one job
- Wound care service providers
- Other external consultants or vendors
- It is helpful to have a source of communication between facilities
- Establish flexible sick leave policies that encourage HCWs to stay home when ill

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Knowledge Check

Name one infection prevention and control measure to focus on during a GAS or iGAS outbreak.

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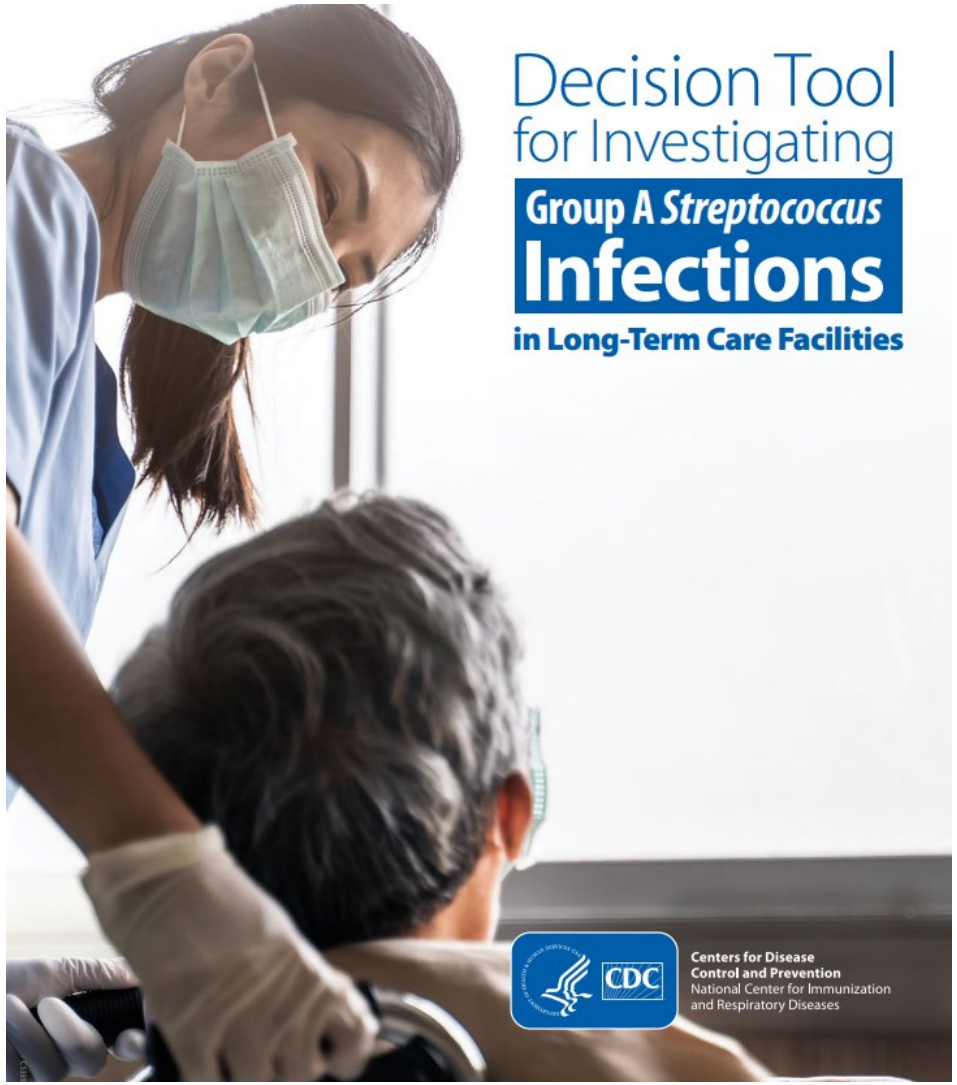
Response Activities

Setting: Identification of one case of invasive group A Streptococcus a (GAS) infection among long-term care facility (LTCF) residents. Given the potential for the prevention of additional cases, even one invasive case should prompt an epidemiological investigation by the LTCF's infection control personnel.

⚠ Actions: Laboratory or hospital[b] should…

1. **Report** the case to local public health authorities
2. **Notify** the LTCF
3. **Save** the GAS isolate



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Response Activities: 1 Case

1

Identify additional symptomatic cases

- Conduct a retrospective chart review of residents over the previous month
- Survey all current residents and Healthcare Worker (HCW), including consultants for symptoms of GAS infection
- Culture symptomatic residents and HCWs as clinically indicated
- Treat residents and HCW as clinically indicated
- Maintain active surveillance for additional invasive or noninvasive cases among resident for 4 months from onset of most recent GAS case. If additional cases are found, move to investigation of 2 cases.

