

Imperial College London

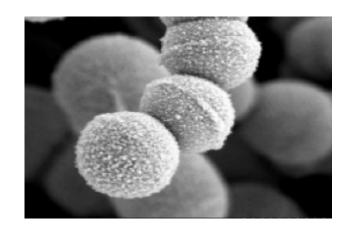


### Talk today?



- Two cases of invasive GAS (iGAS) presenting in the ICU
- Both February 2015, both 51 years, both same serotype
- Necrotising soft tissue infection resistant to treatment?
- Necrotising pneumonia- why so severe?
- What can we learn from these rare cases?

• Link to the marked upsurge in iGAS in 2022-2023...



#### Some background!



Non-invasive infection





#### Immunological sequelae





Acute rheumatic fever & Post-strep glomerulonephritis

#### Invasive infections













SSTI

Pneumonia Bacteremia

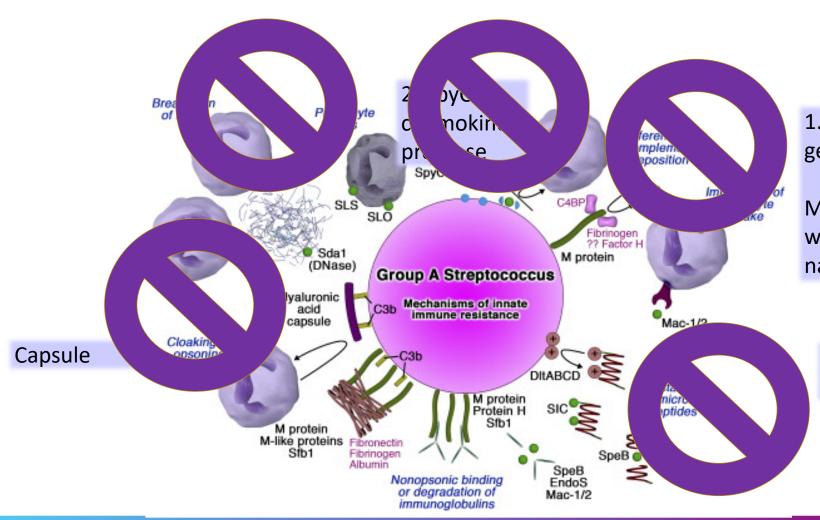
**Necrotising** fasciitis

Peripartum Toxic shock sepsis

STSS

#### Virulence factors of S. pyogenes -repressed by CovRS





1. M protein- used for serotyping and genotyping (>200 types)

M1 oldest serotype, and most associated with invasive infections in developed nations (usually 20% of iGAS)

3. Secreted superantigens 'scarlet fever toxins'

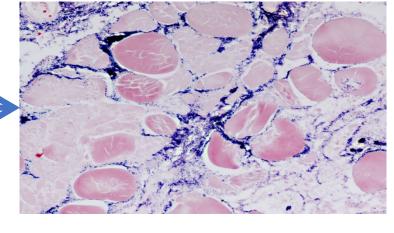
### A case of bilateral swollen legs after a long drive



51 year old man. Brought to hospital with 5d fever, severe pain in legs, no urine output, CRP >400







Day 1
ICU
2 filters (pH 6.9)
Antibiotics
IVIG

Day 2 debrided muscle- growing group A strep despite antibiotics

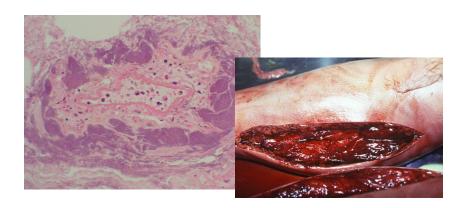
(WGS: GAS covS mutant emm1)

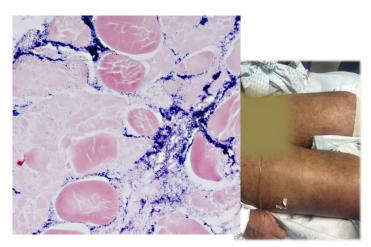
Day 5 bilateral below knee amputations; No neutrophils seen in tissues despite multiple Gram positive cocci. Viable strep growing on prolonged culture.

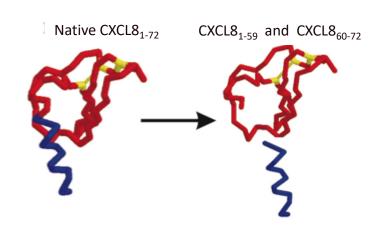
Day 6- Patient died Did antibiotics fail to clear the bacteria?

