

To view an archived recording of this presentation please click the following link:

<https://youtu.be/ELvrgpMFL84>

Please scroll down this file to view a copy of the slides from the session.

#### **Disclaimer**

**This document was created by its author and/or external organization. It has been published on the Public Health Ontario (PHO) website for public use as outlined in our Website Terms of Use. PHO is not the owner of this content. Any application or use of the information in this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.**

# Learning Exchange: Managing Invasive Group A Streptococcal Disease (iGAS) Outbreaks in Congregate Living Settings

February 11<sup>th</sup> 2026

## Land Acknowledgment

- This webinar is being hosted and recorded in Toronto on the traditional territory of many Nations, including the Mississaugas of the Credit, the Anishinaabeg, the Chippewa, the Haudenosaunee and the Wendat peoples.
- We also recognize the enduring presence of many diverse First Nations, Inuit and Métis peoples across the regions to which this webinar is being delivered
- Toronto is home to many Indigenous people from across Turtle Island and is covered by Treaty 13.

## Today's Speakers

- **Naina Sirohi**, Communicable Disease Supervisor, Halton Region.
- **Alma Ramanauskas**, Public Health Nurse, Halton Region
- **Yves Decoste**, Infection Control Specialist, Southeast Public Health (formerly Leeds, Grenville and Lanark District Health Unit)

# Agenda

- 10 minutes ● **Overview and objectives**
- 25 minutes ● **Halton Region:**
  - Naina Sirohi
  - Alma Ramanauskas
- 10 minutes ● **Q&A with participants**
- 25 minutes ● **Southeast Public Health:**
  - Yves Decoste
- 10 minutes ● **Q&A with participants**
- 5 minutes ● **Closing**

# Learning Objectives

Describe examples, unique response strategies and common challenges in managing complex iGAS outbreaks in CLS

Identify jurisdictions-specific guidance and resources on iGAS management practices to future case, contact and outbreak management strategies

Apply iGAS management practices to future case, contact and outbreak management strategies

## Poll #1

1. In what settings have you managed an iGAS outbreak?
  - Long-term care home
  - Hospital
  - Childcare setting
  - Correctional Facility
  - Retirement home
  - Shelter
  - Have not managed an iGAS outbreak
  - Other (please add response to Q&A pod)

## Poll #2

2. What guidance have you used or are you aware of for managing an iGAS outbreak?
  - PHAC's Guidelines for the Prevention and Control of Invasive Group A Streptococcal Disease
  - UK Guidelines for the management of contacts of invasive group A streptococcus infection in community settings
  - CDC Decision Tool for Investigating Group A Streptococcus Infections in Long-term Care Facilities
  - Other (please add response to Q&A pod)

# Learning Exchange: Managing Ontario's 1st Multi-Unit iGAS Outbreak in a Correctional Facility

February 11<sup>th</sup>, 2026

**Alma Ramanauskas**, BScN, Public Health Nurse

**Naina Sirohi**, BScN, MScN, Communicable Disease Supervisor  
Halton Region



# Disclaimer

*This presentation was created by its authors. It will be published on the Public Health Ontario (PHO) website for public use as outlined in our Website Terms of Use. PHO is not the owner of this content. Any application or use of the information in this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.*

# Agenda

- **Outbreak Context & Epidemiology**
- **Detection & Key Escalation Points**
- **Surveillance & Laboratory Approach**
- **Control Measures (IPAC & Chemoprophylaxis)**
- **Coordination, Lessons & Next Steps**
- **Q&A**

# What made this Outbreak so Challenging?

## Population-Level Health Factors

- Skin/wound lesions, chronic conditions, low SES (specifically underhoused population), substance-use

## Pathogen factors

- *emm5.23* linked to more severe illness outcomes

## Operational/ environmental factors

- Closed, crowded setting with high transmission potential
- Limited infection-control infrastructure
- Constraints on implementing standard PH interventions

## Unique context

- First large multi-unit iGAS outbreak in an Ontario correctional facility
- Limited guidance beyond standard iGAS recommendations
  - Adaptation of response models

Toronto

## 2 dead amid invasive disease outbreak at Maplehurst jail, health officials say

Halton Region says jail also experienced outbreak of COVID-19, streptococcus, meningitis, and flesh-eating disease inside, killing at least three prisoners.

Muriel Draaisma · CBC News · Posted: Mar 6, 2025



The Maplehurst Correctional Complex in Mapleton, Ontario, according to the union that represents workers there.

X Email Facebook LinkedIn

Two people have died at the Maplehurst Correctional Complex in Halton Region of invasive group A streptococcal disease, health officials say.

"At this time, we are aware of two deaths and five cases of strep disease linked to an outbreak at a correctional facility in Halton, Ontario, according to the union that represents workers there."

"Keeping every member of our community safe is our top priority. Working with the facility and provincial partners, we are implementing prevention and control measures are in place."

## Disability Justice Network of Ontario's Post

Disability Justice Network of Ontario  
March 6 · 3

Multiple Sources from within Maplehurst have confirmed that there are several, concurrent outbreaks of COVID-19, streptococcus, meningitis, and flesh-eating disease inside, killing at least three prisoners.

Prisoners are also lacking PPE and being denied access to phones and legal counsel at Maplehurst due to these conditions.

