	NHS Greater Glasgow & Clyde BOARD INFECTION CONTROL COMMITTEE	Effective From	December 2025
	GROUP A STREPTOCOCCUS <i>(Streptococcus pyogenes)</i> AIDE MEMOIRE	Review Date	December 2027
		Version	1
The most up-to-date version of this document can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control			

Group A Streptococcus Aide Memoire

Isolate in a single room with:

- ✓ ensuite / own commode
- ✓ door closed
- ✓ IPC yellow sign on door
- ✓ dedicated equipment
- ✓ Care Checklist completed daily

Patient
Assessed
Daily

Patient has had 48 hours of appropriate antibiotics and there is clinical improvement?

NO

YES

- ✓ Stop isolation
- ✓ undertake terminal clean of room

Guidance for patients in isolation:

Hand Hygiene: Liquid Soap and Water or alcohol based hand rub.

PPE: Yellow apron for routine care of the patient. If the patient has isolated Group A Streptococcal in the respiratory tract a fluid resistant surgical mask should be worn for routine care and FFP3 mask / hood is required during aerosol generating procedures until patient has been established on appropriate antimicrobial treatment for 48 hours. Gloves are required when it is anticipated that there is contact with or exposure to blood, bodily fluids, secretions, excretions, non-intact skin or mucous membranes or contaminated surfaces. Where there is a risk of splashing of blood/body fluids to the face, eye protection should be considered

Patient Environment: Twice daily clean with chlorine based detergent

Patient Equipment: Chlorine clean immediately after use and at least twice daily.

Laundry: Treat as infected


Waste: Dispose of as Clinical / Healthcare waste

Incubation Period: 2 -5 days for Streptococcal throat or Scarlet Fever

Period of Communicability: Until 48 hours of appropriate antibiotics **and** clinical improvement.

Transmission route: Direct contact (on rare occasions indirect contact with objects or fomites). Droplet transmission if patient has respiratory infection

NIPCM 

	NHS Greater Glasgow & Clyde BOARD INFECTION CONTROL COMMITTEE	Effective From	December 2025
	GROUP A STREPTOCOCCUS (<i>Streptococcus pyogenes</i>) AIDE MEMOIRE	Review Date	December 2027
		Version	1
The most up-to-date version of this document can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control			

Additional Information

<i>Clinical Condition(s)</i>	<p>Group A Streptococcus (GAS; <i>Streptococcus pyogenes</i>) is a bacterium which can colonise the throat, skin and anogenital tract.</p> <p>It causes a wide range of skin, soft tissue and respiratory tract infections, including: tonsillitis, pharyngitis (strep throat), scarlet fever and pneumonia.</p> <p>Secondary complications include rheumatic fever, glomerulonephritis, necrotising fasciitis, shock and impetigo.</p> <p>Invasive GAS (iGAS) is an infection where the bacteria are isolated from a normally sterile body site, such as the blood. It also includes severe GAS infections, where GAS has been isolated from a normally non-sterile site in combination with a severe clinical presentation, such as streptococcal toxic shock syndrome (STSS), necrotising fasciitis, pneumonia, septic arthritis, meningitis, peritonitis, osteomyelitis, myositis, and puerperal sepsis. Any GAS manifestation can be associated with development of streptococcal toxic shock syndrome, although patients with necrotising fasciitis are at highest risk. Vulnerable groups at risk from contracting iGAS infections include perinatal women, neonates, elderly people, persons with diabetes, and those who are immunocompromised. A rare complication of iGAS is empyema, usually in the lungs.</p> <p>Incubation period is 2 – 5 days for Scarlet fever and Streptococcal throat. Impetigo is approximately 10 days from colonization of the skin to development of the characteristic lesions.</p> <p>Period of infectivity is until 48 hours after appropriate antibiotic therapy commenced and there is clinical improvement.</p>
<i>Mode of Spread</i>	Organism is spread by respiratory droplets from patients with respiratory symptoms and also by direct and indirect contact.
<i>Specimens required</i>	Send specimens as clinically indicated.