Identify potentially asymptomatic carriers

- Screen (by culture) close contacts of ill resident, including roommates and close social contacts
- Treat anyone with a positive culture
- Rescreen by culturing same site , anyone with a positive culture 7-10 days after they complete treatment

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https://www.cdc.gov/group-a-strep/media/pdfs/ltcf-decision-tool-508.pdf

Response Activities: 1 Case

1

Assess infection control measures by auditing:

- Hand hygiene practices
- Appropriate PPE use
- Cleaning and disinfection of high touch surfaces and wound care equipment (EVS and floor staff)
- Separation of used and reprocessed equipment
- Dedicate multidose medication to a single resident when possible. If multidose medication containers are used for more than one resident, restrict the medication containers to a centralized medication area and do not bring them into the immediate resident treatment area (e.g., resident room/cubicle

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https://www.cdc.gov/group-a-strep/media/pdfs/ltcf-decision-tool-508.pdf

Response Activities: 2 Cases

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2

Setting: Identification of 2 symptomatic group A Streptococcus a (GAS) infections among long-term care facility (LTCF) residents with at least one invasive infection; symptom onset of the second case occurs within 4 months of the first case.

⚠ Actions: LTCF or public health agency should…

1. Identify additional symptomatic cases

- Conduct a retrospective chart review of facility residents over previous month. Review records at LTCF, referral hospitals, and referral laboratories.
- Survey all current residents and healthcare personnel (HCP), including consultants, for symptoms of GAS infection.
- Culture symptomatic residents and HCP as clinically indicated.
- Treat residents and HCP as clinically indicated.
- Maintain active surveillance for additional invasive or noninvasive cases among LTCF residents for **4 months** from onset of most recent GAS case. If another case(s) is identified, move to the algorithm for 3+ cases.

2. Identify potential asymptomatic carriers

- Screen **all residents**[g] by culture, except those on GAS treatment within the last 14 days. Sites to culture for residents:[c]
  - ❑ Throat ❑ Skin lesions ❑ Ostomy sites
- Consider screening **epidemiologically-linked HCP** by culture, except those on GAS treatment within the last 14 days. Sites to culture for HCP:
  - ❑ Throat ❑ Skin lesions
- Treat anyone with a positive culture. See table for antibiotic regimens.
- Re-screen, by culturing the same sites listed above, anyone with a positive culture 7 to 10 days after they complete treatment.

3. Assess infection control measures

- Review and audit HCP adherence to infection control practices.
  - Hand hygiene, preferably using alcohol-based hand rub/sanitizer
  - Appropriate selection and proper use of personal protective equipment (PPE)[d]
  - Cleaning and disinfection of environmental surfaces and reusable wound care equipment[e]
  - Maintaining separation between clean and soiled equipment to prevent cross contamination
  - Dedicating multidose medication containers to a single patient/resident whenever possible. If multidose medication containers are used for more than one resident, restrict the medication containers to a centralized medication area and do not bring them into the immediate resident treatment area (e.g., resident room/cubicle)[f]
- ❑ Review and audit infection control practices for wound care and respiratory care.
- ❑ Educate HCP on signs and symptoms of GAS infection.
- ❑ Educate HCP on the importance of not working while ill.
- ❑ Review sick leave policies.

4. Conduct an epidemiologic and laboratory investigation

- Investigate potential linkages between cases, including close contacts (roommates and close social contacts) and HCP.
- If isolates from ≥2 cases available, *emm* typing and whole genome sequencing can be used to look for strain relatedness.[h]

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Response Activities: 3 Cases

3

Setting: Identification of 3 or more symptomatic group A Streptococcus a (GAS) infections among long-term care facility (LTCF) residents with at least one invasive infection; symptom onset of the most recent case occurs within 4 months of the prior case.

⚠ Actions: LTCF or public health agency should…

1. Identify additional symptomatic cases

- Conduct a retrospective chart review of facility residents over previous month. Review records at LTCF, referral hospitals, and referral laboratories.
- Survey all current residents and healthcare personnel (HCP), including consultants, for symptoms of GAS infection.
- Culture symptomatic residents and HCP as clinically indicated.
- Treat residents and HCP as clinically indicated.
- Maintain active surveillance for additional invasive or noninvasive cases among LTCF residents for **4 months** from onset of most recent GAS case.