Sign the petition or scroll for phone numbers  
<https://petition.town/?campaign=maplehurst>

Multiple Sources from within Maplehurst have confirmed that there are several, concurrent outbreaks of COVID-19, streptococcus, meningitis, and flesh-eating disease inside prisoners dying. Prisoners are also being denied access to phones and legal counsel at Maplehurst due to these conditions.

Scroll Through for Details and Outreach Info.  
**Call or write. Link in Bio!**

**FORMER SOLICITOR GENERAL MICHAEL KERZNER**  
1-866-517-0571 TTY: 1-866-517-0572  
MICHAEL.KERZNER@ONTARIO.CA  
MINISTER.SOLGEN@ONTARIO.CA  
GEORGE DREW BUILDING  
25 GROSVENOR STREET  
TORONTO, ONTARIO M7A 1Y6

**DEPUTY OMBUDSMAN BARBARA FINLAY**  
416-586-3300 TTY: 1-866-411-4211  
BFINLAY@OMBUDSMAN.ON.CA  
SOUTH TOWER, 10TH FLR,  
483 BAY ST TORONTO,  
ONTARIO M5G 2C9

## 2 dead and 5 others affected in strep disease outbreak in an Ontario jail

Ontario | Halton | Halton Hills | Community | Latest News | Other

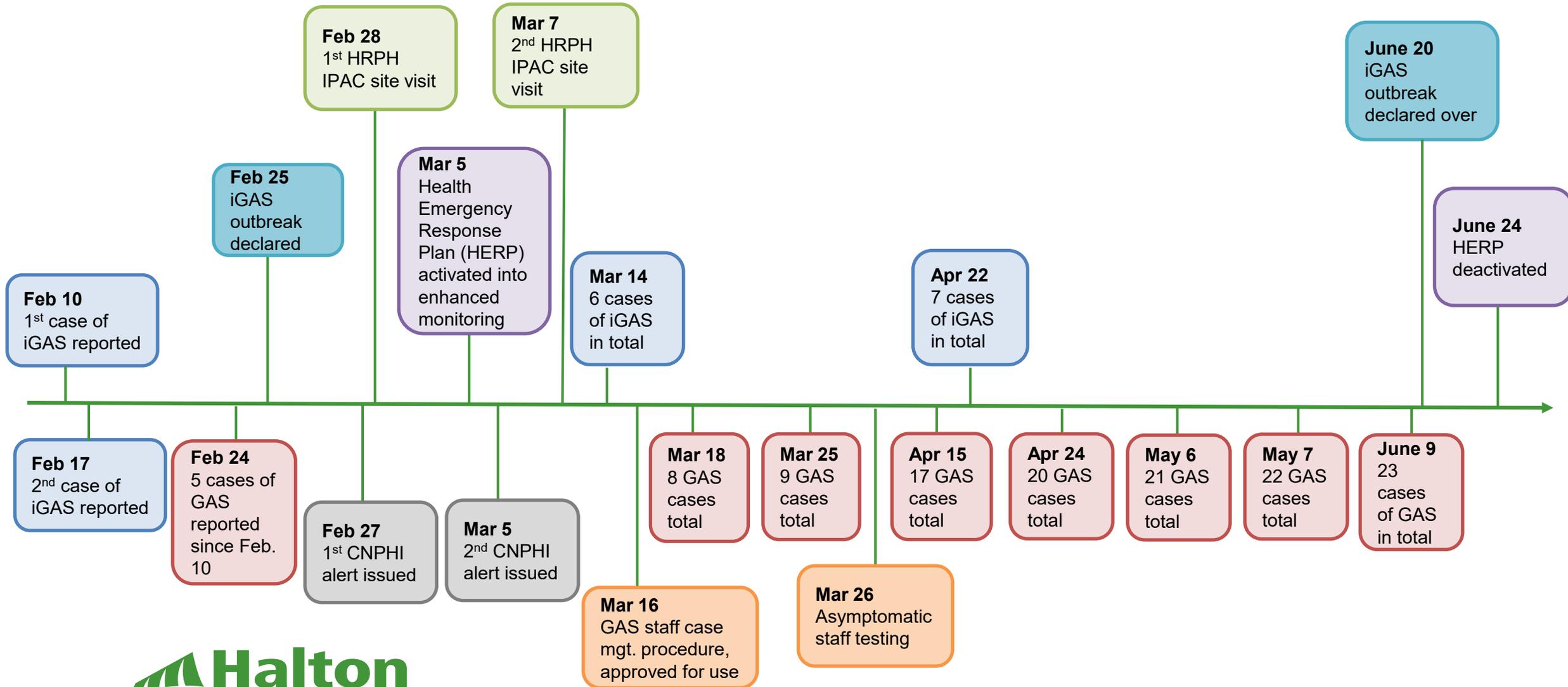
By Suzanna Dutt  
Published March 8, 2025 at 5:26 pm



