



Norfolk and Suffolk
Integrated Care Board

Norfolk Group A Streptococcus (GAS) Outbreak – Prescribing Guidance

Approved by the Norfolk and Suffolk Therapeutics Advisory
Group/ Integrated Medicines Optimisation Committee
(TAG/IMOC) Sep 2026
Review date Sep 2027

Context & Scope

Context:

- There is an ongoing outbreak of GAS infections emmtype 89.0 in residents of Norfolk.
- Some cases are invasive GAS (iGAS) causing significant disease.
- Most infections have been in patients receiving wound care from East of England Community Health & Care NHS Trust, and some receiving wound care from their GP Practice.
- This guidance seeks to inform clinicians in relation to treatment and subsequent clearance screening for patients related to the outbreak.
- Analysis of previous cases has highlighted that sometimes antibiotic prescribing has been sub-optimal so this guidance has been produced to assist prescribers with this. In addition, the emm type associated with this outbreak often has resistance to tetracyclines and macrolides.

Scope:

- This guidance has been issued in relation to the current GAS emmtype 89.0 outbreak and only applies to patients with epidemiological links to the current outbreak with confirmed GAS infections
 - Epidemiological link = recent wound care from East of England Community Health & Care NHS Trust or Practice have been notified by incident management team of transmission of outbreak cases in their care
- It does not override current local and national guidance for patients that are not connected to this outbreak.
- The prescribing element has been ratified through the relevant medicines optimisation governance routes.

This guidance is intended to support, not replace, clinical judgement. Prescribing decisions must be based on assessment of the individual patient's clinical circumstances including their age, medical history, co-morbidities, current medicines, allergies, renal and hepatic function, and potential drug interactions. Clinicians should refer to relevant national and local guidance and exercise professional judgement when determining the most appropriate treatment for each patient.

General messages

- Have a lower threshold for **swabbing** in those with epidemiological links to the outbreak, so that if GAS is present, this is detected. Please label swabs with '**CIMS 200458905**' so that all possible cases can be linked by UKHSA through the typing process
- **Initially treat infections empirically** using current guidelines
- **Review** causative **organisms** and **sensitivities** when available, adjusting treatment if required:
 - If GAS is detected, **look for recent care to assess if likely to have epidemiological link** to the outbreak and therefore whether to follow this guidance
 - Ensure drug remains appropriate; dose is optimised and extend course length to **10 days*** if there is an epidemiological link
 - Note: The GAS emm type associated with this outbreak **often has resistance to tetracyclines and macrolides**, but is sensitive to penicillins
 - If you are unsure **contact your local duty microbiologist for advice**

* Some patients, such as those with vasculature issues, may require longer courses- follow specialist recommendations

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Advice for confirmed GAS

Wound infection with confirmed GAS (Adult doses)

1st Choice

Flucloxacillin 1g QDS for 10 days*

Penicillin allergy

Prescribe based on sensitivities and individual patient characteristics.

Ensure dose is optimised and a 10-day course* is provided.

If further advice or support is required, please discuss with your local duty microbiologist

Throat infection with confirmed GAS (Adult doses)

1st Choice

Phenoxymethylpenicillin 500mg QDS for 10 days*

Penicillin allergy

Prescribe based on sensitivities and individual patient characteristics.

Ensure dose is optimised and 10-day course* is provided.

If further advice or support is required, please discuss with your local duty microbiologist

Clearance Screening is recommended **following completion** of antibiotic treatment (at 3 days after completion and 10 days after completion). Clearance screening includes swabs of throats and wounds for those that have previously tested positive. Swabs should be labelled '**CIMS 200458905**'

*Notes on course length

- Where the patient has already commenced an appropriate empirical treatment, this can be included in the 10 days required, if not begin appropriate course for 10 days.
- A 10-day course is recommended to increase the chance of microbiological cure.
- Some patients, such as those with vasculature issues, may require longer courses- follow specialist recommendations

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Contact details

If you require prescribing advice, please contact your local duty microbiologist:

Trust	Contact number
NNUH	01603 288587
JPUH	01493 452452
QEH	01553 613613

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