### **Streptococcal SpyCEP**





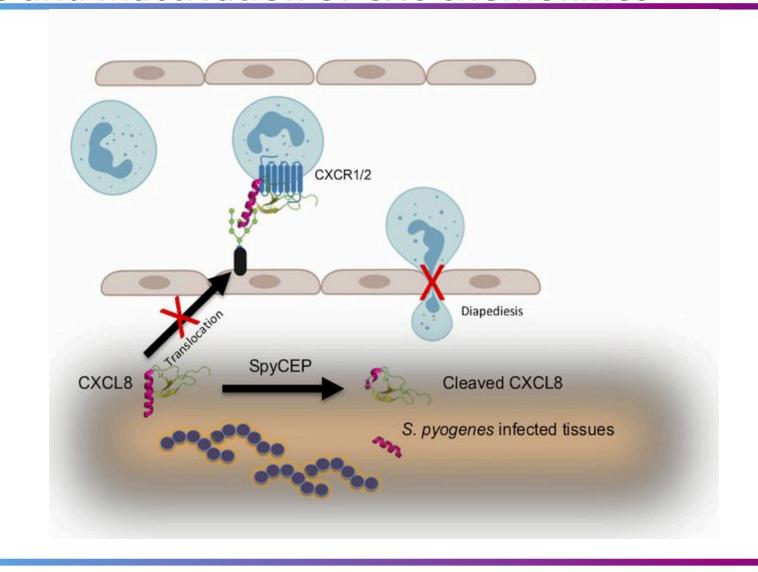




SpyCEP
Serine protease
Attached to S. pyogenes
Cleaves IL-8

## How does SpyCEP work?-Cleavage and inactivation of CXC chemokines

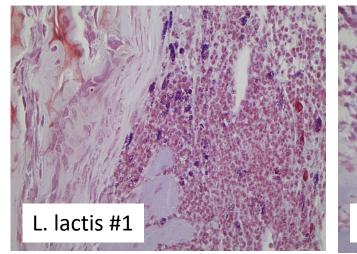


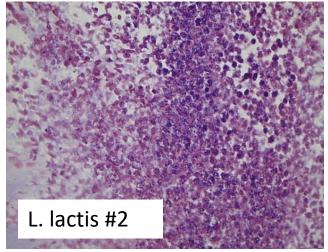


## What is SpyCEP capable of doing?



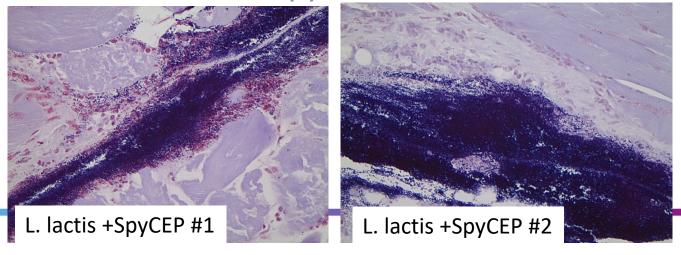
#### L. lactis injected into soft tissue for 3h is rapidly cleared





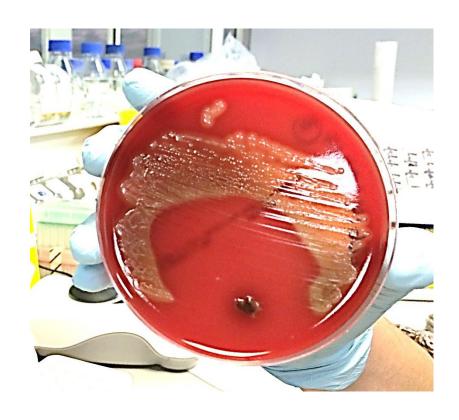
Gram stain

L. Lactis + SpyCEP is not



#### Group A strep can survive in deep tissue despite antibiotics

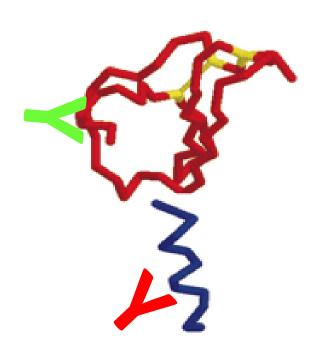






### Is SpyCEP present after treatment starts?





#### Bioassay for SpyCEP activity

- Commercial antibodies to IL-8 all detect full length IL-8 via the Cterminal alpha helix
- Raised specific Ab to detect cleaved IL-8 to detect cleavage events

#### SpyCEP activity on surface of intact live & dead streptococci

Live bacteria

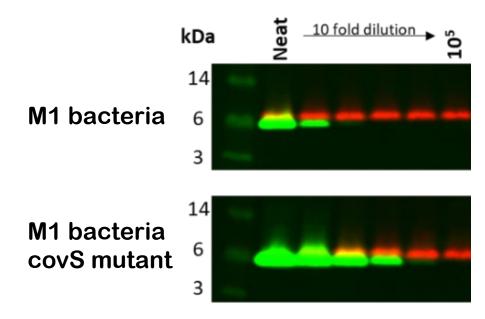


#### **Bioactivity assay**

Incubate CXCL8 (IL8) with whole streptococci

Determine cleavage of CXCL8

**Red** intact CXCL8 **Green** cleaved CXCL8



Even penicillin-killed bacteria express bioactive SpyCEP ?Zombie bacteria

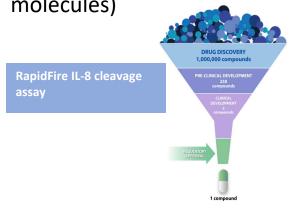
## **SpyCEP** bioactivity persists despite antibiotics



### **Strategies to combat SpyCEP?**



Specific inhibitors (small molecules)



 Vaccination against SpyCEP- 3 candidate vaccines



• Protein synthesis inhibitors



Antibody-based inhibitors



### Management of NSTI needs to be a combined approach





- Source control critical
- Prompt antibiotics essential
  - ICU and supportive care
- Be aware of IPC risks if iGAS/notify