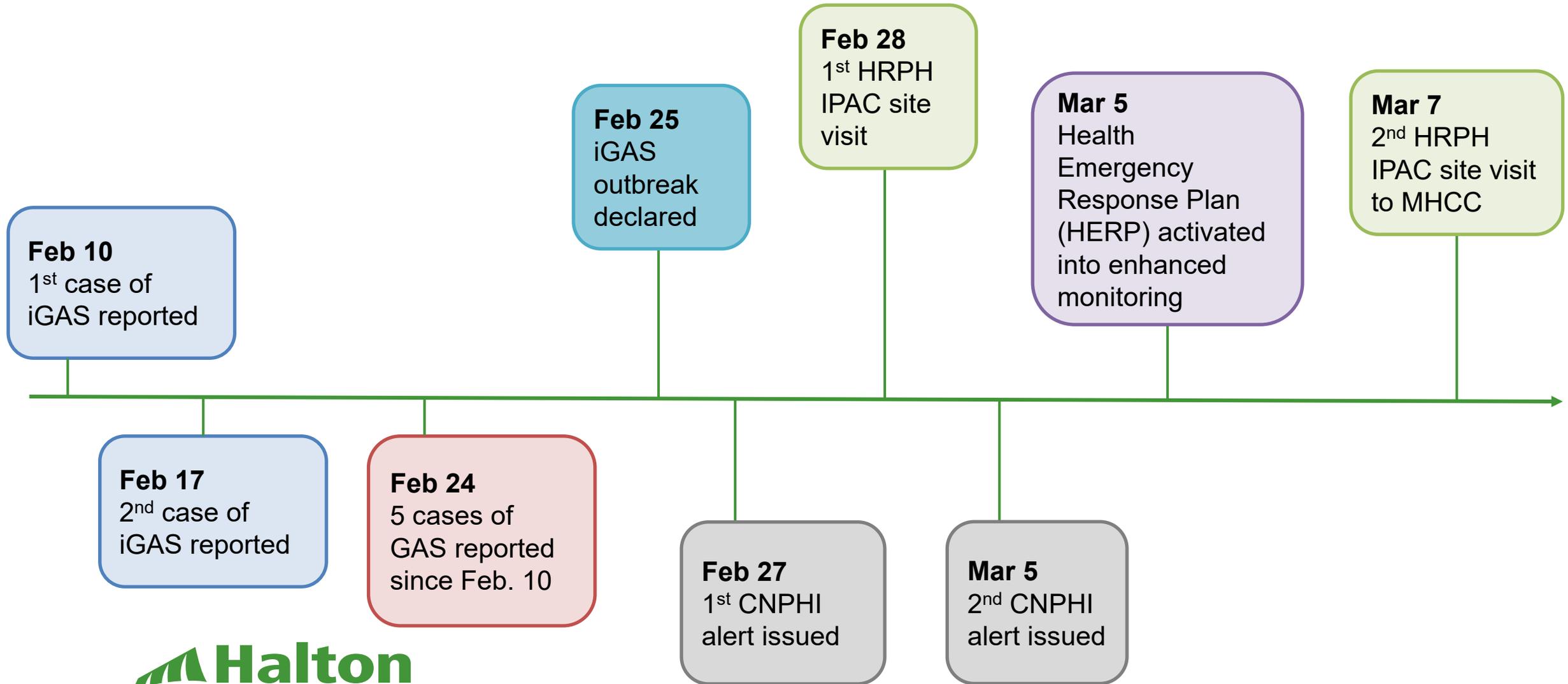
There have been two deaths and five cases of strep disease linked to an outbreak at a correctional facility in Halton.



