



# Invasive Group A Streptococcal (iGAS) Disease

## Australian national notifiable diseases case definition

This document contains the surveillance case definition for invasive group A streptococcal (iGAS) disease, which is nationally notifiable within Australia. State and territory health departments use this definition to decide whether to notify the Australian Government Department of Health and Aged Care of a case.

Version	Status	Last reviewed	Implementation date
2.0	Inclusion of Probable case definition.  Laboratory definitive evidence: Inclusion of a list of normally sterile sites.	CDNA 18 August 2023	1 January 2024
1.0	Initial CDNA case definition	CDNA 25 June 2021	1 July 2021

## Reporting

Both **confirmed cases** and **probable cases** should be notified.

### Confirmed case

A confirmed case requires **laboratory definitive evidence** only.

### Probable case

A probable case requires **laboratory suggestive AND clinical suggestive evidence**.

## Laboratory definitive evidence

1. Isolation of Group A Streptococci (*Streptococcus pyogenes*) by culture from a **normally sterile site**.<sup>1,2,3</sup>

OR

2. Detection of Group A Streptococci (*Streptococcus pyogenes*) by nucleic acid testing from a **normally sterile site**.<sup>1,2,3</sup>

## Laboratory suggestive evidence

1. Isolation of Group A Streptococci (*Streptococcus pyogenes*) by culture from a **normally non-sterile site**, including deep tissue abscess at procedure or post-mortem.

OR

2. Detection of Group A Streptococci (*Streptococcus pyogenes*) by nucleic acid testing from a **normally non-sterile site**, including deep tissue abscess at procedure or post-mortem.

## Clinical suggestive evidence

Clinical presentation consistent with severe invasive GAS infection<sup>4</sup> such as:

- streptococcal toxic shock syndrome (STSS) that includes both hypotension and multi-organ failure
- necrotising fasciitis (NF)
- puerperal and/or neonatal sepsis.

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<sup>1</sup> Where growth of GAS represents invasion into a normally sterile site and not contiguous spread related to tissue degeneration (such as a deep diabetic ulcer leading to adjacent bone infection).

Normally sterile sites include:

- blood, cerebrospinal fluid, pleural fluid, peritoneal fluid, pericardial fluid, joint fluid, bone, bone marrow.
- internal organs; specimens obtained from surgery or aspirate from one of the following: lymph node, brain, heart, liver, spleen, vitreous fluid, kidney, pancreas, ovary, or vascular tissue.

<sup>2</sup> Lung tissue is not a normally sterile site.

<sup>3</sup> Interpretation of post-mortem specimens from normally sterile sites should be interpreted with caution, preferably in conjunction with a pathologist and/or clinical microbiologist.

<sup>4</sup> The following clinical presentation is **not** considered sufficient to meet the probable case definition:

- An abscess that forms above the pretracheal fascia (e.g. peritonsillar abscess, parapharyngeal abscess).