

Steps for Invasive Group A Strep Post-Partum / Post-Surgical Surveillance

1. If a case is identified as post-partum or post-surgical, notify the health care facility where the birth or surgery occurred.
2. Conduct retrospective surveillance to identify additional post-partum/post-surgical cases for 6 months prior to the earliest case AND active surveillance for 6 months after the latest case.
3. If more than one healthcare facility is involved, e.g., OB clinic and hospital, consult with NC Division of Public Health (DPH).
4. Contact the lab that tested the specimen to request the isolate be sent to the State Lab of Public Health (SLPH). DPH will notify SLPH to expect the isolate.
5. Review importance of careful hand hygiene, cleaning, and wound care practices with facility. Ask about policies they have in place and how staff are educated/audited. Facility should review IP practices on page 2 directly with staff.
6. **If two or more cases are identified:**
 - a. Notify NC DPH.
 - b. Evaluate for common healthcare personnel, including non-licensed providers, and look for asymptomatic carriers.
 - i. Strongly recommend screening healthcare personnel (HCP) who are epidemiologically linked to both cases.
 - ii. Screening should be considered for HCP who were present at delivery and for those who performed vaginal examinations before delivery (for postpartum cases) and for all HCP present in the operating room during surgery and those who changed dressings on open wounds (for postsurgical cases).¹
 - c. If screening of HCP is undertaken, sites from which specimens should be obtained and cultured include:
 - i. Throat
 - ii. Anus
 - iii. Vagina
 - iv. Any skin lesions
7. Screened HCP may return to work pending the culture results. HCP identified as colonized who are epidemiologically linked to transmission in the healthcare setting should be excluded from work until 24 hours have passed since starting a [GAS colonization eradication regimen](#) (note: differs from treatment for clinical cases; regimen options listed on lower half of webpage).
 - a. Re-culture the affected site 7 to 10 days after completion of chemoprophylaxis. If positive, repeat chemoprophylaxis and again exclude from work until 24 hours after the start of effective antimicrobial therapy.
 - b. Work restrictions are not necessary for HCP with known or suspected colonization if they are not epidemiologically linked to transmission.²

¹ [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](#)

² [Group A Streptococcus Infections: Infection Control in Healthcare Personnel \(CDC website\)](#)

Areas to assess in the healthcare facility settings:

Hand hygiene:

1. Wear gloves during any procedure that involves potential exposure to blood or body fluids.
2. Change gloves between patient contacts.
3. Change gloves that have touched wounds or objects potentially contaminated with blood or body fluids and perform hand hygiene before touching clean surfaces.
4. Remove and discard gloves in appropriate receptacles after every procedure that involves potential exposure to blood or body fluids and perform hand hygiene.
5. Perform hand hygiene immediately after removal of gloves and before touching other supplies intended for use on patients.
6. Hand hygiene should be performed prior to and after patient contact.
7. Alcohol-based hand rub is the preferred method of hand hygiene unless hands are visibly soiled, in which case they should first be washed with soap and water.

Wound care:

1. Disinfect work area with an EPA-approved disinfectant per manufacturer's instructions (including allowing appropriate contact time) prior to performing wound care.
2. Dedicated wound dressing supplies and equipment should be gathered before starting.
 - a. Ensure each patient receiving wound care has a dedicated pair of scissors that are not used on other residents or for other purposes, or use disposable scissors if available. Scissors should be disinfected between each use and before use on any clean materials.
3. Multi-dose wound care medications (ointments, creams, cleansers) should be dedicated to a single patient.
4. Remove dirty gloves, perform hand hygiene, and put on clean gloves when moving from dirty to clean wound care activities.
5. If wound care supply carts or similar items are used, they should never enter the patient's immediate care area and should never be accessed without removing gloves and performing hand hygiene.
6. Any clean supplies that are brought into a resident's room and not used should be disposed of or dedicated to the resident.
7. Reusable medical equipment and any surface in the resident's immediate care area contaminated during a dressing change should be cleaned and disinfected.
8. Use of a [wound care observation tool](#) is encouraged for refresher education/auditing.

General infection control and education:

1. Encourage rigorous hand hygiene among employees, patients, and visitors.
2. Provide specific infection control education to employees on the importance of basic hand hygiene and adherence to sick leave policy.
3. Provide specific education to employees on cleaning and disinfection procedures including appropriate contact times.
4. Employees who have exudative lesions or weeping dermatitis shall refrain from all direct patient care that involves the potential for contact of the patient, equipment, or devices with the lesion or dermatitis until the condition resolves.