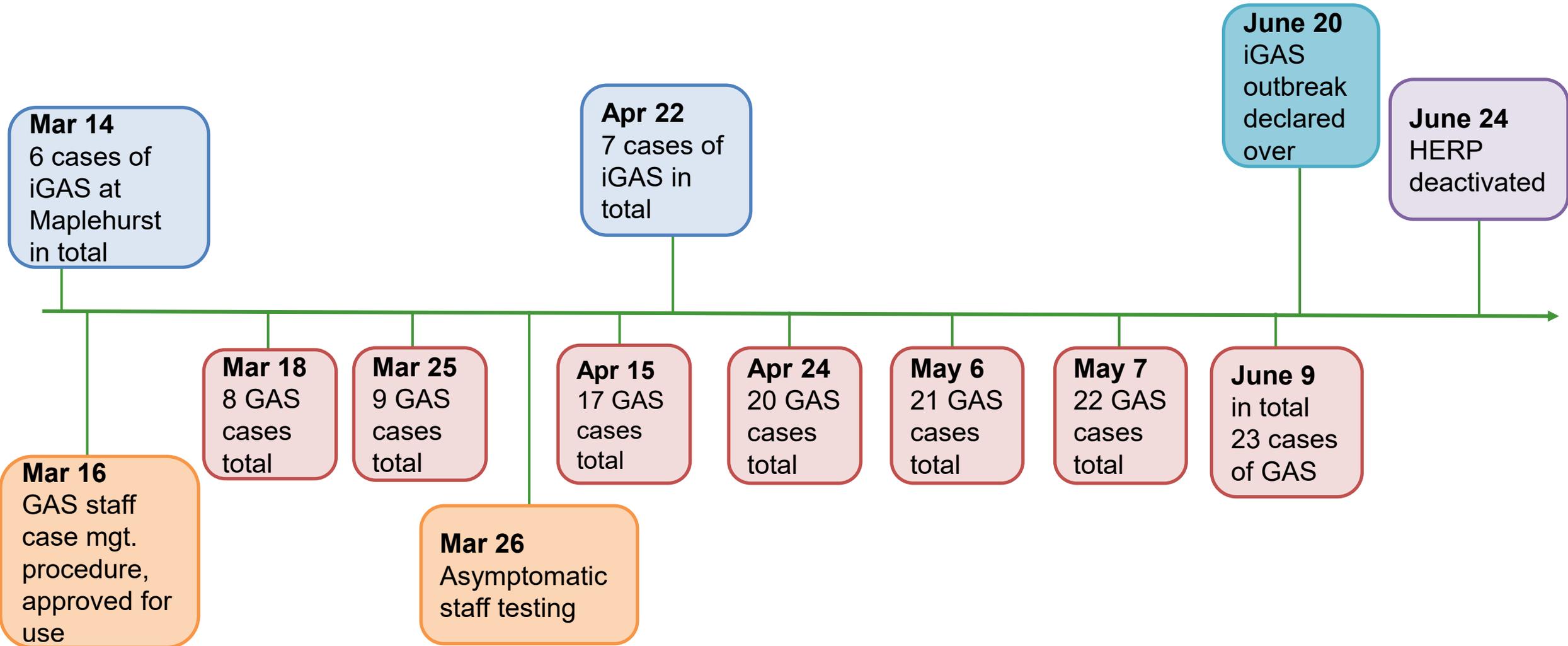
# Outbreak Timeline



# Detection & Escalation



# Management & Resolution



# Epidemiologic Overview

7 iGAS cases reported:

- 5 with *emm* type 5.23
- 2 with other *emm* types

23 GAS cases reported:

- 12 GAS cases with *emm* 5.23
- 1 *emm* type 41.11
- 1 *emm* type 53.0
- 5 with unknown *emm* type
- 4 with other *emm* type

18 units impacted with 2 deaths

# Adaptive Surveillance as a Primary Control Strategy



Enhanced symptom monitoring among clients

Immediate precautions and testing for symptomatic clients

Asymptomatic testing offered to clients and staff

Continuous education and prevention messaging

Routine GAS swabs enhanced with emm typing

# Asymptomatic Testing

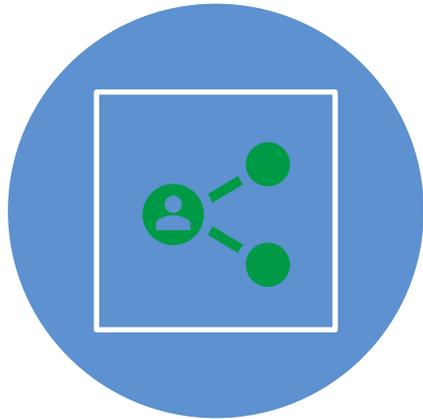
## Asymptomatic testing identified GAS positive clients

