

Invasive group A strep (iGAS) infections are rare but potentially life-threatening. These infections happen when group A *Streptococcus* bacteria get into parts of the body where they are not usually found, like in the blood, muscles, or lungs.¹ iGAS is a reportable disease in Vermont. The Vermont Department of Health analyzed data between 2016 and 2023 to identify changing trends in iGAS infections.

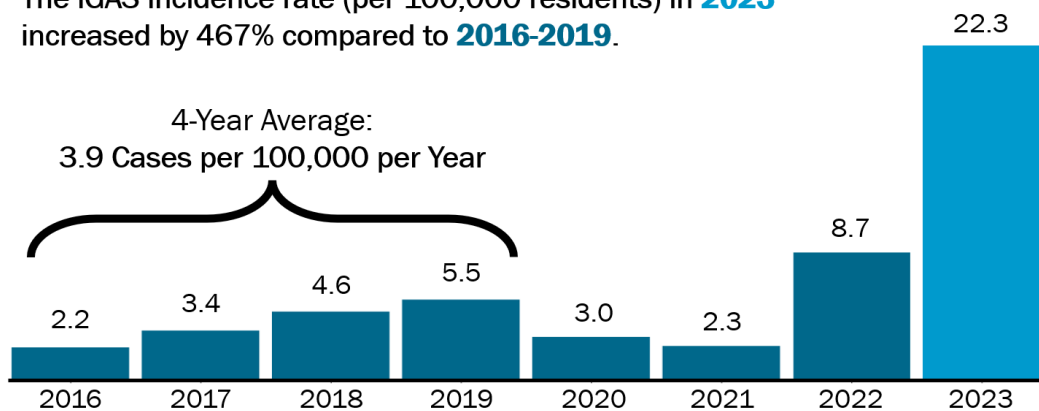
The iGAS incidence rate increased dramatically in 2023.

Incidence rate is the number of new cases in a population over a specific time period. In 2023, the iGAS incidence rate was 22.3 cases per 100,000 Vermont residents.* This was a 467% increase compared to the four-year average in 2016-2019 (3.9 cases per 100,000 residents per year). Adults diagnosed with iGAS in 2023 tended to be younger compared to 2016-2019, with more 2023 cases in the 35-49 years age group.

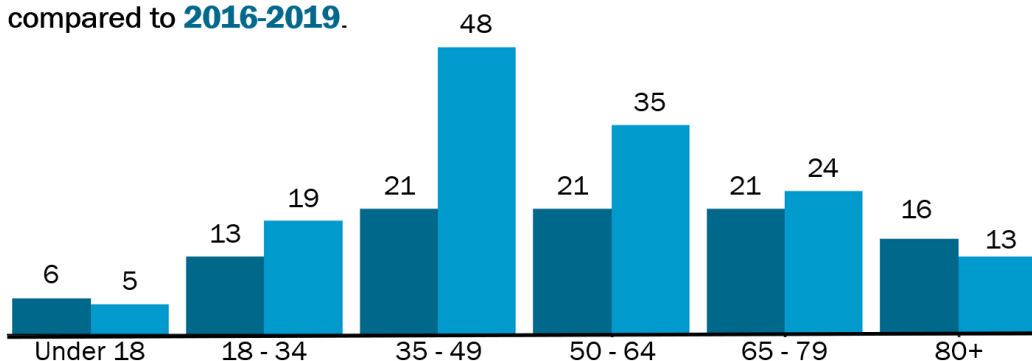
KEY POINTS

- The iGAS incidence rate in Vermont increased dramatically in 2023.
- The 2023 cases reflected a younger patient population with more cases in the 35-49 years age group compared to prior years
- Rutland and Chittenden counties had the highest number of cases
- Common risk factors included chronic wounds, drug use (opiates and xylazine), hepatitis C coinfection, and unstable housing.

The iGAS incidence rate (per 100,000 residents) in **2023** increased by 467% compared to **2016-2019**.