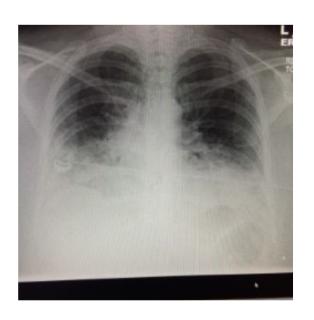
## A case of severe iGAS pneumonia



#### • 51 years female

#### **Presenting complaint**

- Flu like symptoms 3d. GP Rx paracetamol,
- 3d later Increased cough GP Rx trimethoprim for LRTI
- 1d later sister visited found her more unwell; called ambulance
- LAS Patient on floor; T 39.1C; RR 40;
- Crackles and wheeze; cyanosed



#### **Arrival in ED**



#### **Examination**

- "Looks very sick"
- Slumped; not verbalising; squeezes hand to command
- Widespread crackles; RR40; Sats unrecordable (peripherally shut down)
- BP 50 systolic HR 140 regular
- Abdo soft non tender

#### **Actions**

- Cannulated/femoral line; iv fluids; ABG/NIV
- Catheterised (clear urine); Bloods drawn incl cultures
- Antibiotics (NB Levofloxacin initially due to 'penicillin allergy')

pO <sub>2</sub> 6.5
SaO2 70%

```
pH 7.09

pCO_2 4.2

pO_2 9.9

Lactate 10.1

Base excess -20
```

Bic 9.4

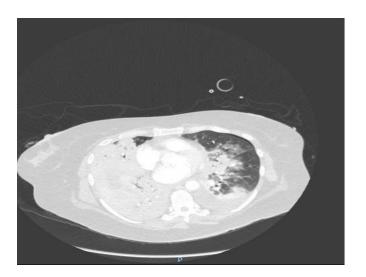
#### **ICU**



- **Hypoxaemi**a: Intubated; ventilated FiO2 1.0 SaO2 89% pO2 8.4
- L. intercostal drain (fluid sent to lab)
- ECMO discussed- too unstable
- Persistent acidosis: CVVHF; fluids; Sodium bicarbonate. Lactate >14
- Persistent hypotension (MAP 60)
   noradrenaline/vasopressin/dobutamine &
   adrenaline/noradrenaline/vasopressin
- Coagulopathic- FFP; platelets
- Septic: sputum (brown; sticky); pleural fluid

- Hb 118
- Wcc 2.8
- Plt 175

- Na 136
- K 4.2
- U 19
- Cr 495
- CRP 594



### Microbiology

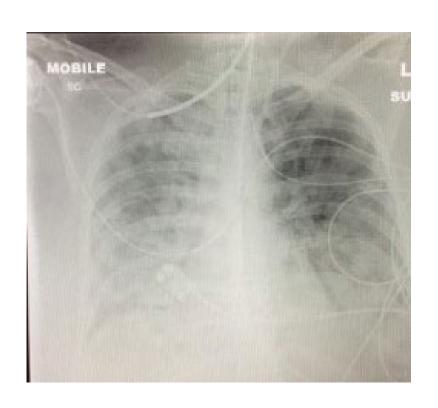


- Pleural fluid Gram stain: Gram positive cocci +++ Culture: Streptococcus pyogenes emm1.0
- Sputum Day 1: Streptococcus pyogenes
- Sputum Day 2: Streptococcus pyogenes

#### WGS- NO covRS mutation







Patient did not survive beyond 2<sup>nd</sup> day

### Group A Strep pneumonia is known to be lethal



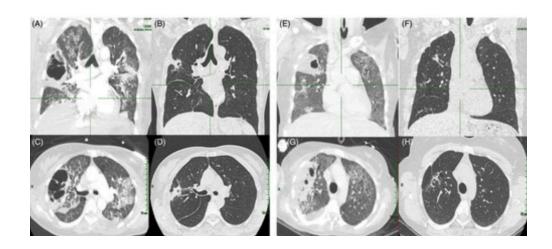
# Short and long-term outcomes of *Streptococcus*pyogenes pneumonia managed in the intensive care unit

Marie Lecronier 

✓, Alexandre Elabbadi, Armand Mekontso Dessap & Nicolas de Prost

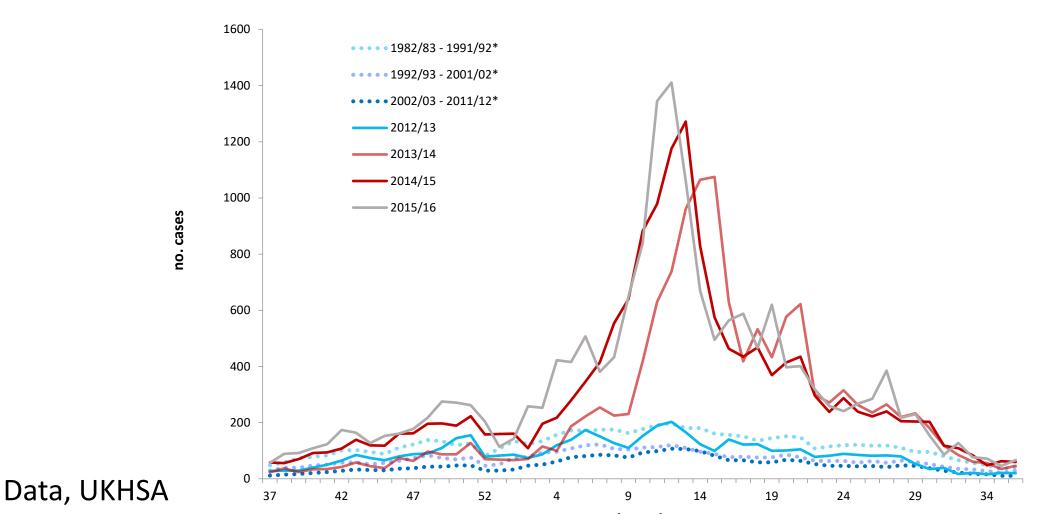
Six cases of iGAS pneumonia admitted to ICU Creteil, France
Only 1/6 had comorbidity (HbSS)

