



Group A Streptococcal Infection

LCC IPC Guidance

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What is Group A Streptococcal infection (GAS)?

Group A Streptococci (GAS) are bacteria (germs) which are often found in the nose, throat or on the skin without causing harm or infection (colonisation). Sometimes these bacteria can get into parts of the body where they are not usually found and can cause infection.

Symptoms of GAS

Common symptoms of strep A include:

- flu-like symptoms, such as a high temperature, swollen glands or an aching body
- sore throat (strep throat or tonsillitis) usually comes on suddenly
- a rash that feels rough, like sandpaper (scarlet fever)
- scabs and sores (impetigo)
- pain and swelling (cellulitis)
- aching or tender muscles
- nausea and vomiting

Most strep A infections are not serious and can be treated with antibiotics.

But rarely, the infection can cause serious problems. This is called invasive group A strep (iGAS) further information below.

Risk Factors for GAS

- Weakened immune system
- Open sores or wounds
- Certain viral infections, such as a cold or flu
- Elderly
- Very Young

How is GAS infection spread?

In some people, the bacteria live in the body without causing symptoms or making them feel unwell. But they can still pass the bacteria on to others. GAS is spread mainly from droplets in the respiratory tract (nose and throat) through close contact, coughing, sneezing, or kissing. The bacteria can also be spread by hands that have not been washed which then go onto contaminate wounds by direct contact.



What kind of illnesses are caused by GAS?

GAS causes a diverse range of skin, soft tissue and respiratory tract infections, including:

- tonsillitis
- pharyngitis
- scarlet fever
- impetigo
- erysipelas
- cellulitis
- pneumonia

A small number of people may get a more serious form of the infection if the bacteria gets into parts of the body where it is not normally found, such as the blood, muscles or lungs. This is called invasive Group A Streptococcal disease (iGAS).

Two of the more severe diseases iGAS can cause are Streptococcal Toxic Shock Syndrome and necrotising fasciitis. These diseases are rare but are life threatening.

Both iGAS and scarlet fever are notifiable diseases: health professionals must inform local health protection teams (HPTs) of suspected cases.

Who is most at risk of getting GAS?

Strep A infections are more common in children, but adults especially the elderly are most at risk

How can care settings stop the infection spreading to other service users and members of staff?

Staff should apply standard infection control precautions and contact precautions as part of transmission-based precautions to minimise the risk of cross transmission of infection. These precautions should be applied at all times for confirmed or suspected cases.

Good hand hygiene (using soap and water or an alcohol-based hand rub) should be carried out between each service user. The correct use of gloves and aprons should always be followed, regardless of whether the resident has a known infection or not. Staff and visitors must be extra vigilant in cases of GAS infection. Visitors must also be made aware of the importance of hand hygiene when entering and leaving the room as well as when they leave the setting. Everyone should be encouraged and assisted to perform good respiratory hygiene. These measures will help reduce transmission.



A service user with GAS may need to stay in their room and be barrier nursed for a minimum of 24 hours following commencement of antibiotics to stop the infection spreading.

Contact your Infection Prevention Team or UK Health Security Agency (UKHSA) Health Protection Team for advice regarding isolation of service users (details below).

Do close contacts need antibiotics as well?

Most contacts of GAS do not get an infection and should only receive antibiotics if they have symptoms of a GAS infection:

- Sore throat
- High fever
- Severe aching or tender muscles
- Redness around wounds

Care settings must be vigilant for symptoms of GAS and iGAS in service users for the next 30 days and report any symptoms to the GP and say they have been in contact with someone with a GAS infection.

For more information contact:

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Acknowledgements:

Questions & Answers for close community contacts of cases of GAS/iGAS HPA 2008

Group A Streptococcal infection information for patients Health Protection Scotland NHS Scotland

UKHSA 2023 [Group A Streptococcus - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Strep A - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[Group A Streptococcus - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Guidelines for prevention and control of group A streptococcal infection in acute healthcare and maternity settings in the UK \(his.org.uk\)](https://his.org.uk)

[Invasive group A streptococcal outbreaks associated with community health services delivered at home, January 2018 to September 2019 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

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