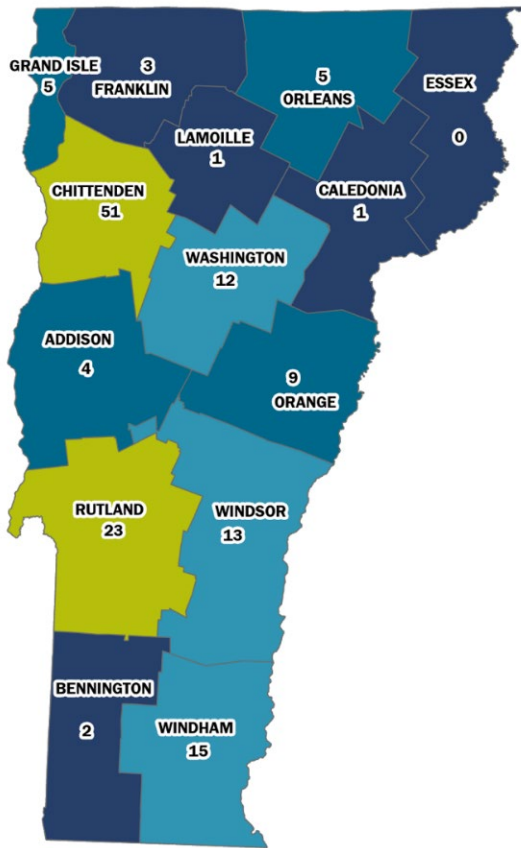
Most patients diagnosed with iGAS in **2023** were in a younger age group compared to **2016-2019**.



*Population estimates for 2023 were not available at the time of publication. Incidence rates for 2023 were calculated using 2022 population estimates.

Increase in iGAS in Vermont, 2023

2023 iGAS Cases by County



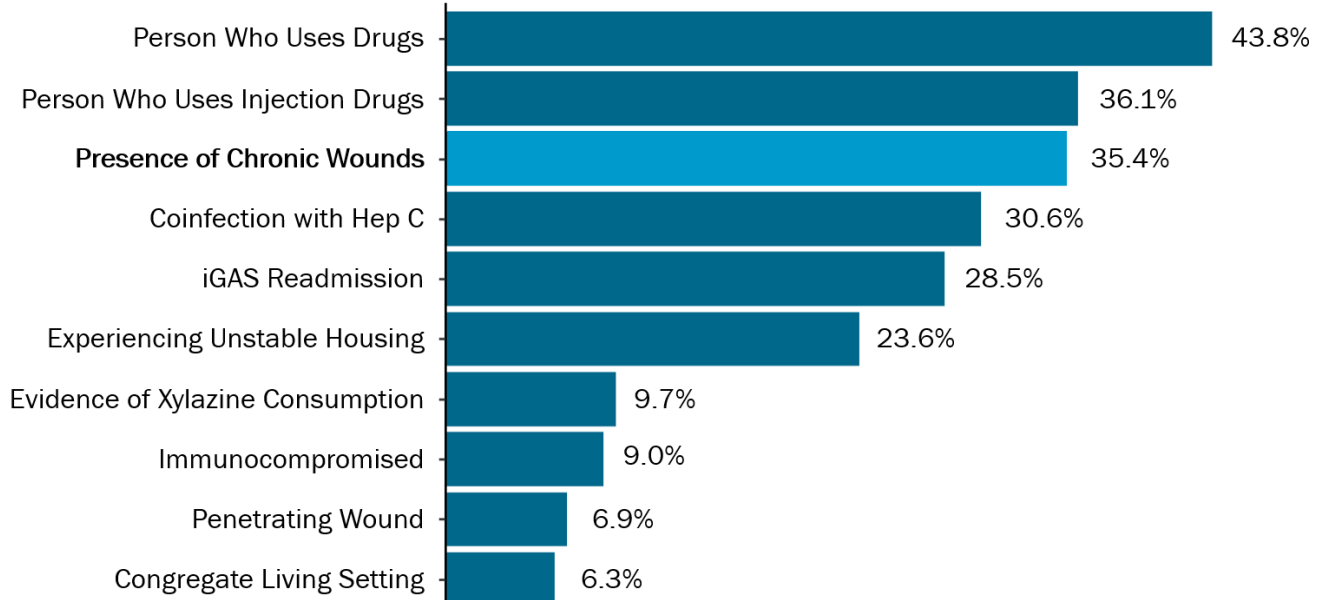
Most 2023 iGAS cases were in Rutland and Chittenden counties.