50% required ECMO 50% died



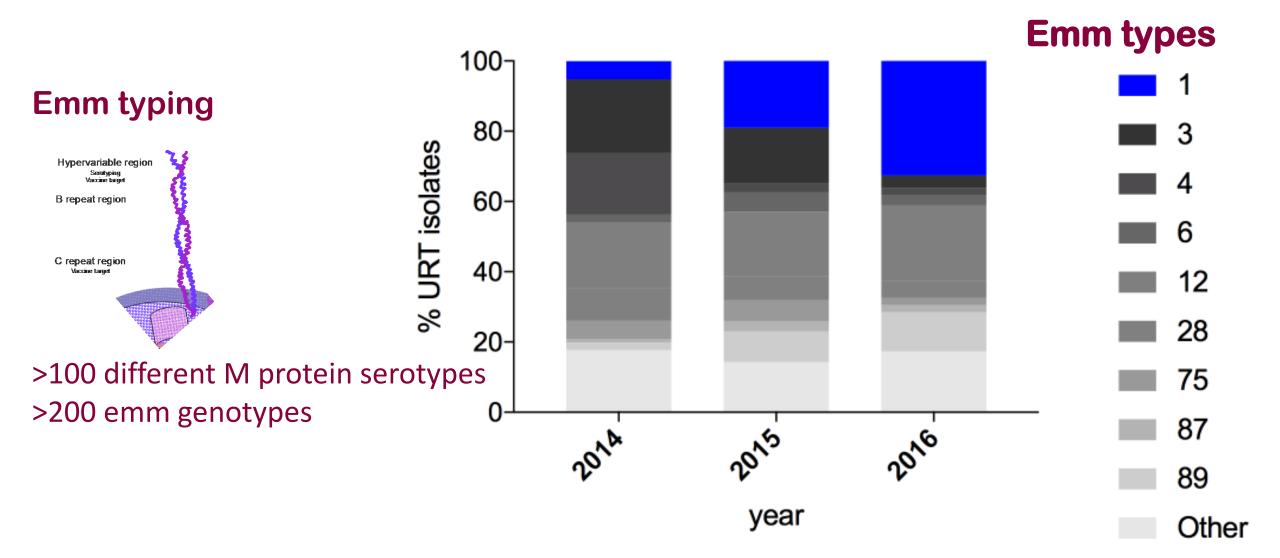
## 2 cases in one week is a lot....?

#### Weekly scarlet fever notifications by year and week/season, England



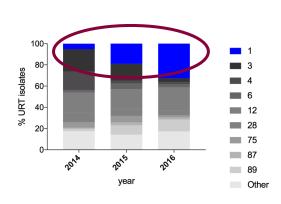


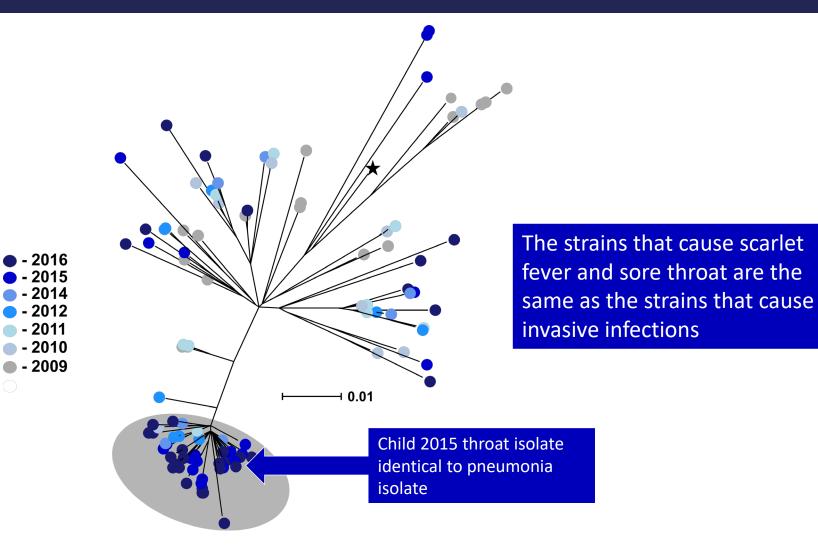
# Emm genotyping Strep throat isolates in NW London 2014-2016: unusual rise in M1





