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

FROM: New York State Department of Health (NYSDOH) Bureau of Communicable Disease Control (BCDC), New York City Department of Health and Mental Hygiene Bureau of Communicable Disease

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

**SUMMARY**

- In December 2022, the Centers for Disease Control and Prevention (CDC) issued a [Health Alert Network \(HAN\) Health Advisory](#) to notify clinicians and public health authorities of an increase in pediatric invasive group A streptococcal infections in several states. At that time, an increase in invasive group A streptococcal infections was not observed in New York State (NYS).
- However, recent surveillance data in NYS, and in New York City (NYC), demonstrate an increase in invasive group A streptococcal infections during 2023 compared to pre-pandemic years, primarily among persons aged 65 and older, though small increases are being seen in children.
- Statewide, including NYC, there have been over 450 cases of invasive group A streptococcal infections reported during the first three months of 2023. This is almost twice as many as the average for these same three months in the previous five years.
- NYC and NYS providers have reported severe outcomes of invasive group A streptococcal infections, including necrotizing fasciitis, streptococcal toxic shock syndrome, and death. Clinical syndromes for recently reported pediatric invasive group A streptococcal cases and non-invasive group A streptococcal cases include acute hypoxic respiratory failure secondary to pneumonia, empyema, osteomyelitis, and septic arthritis, among others.
- Recent pediatric invasive group A streptococcal infections and non-invasive group A streptococcal infection cases in NYC and NYS have been associated with respiratory infections due to parainfluenza, rhinovirus, enterovirus, influenza, and human metapneumovirus, among other viruses. Concurrent or preceding viral infections, including varicella (chickenpox), may increase risk for invasive group A streptococcal infection.
- Cases of Group A streptococcus, including both pediatric invasive group A streptococcal infection and streptococcal pharyngitis (“strep throat”), tend to demonstrate a seasonal pattern occurring in December through April in the United States. Strep throat is most common among children ages 5 to 15 years, and exposure to someone with strep throat is a risk factor for pediatric invasive group A streptococcal infection.
- **Health care providers are asked to raise their index of suspicion for invasive group A streptococcal infections and obtain relevant cultures when clinically indicated.**
- Other groups at higher risk for invasive group A streptococcal infections include individuals aged 65 years or older; American Indian and Alaska Native populations;<sup>2</sup> residents of long-term care facilities; people with underlying medical conditions, including diabetes, malignancy, immunosuppression, chronic kidney

disease, cardiac disease, or respiratory disease, wounds, and skin disease; people who inject drugs; and people who are experiencing homelessness.<sup>3</sup>

### 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 pediatric invasive group A streptococcal infection.
2. Notify your local health department (LHD) as soon as possible about unusually aggressive or severe pediatric invasive group A streptococcal infection cases affecting people younger than 18 years of age or clusters of invasive group A streptococcal infections in persons of any age.
  - a. For NYC residents, report to the NYC Health Department's Provider Access Line (PAL) at 866-692-3641.
  - b. Outside of NYC, LHD contact information is available at: [https://www.health.ny.gov/contact/contact\\_information](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 866-881-2809 evenings, weekends, and holidays.
3. Ask laboratories to hold pediatric 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 NYC Public Health Laboratory or Wadsworth Center.
4. For household contacts of patients with pediatric invasive group A streptococcal infection, routine screening for and chemoprophylaxis against group A streptococcal infections are not recommended.<sup>1</sup> Providers 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 group A streptococcal infections.

### ADDITIONAL RESOURCES

- NYC Health Department Group A streptococcus: <https://www.nyc.gov/site/doh/health/health-topics/streptococcal-infections-a.page>
- CDC: [Possible Increase in Invasive Group A Strep Infections, 2022-2023 | CDC](#)
- 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](#)

### References

- <sup>1</sup>[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.
- <sup>2</sup>[Disparate Effects of Invasive Group A Streptococcus on Native Americans](#). *Emerg Infect Dis*. 2020;26(9):1971-1977
- <sup>3</sup>[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