Management of invasive group A streptococcal infection (iGAS) for Emergency Medicine Physicians

Invasive Group A *Streptococcus* suspected	Invasive Group A *Streptococcus* – other considerations
• Isolate patient if possible and consider ICU admission. • The patient should be managed in line with the Sepsis Guidelines. • It is important to ensure that blood cultures are taken prior to the administration of antibiotics (as long as this does not delay immediate necessary treatment). • Antibiotics should be started as soon as possible in accordance with local antibiotic guidance. • Prompt discussion with local Clinical Microbiology/Infectious Diseases/Infection Prevention & Control is required.	• Isolate in a single room if iGAS suspected or confirmed until 24 hours on appropriate antimicrobial therapy. • Due to the potential for rapid progression, obtaining early surgical advice is essential if a diagnosis of necrotising fasciitis is even suspected. • Consider IV immunoglobulin for streptococcal Toxic Shock Syndrome (STSS) or NF if associated with signs and symptoms of organ failure