While Chittenden County had the most reported iGAS cases, Rutland County had a higher incidence rate (38.1 cases per 100,000 residents) compared to Chittenden County (30.1 cases per 100,000 residents).

The most common risk factors were having chronic wounds, using injectable drugs, and having hepatitis C.

Of the adults diagnosed with iGAS in 2023 who reported drug use, 83% reported injecting drugs. Preliminary data analyses also indicate that iGAS readmission might be correlated with additional risk factors including chronic wounds, unstable housing, use of drugs that contain xylazine, hepatitis C infection, and a prior history of injection drug use. It is important to note that data include information available from case investigations, which might underestimate the true prevalence of risk factors.

Percent of iGAS Cases with Risk Factors, Vermont 2023



Wound Care Education for Patients and Clients

Both community partners and health care providers can educate clients and patients on how to properly care for wounds. Wounds infected with group A strep can be appropriately managed. **Individuals with wounds do not need to be turned away from shelters, substance use services, or other establishments.**



Wash your hands regularly with soap and water.



Keep wounds clean, moist, and covered.



Regularly check and clean wounds with soap and water—avoid using alcohol and hand sanitizer.



Use a protective barrier ointment (for example, petroleum jelly or similar) and clean bandages to keep the wound moist and protected.



Bathe and wash clothing as regularly as possible.



Seek medical care if there are signs of infection, including wounds that become red, swollen, painful or warm to the touch. Antibiotics might be needed.



Get emergency medical care right away if the infection gets worse with fever, chills, unexplained nausea or vomiting, or if redness or pain is quickly getting worse.



It is important to take all antibiotics as prescribed, even if you start to feel better. This helps keep the infection from coming back or getting worse. Do not share antibiotics with other people.

Clients and Patients with Substance Use Disorder

Providing wound care education to all patients at risk for iGAS could help to prevent iGAS infections. We also recommend counseling all patients with substance use disorder on harm reduction measures to prevent new wounds. For example, keep injection sites clean, use sterile supplies every time, rotate injection sites, and avoid injecting into or near existing wounds.

Awareness of prevention measures, effective wound care, and early recognition of skin infections are crucial for reducing iGAS infections among patients who use drugs.

Health care providers should connect patients presenting with wounds who report drug use to harm reduction services, such as [syringe service programs](#), substance use treatment services, and recovery supports. Information on these resources can be found at [VTHelpLink](#). Health care providers can also offer both HIV and hepatitis C testing if drug use is a presented risk. If the patient is also experiencing unstable housing, social workers should work with patient for housing supports.

Finally, research shows that word choice is important in supporting those experiencing a substance use disorder.² Community partners and health care providers should avoid dehumanizing and stigmatizing language. The [CDC](#) and the [NIH](#) have resources on supportive language.

Word choice can affect individuals in recovery.² We recommend using non-stigmatizing language.



Key Takeaways

The presence of chronic wounds was a common risk factor among iGAS case patients in 2023. This suggests that these people are encountering the health care system before being admitted for iGAS. This could be an opportunity for health care providers to intervene before the disease becomes invasive. Providing wound care supplies and counseling on the appropriate use of antibiotics and hygienic practices can help prevent invasive infections.

**For more information, visit
HealthVermont.gov/GroupAStrep**

References: 1. [VDH, 2024](#). 2. [Volkow et al., 2021](#).

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