



BCCDC Invasive Group A Streptococcal Disease Enhanced Surveillance Case Report Form

INSTRUCTIONS

Report cases of iGAS to your MHO that meet confirmed or probable case definitions. *Case definitions can be found on the last page. Enter cases into the electronic data management system for communicable disease (iPHIS/PARIS). **MHO or delegate to submit completed form to the Immunization and Vaccine Preventable Diseases Program, BCCDC: Attention: Dr. Monika Naus 604-707-2516 (fax)**

A. PERSON REPORTING

Health Authority: FHA IHA VIHA NHA VCH Date of report: ____/____/____
YYYY MM DD
 Name of PHN/HCW reporting: _____ Phone number: (____) _____
First name Last name
 E-mail: _____ Fax: (____) _____

B. CASE INFORMATION

Personal Health #: _____ Name: _____ Sex: Male Female
First name Last name
 Date of birth: ____/____/____
YYYY MM DD
 Street address: _____ No Fixed Address City: _____
 Postal code: _____ Province: _____ Phone numbers (home/office/cell): _____
 Case's Physician: _____
 Attending Physician in Hospital: _____ Institution/Hospital _____
 Health Care Worker¹ Attends child care, or school, or lives in a communal setting (eg. Nursing home); specify where: _____
 Is the case Aboriginal?² Yes No Unknown If yes, does he/she live on-reserve? Yes No Unknown

C. CLINICAL INFORMATION

Date of onset of symptoms³: ____/____/____
YYYY MM DD

Presentation:

- | | |
|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Cellulitis | <input type="checkbox"/> Puerperal fever |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Septicemia or bacteremia |
| <input type="checkbox"/> Necrotizing fasciitis/myositis (see Subsection 3.2Types of cases) | <input type="checkbox"/> Toxic shock syndrome (see Subsection 3.2Types of cases) |
| <input type="checkbox"/> Other, specify: _____ | |

Predisposing Condition(s):

- | | |
|--|--|
| <input type="checkbox"/> No risk factor identified | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Chickenpox
Date of onset ____/____/____ (yyyy/mm/dd) | <input type="checkbox"/> Immunosuppressive condition,
Specify: _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Injection drug use |
| <input type="checkbox"/> Chronic cardiorespiratory disease | <input type="checkbox"/> Skin infection |
| <input type="checkbox"/> Contact with person with invasive GAS
Case Name: _____ | <input type="checkbox"/> Wound:
<input type="checkbox"/> Surgical <input type="checkbox"/> Trauma <input type="checkbox"/> Burn |
| | <input type="checkbox"/> Other Specify: _____ |

¹ Any individual who is regulated by the Health Professionals Act including doctors, nurses, dentists, physiotherapists, occupational therapists

² Any individual who self identifies as Aboriginal

³ The earliest date the patient reported a clinically relevant symptom

The most recent version of this form is available at:

www.bccdc.ca/iGASsurveillanceform

Version Date: June 30, 2011

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Patient Outcome:

- | | |
|--|--|
| <input type="checkbox"/> Survived
<input type="checkbox"/> Sequelae
Specify: _____ | <input type="checkbox"/> Surgical Intervention
<input type="checkbox"/> Died
Date of Death ____/____/____ (yyyy/mm/dd) |
|--|--|

D. LABORATORY INFORMATION

Source of Isolate:

<input type="checkbox"/> Blood	<input type="checkbox"/> CSF
<input type="checkbox"/> Joint Fluid	<input type="checkbox"/> Deep tissue* Specify _____
<input type="checkbox"/> Other Specify _____	

* A histopathology report should be enclosed if the source of the specimen was not clearly a sterile site (blood, CSF, or synovial fluid)

Case Definition of Invasive Group A Streptococcal Disease

Invasive GAS Surveillance	Definitions	Reportable via iPHIS
Confirmed case	Isolation of Group A streptococci (<i>Streptococcus pyogenes</i>) from a normally sterile site ¹	Yes
Probable Case	Isolation of Group A streptococci from a non-sterile site ² with clinical evidence of severe invasive disease. Communicable Disease Control Manual Chapter 1: Invasive Group A Streptococcal Disease Subsection 3.2	Yes, as a "clinical" case

1. Normally sterile sites include: blood; cerebrospinal, pleural, peritoneal, or pericardial fluid; deep tissue specimen taken during surgery (e.g., muscle collected during debridement for necrotizing fasciitis, specimens from deep abscesses or lymph nodes); bone, or joint fluid (including bursa).

2. Non-sterile sites include: throat, sputum, bronchoalveolar lavage (BAL), vagina, superficial skin lesion, middle ear, or superficial abscess or wound specimens (e.g., aspirate or from incision and drainage).

Incubation period – the incubation period for invasive GAS infection has not been determined. The incubation period for non-invasive GAS infection varies according to the clinical syndrome, but is usually 1 to 3 days.

Period of communicability – in untreated cases 10 – 21 days. Transmissibility generally ends within 24 hours of appropriate antibiotic therapy. There are few data on subsequent (i.e. secondary) cases of severe invasive GAS disease. Evidence indicates an increased risk of invasive GAS disease in household contacts of a case. The risk of subsequent infection is household contacts is estimated to range between 0.66 and 2.94 per 1,000. However, this estimate is based on extremely small numbers of subsequent cases. The risk of subsequent infection for non-household close contacts has not been quantified, but there is biological plausibility that invasive GAS disease can be transmitted to these persons.