- Clients tested: 6
- GAS positive: 2
- *emm* type 5.23 identified: 1

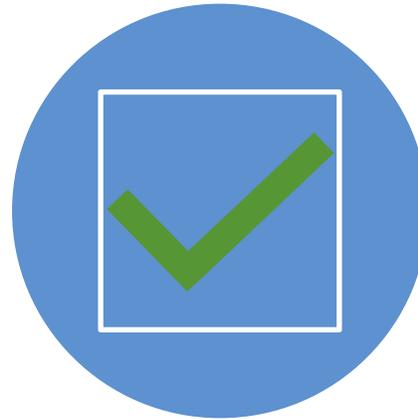
## Staff

- Staff tested: 17
- All staff negative for GAS

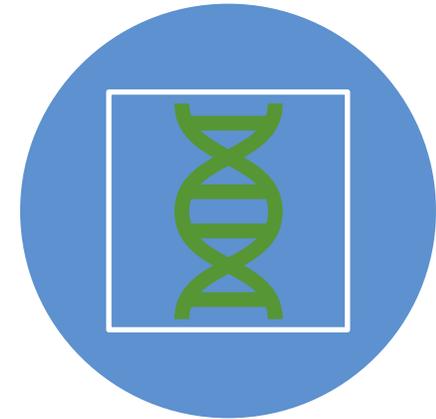
# Integrated Laboratory Strategy



CLOSE COLLABORATION WITH  
DYNACARE, PHOL AND PHO



EXPEDITED ISOLATE  
SUBMISSION



GENOMIC SEQUENCING USED TO  
INFORM RESPONSE DECISIONS

# Microbiologic and Genomic Insights

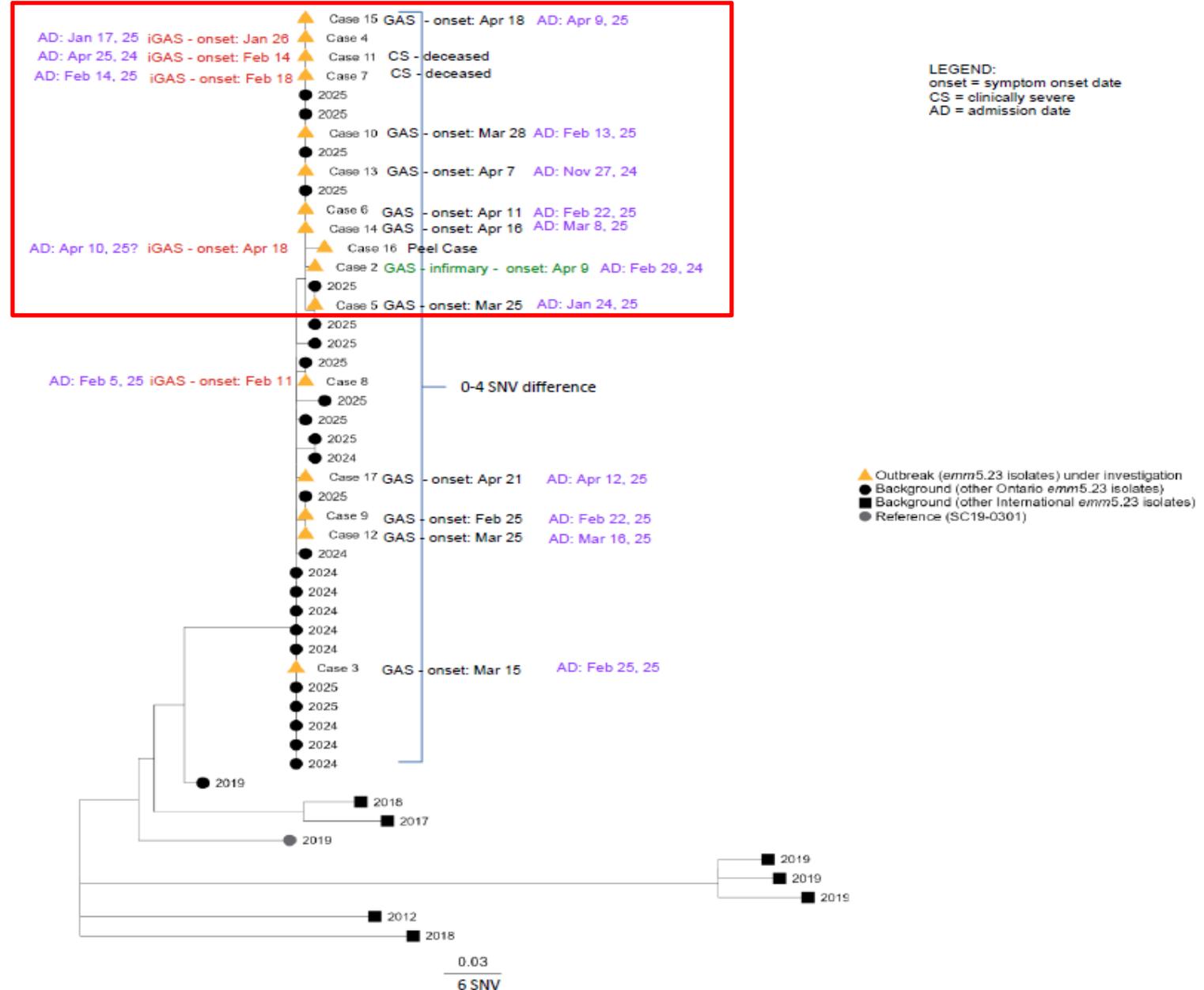
Rare *emm* Type:  
5.23 (associated  
with increased  
mortality rate)

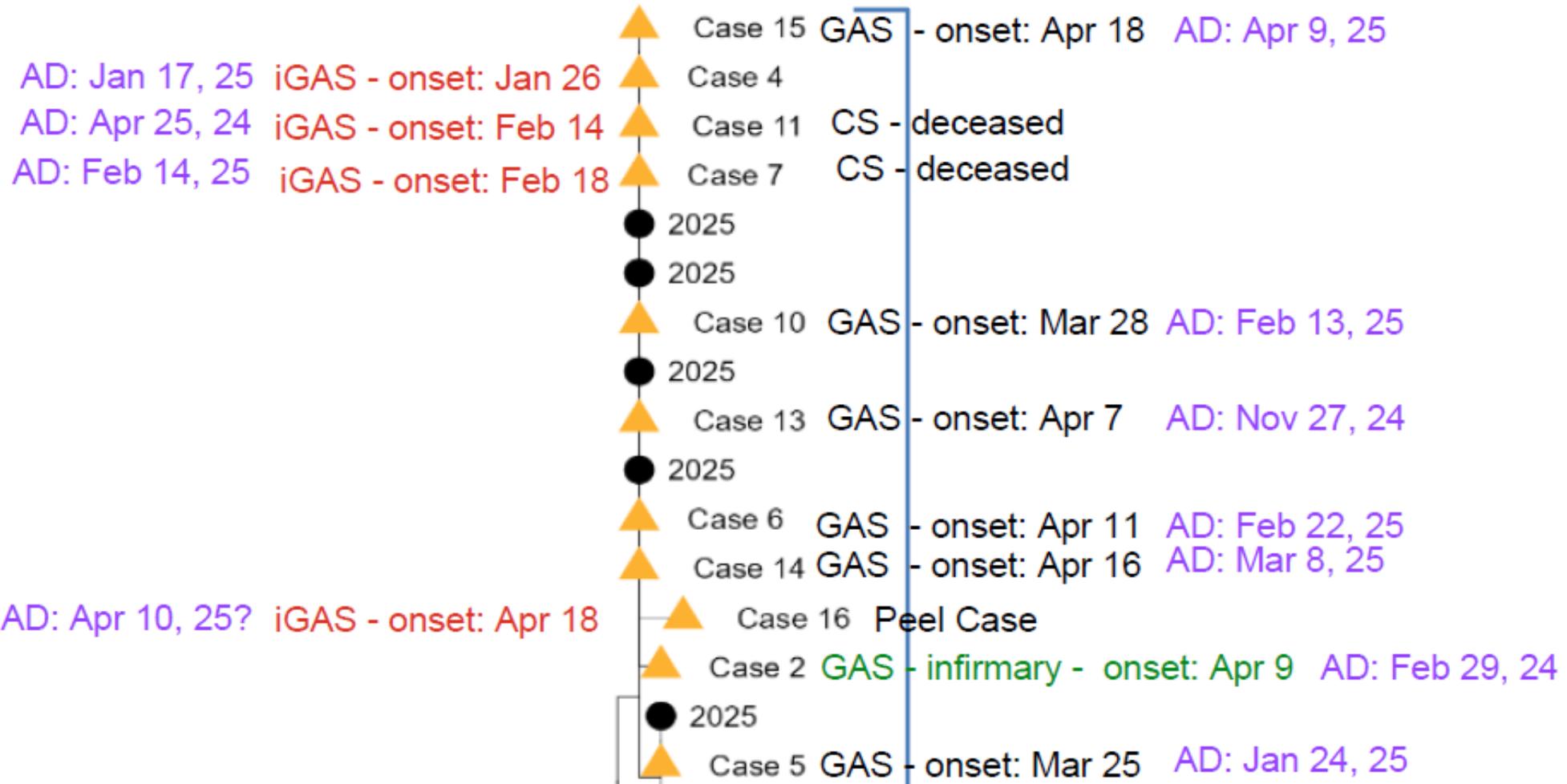
PHO and PHOL  
support for  
genomic  
sequencing

