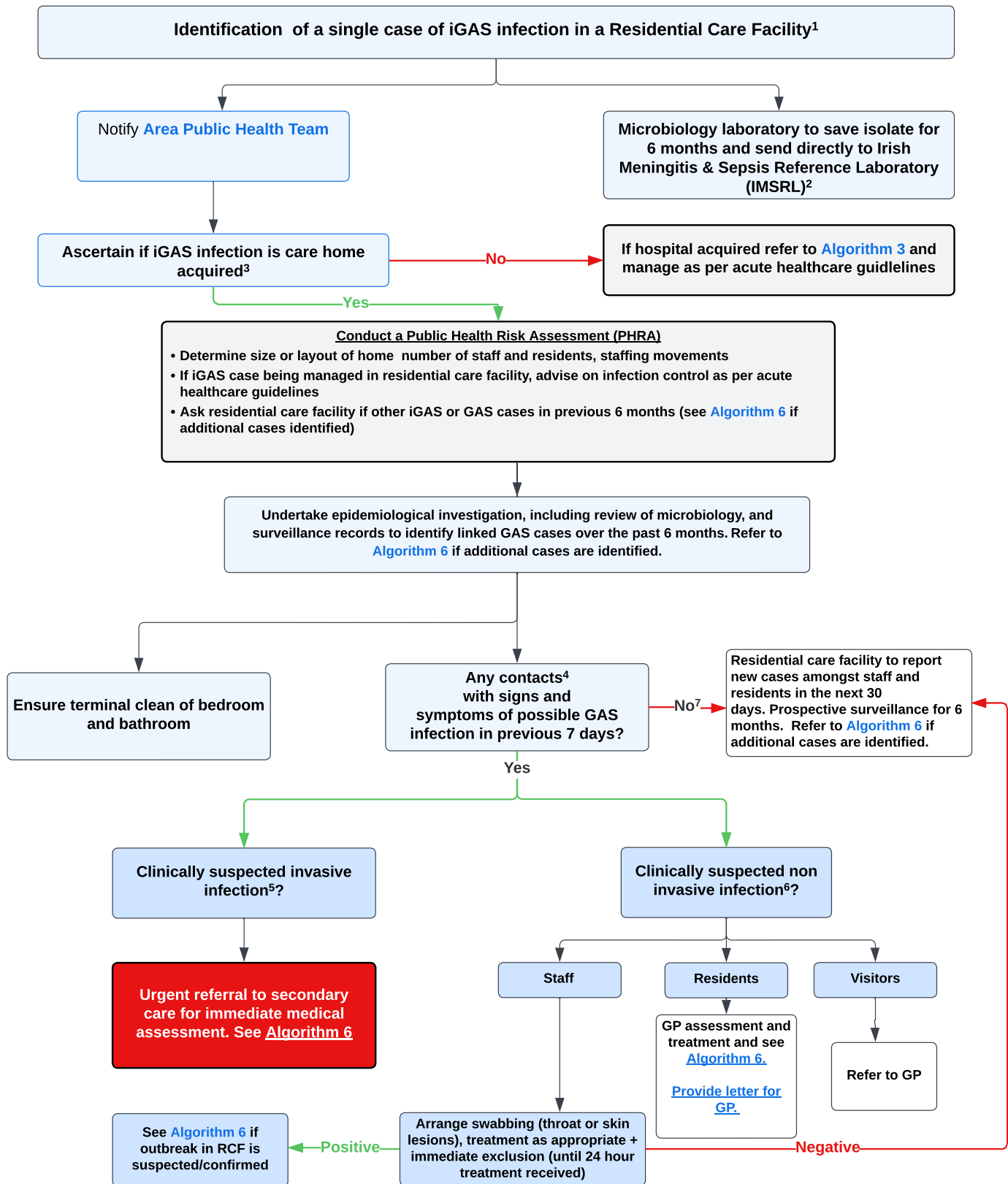


Algorithm 5: Management of a single case of iGAS infection in a Residential Care Facility¹
Version 1.1 03/09/2026



1. Patient resided in a residential care facility in 7 days prior to onset of symptoms
2. Clearly label isolates sent to IMSRL. Epidemiological investigations and preventative measures should not await results of typing.
3. Consider care home acquired if symptoms or signs of infection not present on entry to care home and no other possible source of transmission identified, such as from recent hospital stay.
4. Carers, peripatetic staff (hairdressers, podiatrists, hospital chaplains, contract cleaners etc.), visitors, volunteers, other patients with direct contact or close proximity to case within 7 days prior to onset of illness and up to 24 hours after initiation of appropriate antimicrobial therapy in the index case. Example of a patient close contact is an individual who has an overnight stay in the same room/bay as the case. Consider kitchen staff.
5. Symptoms suggestive of invasive disease include high fever, severe muscle aches, localised muscle tenderness, increasing pain, swelling and redness at site of wound, unexplained diarrhoea or vomiting. In the absence of a more likely alternative diagnosis then emergency referral to ED (contact ED to advise of incoming patient)
6. Symptoms suggestive of non-invasive GAS infection include sore throat, fever, minor skin infections, scarlatiniform rash.
7. Consider whether **asymptomatic** staff contacts should be screened. Indications may include strong epidemiological link, absence of alternative potential source and/or where recent transmission of GAS within the home suspected.