# Sequencing of local non invasive northwest London Strep A *emm*1 isolates

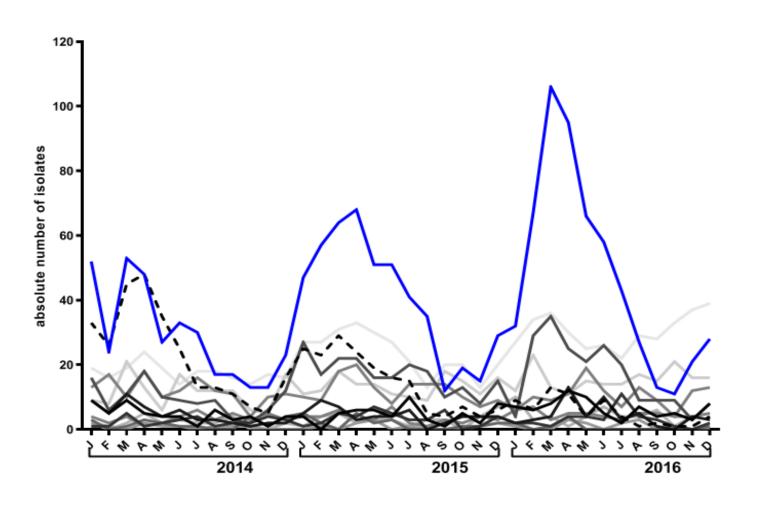




Sublineage of strains enriched by 2015-2016 isolates and SF cases



# National emm genotyping of Strep A invasive isolates (UKHSA)- all M1!

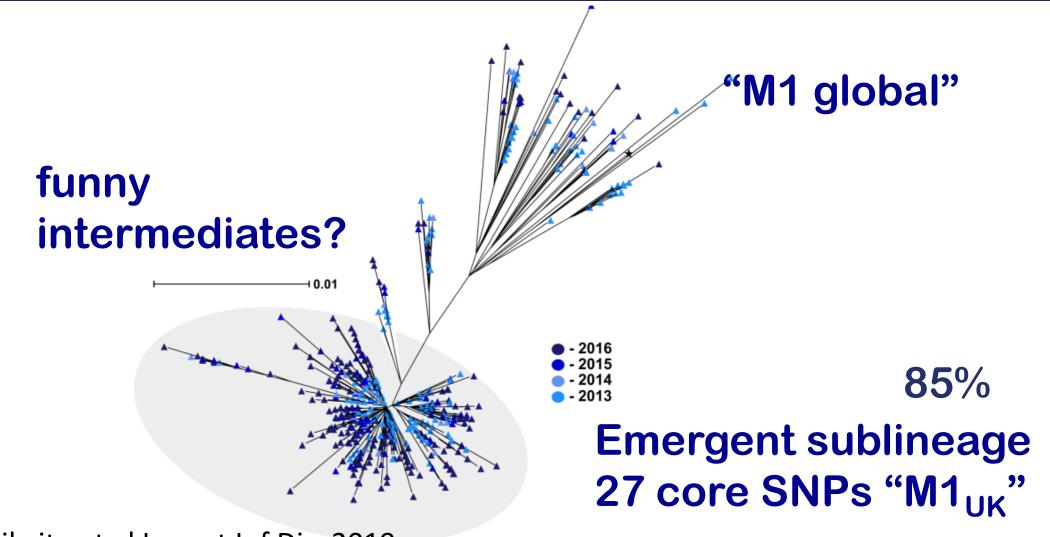


#### **Emm types**

others



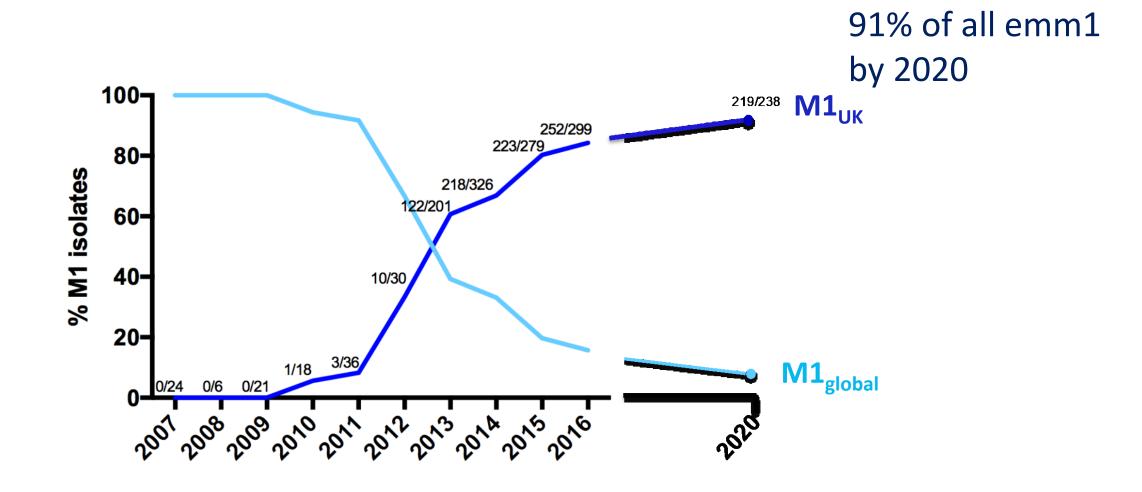
# Sequencing of 552 invasive *emm*1 strains from England and Wales 2013-2016



Lynskey, Jauneikaite et al Lancet Inf Dis, 2019

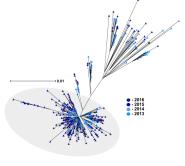
## M1<sub>UK</sub> lineage expansion in England