Multiple entry  
points and  
confirmed localized  
transmission

Informed outbreak  
closure decision

Figure 1. Phylogenetic tree of GAS isolates associated with genomic analysis request GAS-WGS-00005





# Chemoprophylaxis Assessment & Recommendations



All GAS-positive clients treated



Facility-wide prophylaxis not feasible

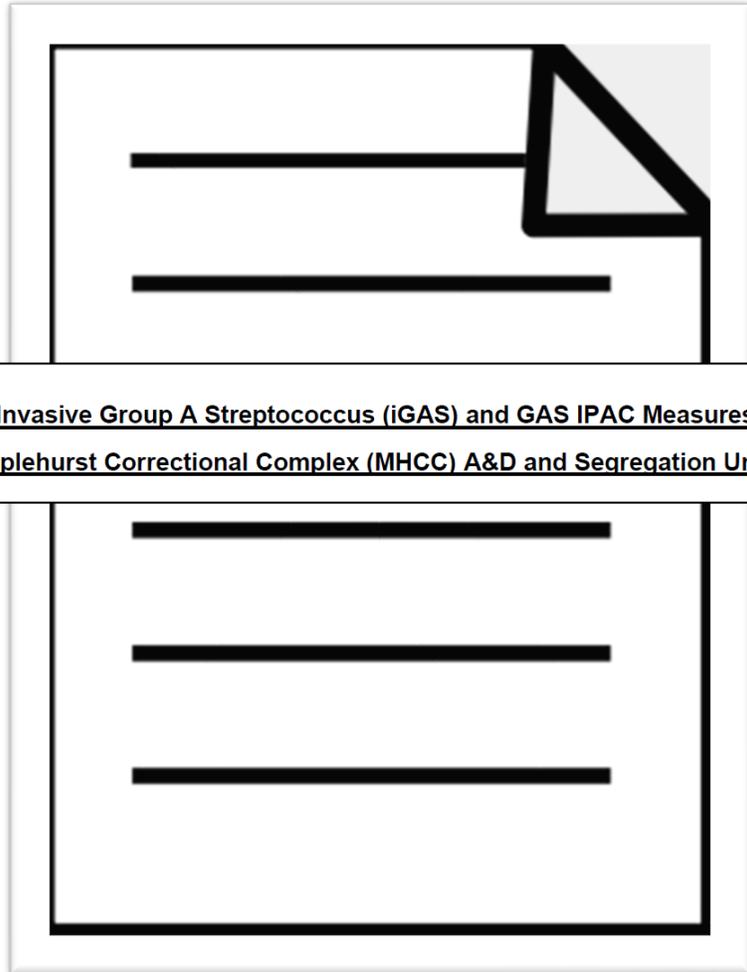


Focus on Infirmary healthcare staff

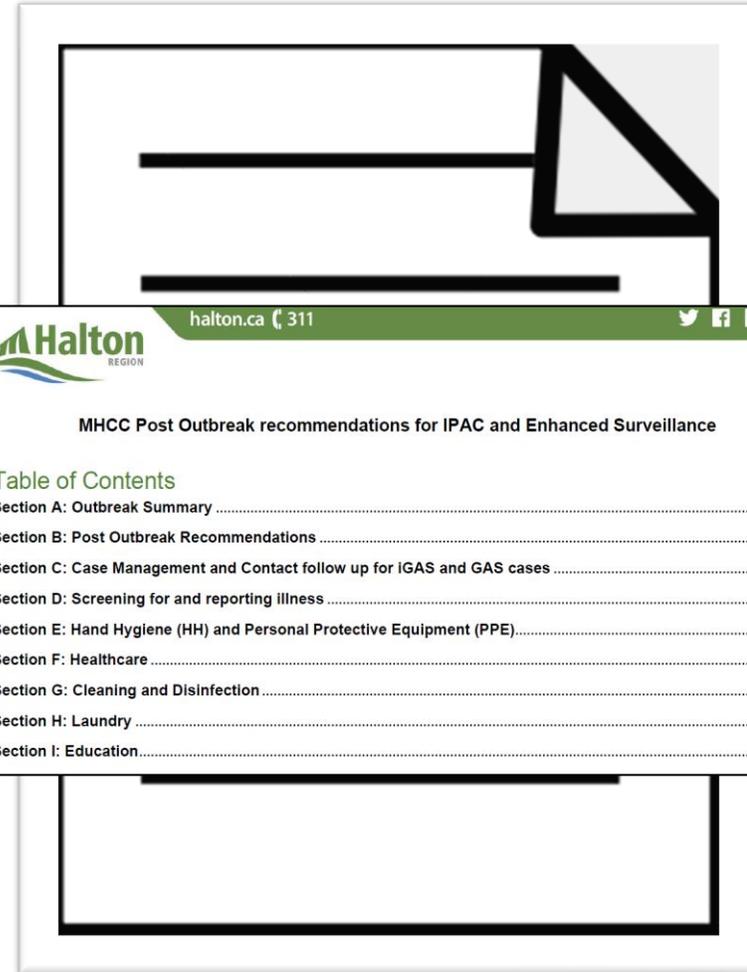


Agency staff required individual follow-up

# IPAC Adapations in a Correctional Context



**Invasive Group A Streptococcus (iGAS) and GAS IPAC Measures  
Maplehurst Correctional Complex (MHCC) A&D and Segregation Units**



# Response Coordination



## Multi-jurisdictional effort

- PHU, PHO, PHOL, MOH, SolGen, MHCC, MAG, Ministry of Labor, Dynacare

## Enhanced monitoring activation

## Staff education

## Asymptomatic testing recommendations

## Chemoprophylaxis

## Enhanced cleaning, disinfection and IPAC measures

## Cohorting residents and staff

# Strengths



Updated internal iGAS policies and procedures (2024)



Strong divisional and program coordination



Established process of completing case & contact management with facility



Clear internal communication with leadership



Support from PHO/PHOL was helpful with guidance and genome sequencing



Timely IPAC visits

# Challenges

## The setting

- High risk population
- Complex operating environment
- Mistrust among clients, staff and healthcare workers
- High turnover and dependency on healthcare agency staff
- Limited access to facility information and reporting
- Collecting details for retrospective review
- Workforce consultation processes affected timelines

## Lack of resources and guidance for iGAS OBs in corrections

## Laboratory challenges

- Dynacare
- Lab Requisitions

## Testing and compliance

## Complex communication chain

# Lessons Learned & Future Planning

A proactive external communication plan

Clarity around external roles and responsibilities

Need for guidance documents for correctional facilities

Provincial support for managing OBs in correctional facilities

Creating an internal Outbreak procedure

Arrangement with community labs to have requisition/emm-typing workflows

# After-Action Review Highlights From Challenges to Improvements

Themes	Challenge Identified	Improvements Implemented
<b>Roles &amp; Communication</b>	Early uncertainty about partner responsibilities (e.g., SolGen vs PHU vs facility)	Create a chart and clarified decision-making structure at outset of outbreak with all parties involved