2. Identify potential asymptomatic carriers

- Screen **all residents**[g] by culture, except those on GAS treatment within the last 14 days. Sites to culture for residents:[g]
  - ❑ Throat ❑ Skin lesions ❑ Ostomy sites
- Screen **epidemiologically-linked HCP** by culture and consider screening all HCP,[i] except those on GAS treatment within the last 14 days. Sites to culture for HCP:[i]
  - ❑ Throat ❑ Skin lesions
- Treat anyone with a positive culture. See table for antibiotic regimens.
- Re-screen, by culturing the same sites listed above, anyone with a positive culture 7 to 10 days after they complete treatment.

3. Assess infection control measures

- Review and audit HCP adherence to infection control practices.
  - Hand hygiene, preferably using alcohol-based hand rub/sanitizer
  - Appropriate selection and proper use of personal protective equipment (PPE)[d]
  - Cleaning and disinfection of environmental surfaces and reusable wound care equipment[g]
  - Maintaining separation between clean and soiled equipment to prevent cross contamination
  - Dedicating multidose medication containers to a single patient/resident whenever possible. If multidose medication containers are used for more than one resident, restrict the medication containers to a centralized medication area and do not bring them into the immediate resident treatment area (e.g., resident room/cubicle).[f]
- Review and audit infection control practices for wound care and respiratory care.
- Educate HCP on signs and symptoms of GAS infection.
- Educate HCP on the importance of not working while ill.
- Review sick leave policies.
- Consider restricting visitors for a limited time period.
- Consider cohorting residents with GAS infection and HCP caring for these residents.
- Consider halting new admissions in affected units or floors.

4. Conduct an epidemiologic and laboratory investigation

- Investigate potential linkages between cases, including close contacts (roommates and close social contacts) and HCP.
- If isolates from ≥2 cases available, *emm* typing and whole genome sequencing can be used to look for strain relatedness.[h]

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Knowledge Check

When you have a case of iGAS in a resident of your facility, the first thing you should do is:

A. Report to Public Health
B. Do adherence monitoring for hand hygiene
C. Screen close contacts of the case
D. Shut your office door and cry

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Healthcare Worker Guidance

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- Postexposure prophylaxis and work restrictions are not necessary for healthcare personnel who have an exposure to group A *Streptococcus*.
- For healthcare personnel with known or suspected group A *Streptococcus* infection, obtain a sample from the infected site, if possible, for group A *Streptococcus* and exclude from work until group A *Streptococcus* infection is ruled out, or until 24 hours after the start of effective antimicrobial therapy, provided that any draining skin lesions can be adequately contained and covered.
- For draining skin lesions that cannot be adequately contained or covered (e.g., on the face, neck, hands, wrists), exclude from work until the lesions are no longer draining.
- Work restrictions are not necessary for healthcare personnel with known or suspected group A *Streptococcus* colonization, unless they are epidemiologically linked to transmission of the organism in the healthcare setting.

  4. For healthcare personnel with group A *Streptococcus* colonization who are epidemiologically linked to transmission of the organism in the healthcare setting:
- Administer chemoprophylaxis in accordance with CDC recommendations AND
- Exclude from work until 24 hours after the start of effective antimicrobial therapy AND
- Obtain a sample from the affected site for group A Streptococcus testing 7 to 10 days after completion of chemoprophylaxis; if positive, repeat administration of chemoprophylaxis and again exclude from work until 24 hours after the start of effective antimicrobial therapy.

https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/group-a-streptococcus.html

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Clinical Management

Clinical management decisions should be made by the healthcare provider.

- iGAS infections always require prompt treatment and usually intensive supportive care