# What are the differences between the lineages?

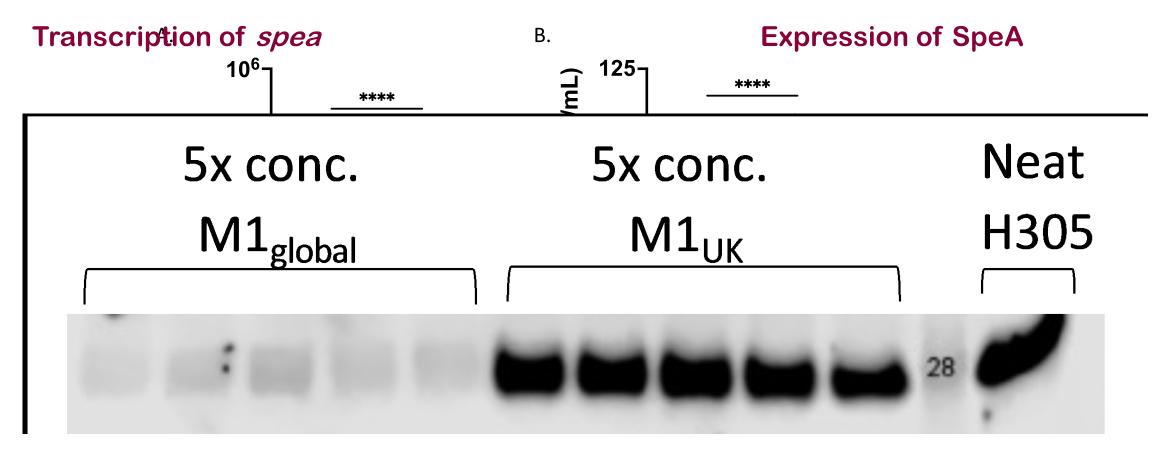


#### RNAseq comparing 4x M1UK and 4x other M1 (M1global)

Gene	Description	Avg log <sub>2</sub> fold-change	Average padj
speA2	enterotoxin	2.361	3.731 E-09
glpF.2	glycerol uptake facilitator protein	-2.423	5.143E-09
mipB	transaldolase	1.043	0.0002
gldA	glycerol dehydrogenase	1.024	0.0006
pfID	formate acetyltransferase	0.963	0.0007
NA	PTS system, cellobiose-specific IIC	0.653	0.0061
NA	PTS system, cellobiose-specific IIB	0.749	0.0204



## Phenotypic comparison of SpeA in emm1 strains

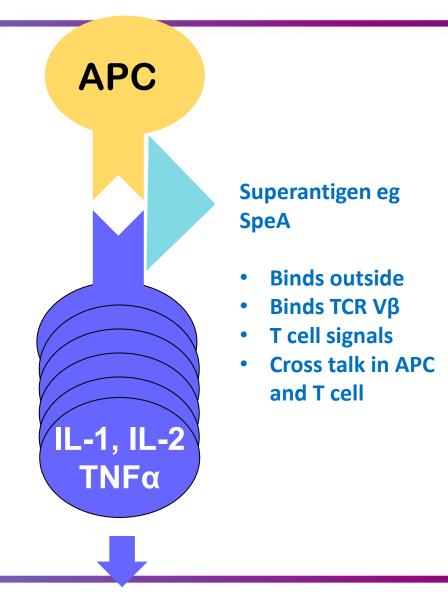


Li, HK et al, Microbial Genomics, 2023

### SpeA, a bacteriophage-encoded superantigen



Scarlet Fever Toxin A



## What happened next?

Scarlet fever notifications- iGAS followed similar pattern. Almost no Emm1 infections for 2 years

? A normal season





## November 2022; one week













Similar reports from all centres and media reports of unexplained deaths over next 2 weeks led to..



### Public health response

- Nov 30th Incident team convened –UKHSA, NHS, etc
- Dec 2nd Urgent Central Alerting System (CAS alert) to GPs, Emergency Departments, paediatrics, microbiology/ID
  - Briefing Note to micro/ID depts
  - Press Release





UKHSA - Urgent public health message to all GP practices, urgent care centres, emergency departments, paediatric and infectious disease/microbiology services regarding an increase in invasive Group A streptococcal infections in children, including lower respiratory tract infections with viral co-infection.UKHSA - Urgent public health message: Invasive Group A Strep

Current invasive Group A streptococcus (iGAS) infection notifications remain unusually high for this time of year, particularly in children. Marked increases in scarlet fever notifications are also being seen. Investigations are underway following reports of an increase in lower respiratory tract GAS infections in children over the past few weeks, which have caused severe illness. A high burden of co-circulating viral infections may be contributing to the increased severity and complications through co-infection. Clinicians should continue to be mindful of potential increases in invasive disease and maintain a high index of suspicion in relevant patients as early recognition and prompt initiation of specific and supportive therapy for patients with IGAS infection can be life-saving. Urgent notification to UKHSA Health Protection Teams of IGAS infection is essential to facilitate immediate public health actions including



© 9 December 2022









#### After the weekend...





#### Strep A: GPs are struggling to cope and demand more help from Government

Ministers urged to boost resources for 'overspill' services such as outof-hours and NHS 111 as scarlet fever cases reach 1.062 in a week





## Alder Hey records 'highest ever' A&E attendance after Strep A fears

## PM says 'there are no current shortages of drugs' to tackle Strep A cases

Sir Keir Starmer described Rishi Sunak as a 'blancmange Prime Minister' who 'sold out the aspirations of those who want to own their own home'.

