



Health, Seniors and Long-Term Care

300 Carlton Street, Winnipeg MB R3B 3M9

www.manitoba.ca

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Dear Health Care Provider:

Re: Respiratory Virus Season and Increased Secondary Bacterial Infections

Manitoba Public Health is advising that an increase in secondary bacterial infections has been observed recently, associated with increased circulating viral respiratory infections. In particular, increased cases of invasive meningococcal disease (IMD) and invasive group A streptococcal (iGAS) infections have occurred in recent weeks. All health care providers should remain vigilant for signs and symptoms of IMD and iGAS, as well as other secondary bacterial infections.

Invasive Meningococcal Disease (IMD)

As of January 8, 2024, 8 cases of IMD have been reported to Public Health since December 21, 2023, with 6 cases in the Winnipeg Regional Health Authority, and includes adults and children.

- No epidemiologic links between cases have been identified at this time.
- W135 has been the predominant serogroup, with one B serogroup also identified. Further results related to strain characterization are pending.

IMD syndromes include bacteremia, septic shock and meningitis.

- The majority of the more recent cases have presented with bacteremia, without signs or symptoms of meningitis.
- Early diagnosis and treatment with appropriate antibiotics is critical to reduce severity of illness and prevent fatalities.

Public health will follow-up with all close contacts of IMD cases and offer antibiotic prophylaxis, when appropriate as well as immunization if the IMD case is due to a vaccine preventable strain.

Invasive Group A Streptococcal Infections (iGAS)

Increased incidence of iGAS cases has been noted in the past few months.

- The highest rates are in adults >60yrs and infants <1 year. Three pediatric deaths have occurred in Manitoba in 2023.
- Other Canadian and international jurisdictions have also reported increases in incidence.

While group A streptococcus is a common bacterium that can cause a range of illness, only iGAS is a reportable disease to Public Health.

- iGAS infections may present as any of several clinical syndromes, including streptococcal toxic shock syndrome (STSS), necrotizing fasciitis, meningitis, pneumonia, and sepsis.
- Severe invasive disease is associated with high mortality rates and requires immediate treatment, including appropriate antibiotic therapy.
- People with concurrent or preceding viral infections, such as influenza and varicella (chickenpox), are at increased risk for iGAS infection.

Public health will follow-up with close contacts of iGAS cases. Antibiotics may be recommended for certain close contacts of severe cases of iGAS (e.g., persons living in the same household), as there is a low but increased risk of invasive disease in close contacts.

Recommendations for Healthcare Providers

- Probable (clinical) cases of IMD are to be reported to the Manitoba Health Surveillance Unit by phone 204-788-6736 AND secure fax (204-948-3044) using the Clinical Notification of Reportable Diseases and Conditions form on the same day identified:
https://www.manitoba.ca/health/publichealth/cdc/protocol/mhsu_0013.pdf.
 - After hours phone reporting is to the Medical Officer of Health on call 204-788-8666.
- Probable (clinical) cases of iGAS are to be reported ONLY if a positive lab result is not anticipated (e.g., lab from non-sterile site with severe disease).
- Offer vaccination against influenza, COVID-19, pneumococcal, and meningococcal disease to all eligible persons who are not up to date based on Manitoba's Routine Immunization Schedules and Vaccine Eligibility located in Manitoba's Immunization Program Manual (www.manitoba.ca/health/publichealth/cdc/div/manual/index.html). Immunization against respiratory viruses will help reduce secondary bacterial infections.
- In addition to other causes of secondary bacterial infections, consider iGAS and IMD as a possible cause of severe illness in children and adults with concomitant viral respiratory infections. Illness due to iGAS or IMD in persons with known viral infections may manifest as persistent or worsening symptoms following initial improvement.
- Educate patients, especially those at increased risk, on signs and symptoms requiring urgent medical attention.
- Obtain culture for suspected secondary infections, including blood, wound, and pleural fluid cultures, as clinically indicated.
- Begin early treatment with appropriate antibiotics as indicated to reduce severity of illness and prevent fatalities.

Further resources on IMD and iGAS:

IMD:

Communicable Disease Management Protocol - Invasive Meningococcal Disease

<https://www.manitoba.ca/health/publichealth/cdc/protocol/mid.pdf>

Manitoba Public Health - Meningococcal Disease

<https://www.gov.mb.ca/health/publichealth/diseases/meningococcus.html>

iGAS:

Communicable Disease Management Protocol - Invasive Group A Streptococcal Disease

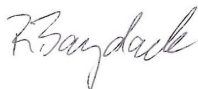
<https://www.gov.mb.ca/health/publichealth/cdc/protocol/igas.pdf>

Manitoba Public Health – Group A streptococcus

<https://www.gov.mb.ca/health/publichealth/diseases/gas.html>

Please share this information with all relevant colleagues in your facility/clinic. Cooperation in Public Health investigations is appreciated. Further updates will be provided as the situation evolves.

Sincerely,



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