<b>Information Flow</b>	Timely access to key information (facility plans, staff lists, exposure mapping)	Developed proactive communication protocol and data-sharing template with SolGen, facility leadership and union within facility
<b>IPAC Practice</b>	LTCH-based guidance not fully applicable to correctional context	Drafted a correctional-facility-specific IPAC measures
<b>Staff Compliance</b>	Varying uptake for asymptomatic testing and prophylaxis among staff	Enhanced staff education, introduce clear scripts for correctional officers, and centralized follow-up via facility or PHU team.
<b>Coordination Burden</b>	Multiple separate meetings leading to inconsistent messaging	Shifted to multi-agency coordination calls to streamline updates and reduce “broken telephone.”



# Why This Matters Provincially



**ONTARIO**

CANADA

First large, multi-unit correctional iGAS outbreak in Ontario

Lessons transferable to other congregate settings

Informs future correctional outbreak guidance and preparedness

Demonstrates value of integrated genomic surveillance

# Acknowledgements

- Our team at Halton Region
  - Senior Leadership Team
  - Communicable Disease Team
  - Public Health Surveillance Team
  - Public Health Emergency Management Team
  - IPAC Team
  - Communications Team
- Maplehurst Correctional Complex Staff
- PHO & PHOL
- Ministries: MOH, SolGen, MAG, Ministry of Labor

# Questions?





Southeast  
Public Health

# Managing an iGAS Outbreak in a Long-Term Care Home

Yves Décoste, RN, BScN, CIC  
Infection Control Specialist

February 11, 2026



# Disclaimer:

- **This presentation was created by its author and/or an external organization. PHO is not the owner of this content. Any application or use of the information in this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.**



# Context

**The following scenario is from the legacy Leeds, Grenville & Lanark District Health Unit (hereafter referred to as the PHU).**

**As of January 1, 2025 Leeds, Grenville and Lanark District Health Unit; Hastings Prince Edward Public Health; and Kingston, Frontenac and Lennox & Addington Public Health merged to form Southeast Public Health (SEPH).**



# Initial Notification

- **Feb. 16, 2024 - PHU aware of iGAS DoPHS reported**
  - Contact follow-up completed
  - Advised by LTC roommate in ED with fever and rash – treatment initiated for presumptive GAS.
  
- **Feb. 20, 2024 - Hospital IPAC notified PHU**
  - Roommate culture positive for iGAS



# Initial Notification Continued

- These admissions prompted a review of Ministry of Health and Long-Term Care, Infection Diseases Protocol, 2022 and the Canada Communicable Disease Report supplement Guidelines for the Prevention and Control of Invasive Group A Streptococcal Disease.