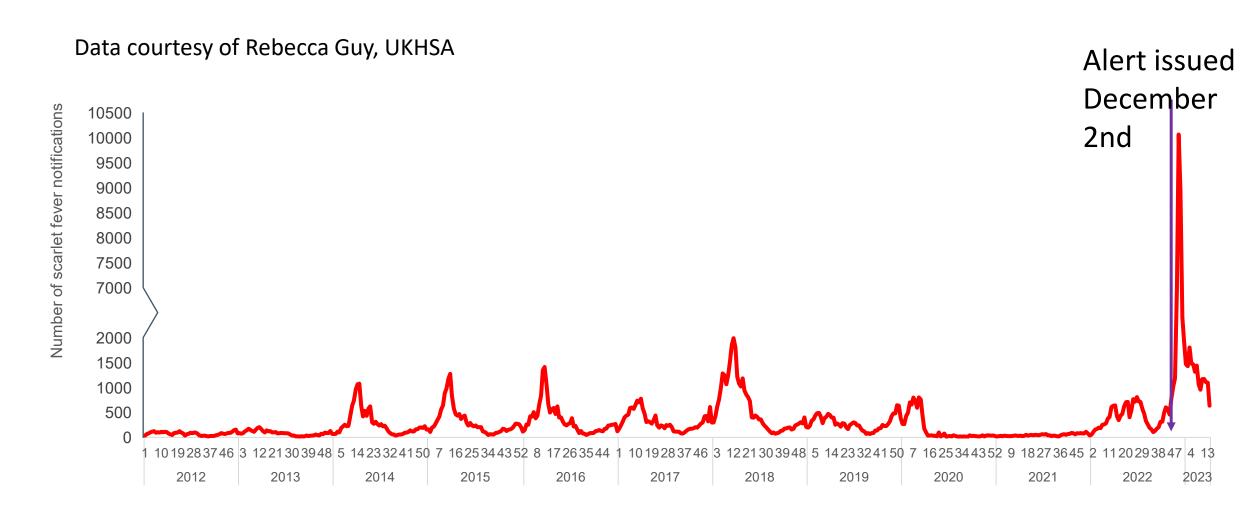




"There are no current shortages of drugs available to treat this and there are well-established procedures in place to ensure that that remains the case and the (UKHSA) are monitoring the situation at pace and what they have confirmed is that this is not a new strain of Strep A, so people should be reassured about that.:

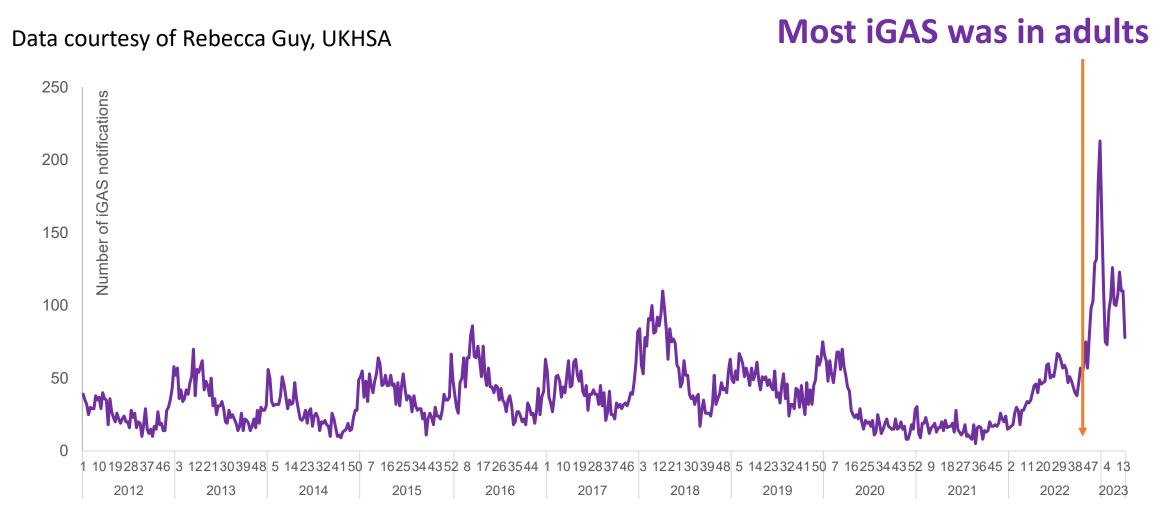


## Scarlet fever notifications to March 2023





## **Invasive GAS notifications to March 2023**



#### Year and week

#### **Further interventions**

#### Communications to healthcare professionals and public

- 06.12.2022 Letters to all schools in England
- 09.12.2022 Interim prescribing guidance to clinicians (revoked 16-Feb-2023)
- 09.12.2022 Helpline for schools established
- 15.12.2022 Updated household invasive Strep A (iGAS) guidelines published
- 16.12.2022 Serious shortage protocols issued for oral penicillin V