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Virulence Factors

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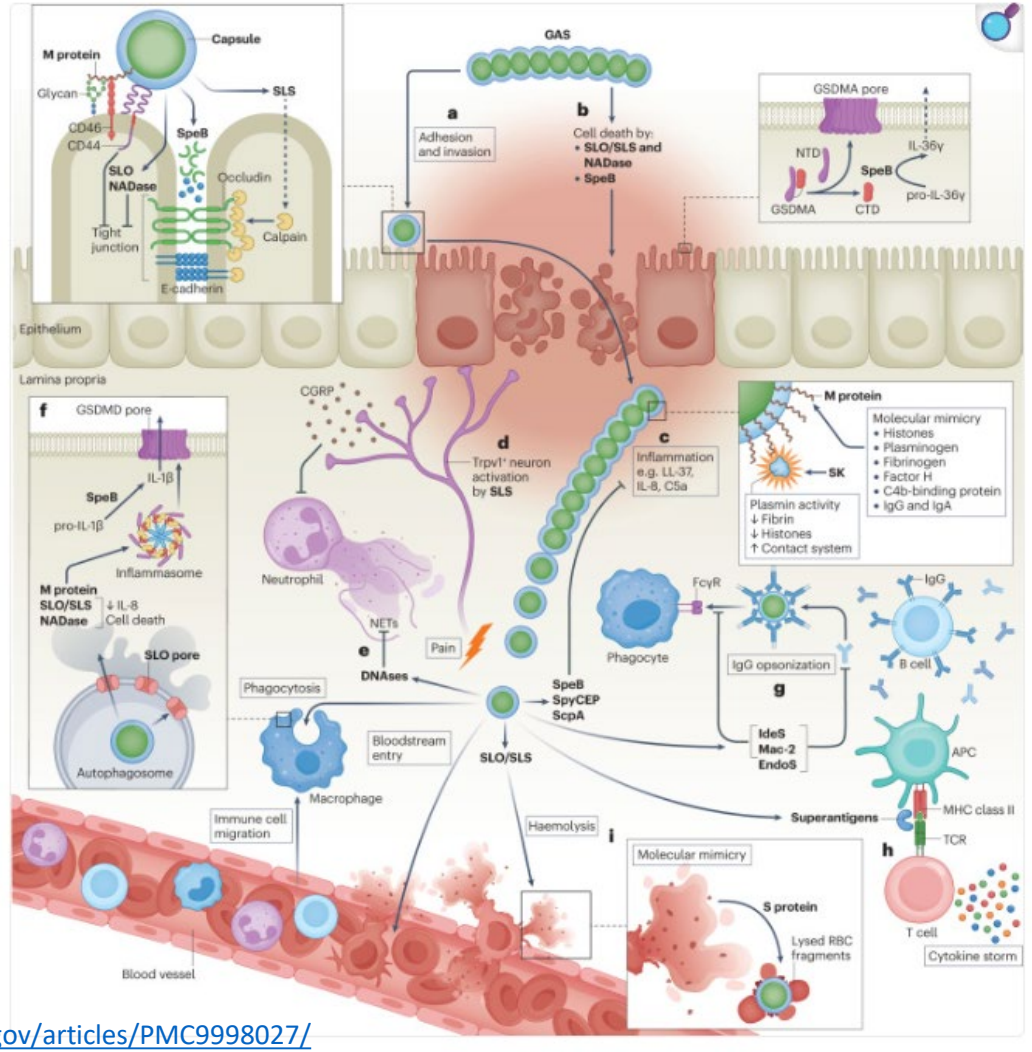
Fig. 1. GAS virulence factors and their roles in cell adherence, invasion and immune evasion.



https://pmc.ncbi.nlm.nih.gov/articles/PMC9998027/

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Resources

- CDC Group A Strep Toolkit for LTC: https://www.cdc.gov/group-a-strep/php/ltcf-toolkit/index.html
- CDC Wound Care Observation Tool: https://www.cdc.gov/infection-control/media/pdfs/icar-ipc-obs-form-wound-care-508.pdf
- CDPH IDB Guidance for iGAS: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/IDBGuidanceforCALHJs-iGAS.pdf
- AFL 23-08: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-08.aspx
- CORHA iGAS Resource Page: https://corha.org/diseases-pathogens/group-a-streptococcus
- StatPearls GAS: https://www.ncbi.nlm.nih.gov/books/NBK559240/
- CDC Appendix A: Guideline for Isolation Precautions https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html#S
- CDC Dashboard: https://www.cdc.gov/abcs/bact-facts/data-dashboard.html
- AJIC Article: https://www.ajicjournal.org/article/S0196-6553(24)00849-6/pdf
- Jama Article: https://pmc.ncbi.nlm.nih.gov/articles/PMC11976646/
- SHEA Article: https://doi.org/10.1017/ash.2025.10106

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What can the HAI Program do to help?

- Outbreak response
- Support IP rounding
- Interpret state/federal guidance
- Support staff in-services
- Support quality improvement projects
- Share resources and tools

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Next Collaborative

*****January 28, 2026*****

11:00AM – 12:00PM

Microsoft TEAMS

Featured Topic:

Updated Best Practice Guidance for IPC in SNFs

1 Contact Hour Offered

Submit questions or
feedback about today's meeting to:
PHS.HAI.HHSA@sdcounty.ca.gov

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Contact Hour Instructions

- **Ensure your name is your full name**
- **Complete by November 21st, 5:00 PM**
- **Expect your certificate by December 15th.**

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Contact us at:

PHS.HAI.HHSA@sdcounty.ca.gov

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The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

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