

7/23/2010

Group A Beta hemolytic Streptococcus (GAS) – Severe Illness and death

ACTION Requested:

1. *Please consider the possibility of Group A Beta hemolytic streptococcal infection in children presenting with significant fever, headaches, abdominal pain or signs of gastroenteric illness.*
2. *Report all cases of unexplained severe illness or death potentially due to an infectious disease **immediately** to Public Health department at 360-786-5470. After work hours – call 911 and ask for the Health officer.*
3. *At the current time, there does not seem to be an increase in positive cultures for GAS.*

Case 1- A usually healthy 6 year old child presented to a local Emergency Department in late June after a 2 day history of fever, one episode of vomiting and two bouts of diarrhea. Her blood count was very abnormal and showed pancytopenia. After transfer to Mary Bridge Children's Hospital, her condition rapidly deteriorated and she was admitted to the Pediatric ICU as a rule out meningitis. She died a few hours later. Her blood cultures eventually grew out Group A Beta hemolytic strep.

Case 2 - A usually healthy 7 year old complained of a headache and sore neck and was seen at an urgent care center on July 2nd. She was diagnosed with otitis media and prescribed antibiotics and a decongestant. She felt warm that evening and went to bed about 9 pm. She was found unresponsive and in rigor mortis in the morning. Autopsy results did not show evidence of meningitis, pneumonia, cardiac or other disease. The area around the trachea was noted to be swollen, cultures of the trachea obtained post- mortem grew Strep sp.

Case 3 – This week, a normally healthy 7 year old presented to a local MD with a fever and abdominal pain. Rapid strep test was negative, and because of persistent pain, child was referred to a surgeon to rule out appendicitis. An appendectomy was performed which showed “early appendicitis.” Post operatively, the child developed pneumonia and was transferred to Children's Hospital where she is intubated and in the ICU. The throat culture grew out Group A Beta hemolytic strep. The finding of positive strep may be coincidental and not related to the development of pneumonia.

With these three severe cases in Thurston and Mason Counties with fatal outcomes in 2 of the cases, we are working with the WA Department of Health to determine if there are any connections between these cases. A separate cluster of invasive GAS cases in King County was evaluated in June, those cases are epidemiologically linked. Specimens from the current cases are being sent to the DOH Public Health Laboratory and will be stored for later evaluation.

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