# Declaring the Outbreak

## Table 1: Consideration for action for Outbreaks or Clusters

- **Long-term care home**

- An incidence rate of culture-confirmed iGAS infections of  $> 1$  per 100 residents per month, or
- at least two cases of culture-confirmed iGAS infection in 1 month in facilities with fewer than 200 residents, or
- an incidence rate of suggested invasive or non-invasive GAS infections of  $> 4$  per 100 residents per month.



# The LTCH

- **97-bed long-term care facility with 130 staff.**
- **Not-for-profit facility; independent from any municipality.**
- **The LTCH had a watermain break 10 days prior to incident .**
- **Did not have ready-to-use disinfectant and struggled during the initial watermain break .**



# LTCH Continued

- **Four wings situated on one floor.**
- **North Wing - original structure of the home**
- **South, East and West wings were built more recently.**
- **North Wing: separate dining room**
- **Shared dining room for South, East and West wings.**



# Day 1 – February 20, 2024

- **Phone consultation with the IPAC lead RN at LTCH**
  - Gathered information on general health status of residents.
  - Provided OB number
- **Consultation with Medical Officer of Health(MOH)**
- **LTCH was encouraged to continue universal masking and to review proper hand hygiene practices with staff and residents.**



# Day 1 Continued

- **Consultation with PHO IPAC Team and PHOL was initiated to determine next steps as surveillance swabbing would be recommended.**
- **Consultation was initiated by PHU with SE IPAC Hub to support the implementation of enhanced IPAC measures.**



# Initial Plan

- **Consultation with MOH resulted in the following plan:**
  - Swab residents and staff in the 3 wings that share a dining room. (cases were residents of one of those wings).
  - North wing with no resident cases and a separate dining room to be excluded from initial round of testing.
  - Two admissions planned for that week were advised to go ahead, but new residents and families were to be informed about the outbreak.
  - Consultation with PHO planned for the next day.
  - IPAC staff from both the PHU and IPAC Hub to conduct on site visit for support as well as an education session with staff as per the request of the LTCH.



## Day 2

- **PHU/IPAC HUB visit for support and education.**
- **25 samples to be collected from West wing (home of 2 resident cases)**
  - **Send to Kingston Health Science Center lab**
  - **NP, throat and wound sites**
- **Remaining 75 resident samples to be processed through LifeLabs**
- **Staff testing was voluntary**



## Day 3

- **Over 50 samples were rejected by LifeLabs due to incorrect specimen medium.**
- **No other resident were identified symptomatic.**
- **Re-collection of rejected specimen on-hold pending the West wing results.**



# Week 1

- **2 residents colonized out of the 25 samples**
  - One West and one south resident
  - Treatment initiated
- **Decision by MOH to pause further testing of residents but consider offer testing staff**
- **LTC IPAC lead and PHU Lead reviewed staff illness history and initiated resident chart review.**



# Week 2 Continued

- **Facility resident chart review and staff illness review completed**
  - 12 staff identified with illness reported in past 2 months
  - One staff currently off due to strep throat
- **All positive samples were referred to PHO and sent on to National Microbiology Lab for typing and WGS.**



# Week 2 Continued

- **March 11 – Resident on East wing admitted to hospital with cellulitis and iGAS.**
  - Acquisition unknown
- **New plan:**
  - test all staff and residents in the home



# Week 2 Continued

- **EMM 76 identified**
- **Plan:**
  - **Re-test GAS+ and iGAS+ (14 days post treatment).**
- **Surveillance test results = 4 residents GAS+ (round 2)**
- **PHOL expedited sub-typing and submitted for WGS**



# Week 2 Continued

- **Staff member with strep throat = GAS+**
- **Specimen unavailable for subtyping.**



# April 2024

- **April 5 - All previous GAS+ residents re-tested (14 days post-treatment)**
  - Negative results
- **Apr. 4 - West wing resident admitted to hospital with jaundice and lethargy = iGAS+**
  - March 18 (surveillance) positive for GAS (asymptomatic); treated.
- **April 19 – testing of all previously GAS or iGAS positive residents**
  - All results negative.



# May 2024

- **One staff remaining for re-test (previously positive strep throat)**
  - Negative result
- **Outbreak declared over**
- **Home continued active screening**



# Summary

- **Outbreak Duration: 107 days.**
- **EMM 76**
- **Resident census: 97**
  - 4 resident iGAS cases
  - 4 resident GAS positive
  - No deaths
- **Staff census: 130**
  - 1 staff GAS case (strep throat)
- **Large provincial increase of reported iGAS cases at time.**



# What worked well

- **Timely and thorough PHO consult**
- **Good working relationship with IPAC lead at facility**
- **HUB support for education of LTC staff**
- **Timely sub-typing PHOL**
- **Facility medical director responsive and supported public health effort; this is a good relationship.**



# Challenges and Opportunities

- **Error in initial swab saw 50 samples cancelled**
- **Chart reviews are time consuming**
- **Testing burden on facility staff**
- **PHU/IPAC Hub visit found the facility was using hand wipes instead of 1-minute disinfectant wipes on high-touch surfaces**

**Questions?**



## Poll #3

3. Would you be interested in another iGAS Learning Exchange for any of the following congregate settings?
- Hospital
  - Childcare setting
  - Retirement home
  - Shelter
  - Other (please add response to Q&A)
  - Not interested