Recognition that >50% had detected respiratory viral co-infection eg RSV



## Daily reporting by media









Incident stood down May 18<sup>th</sup>

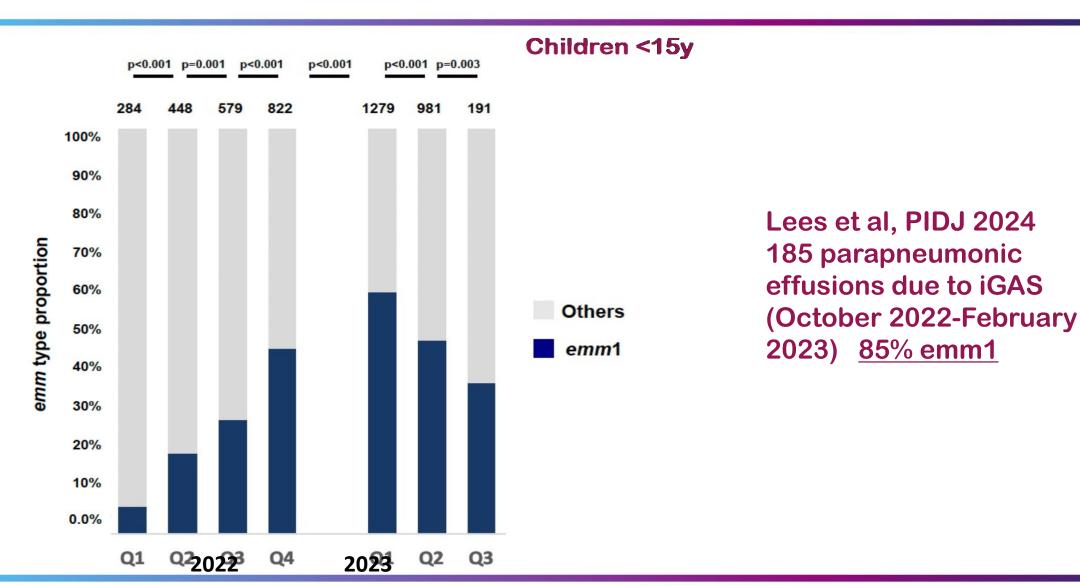
60 child deaths Almost 500 adult deaths





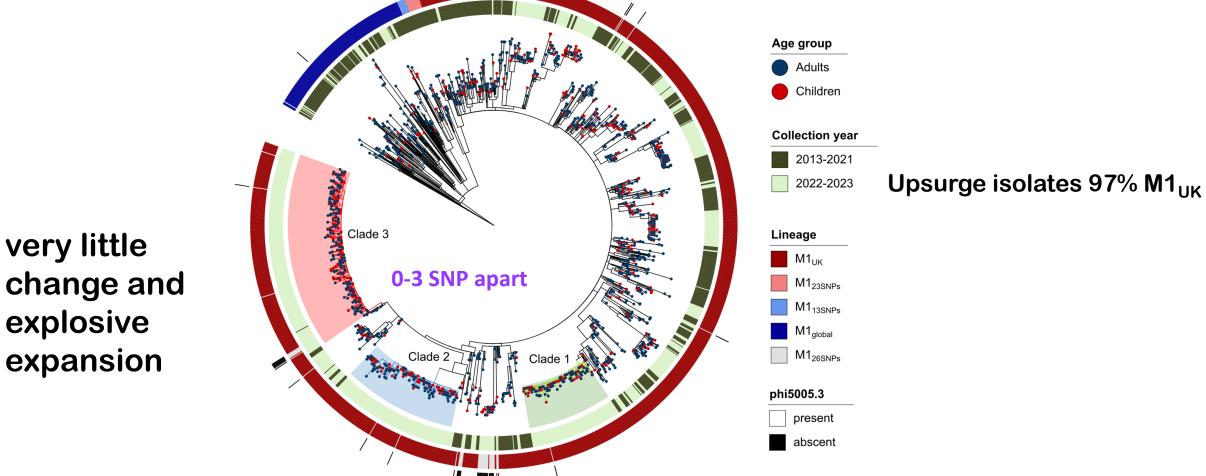
KILLER BUG At least 48 children have died from Strep A in the UK as cases of deadly infection continue to rise

# Most of the invasive cases were due to emm1 (M1<sub>UK</sub>)@BRB)



### Genomic analyses of invasive emm1 during upsurge

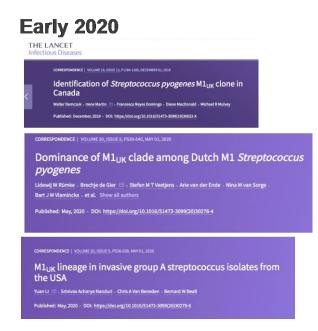




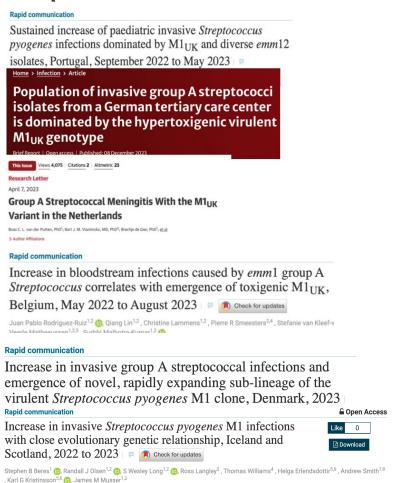
Tree scale: 10 ----

#### Association with iGAS 2022-2023 upsurge in several countries





#### **Europe 2023-2024**



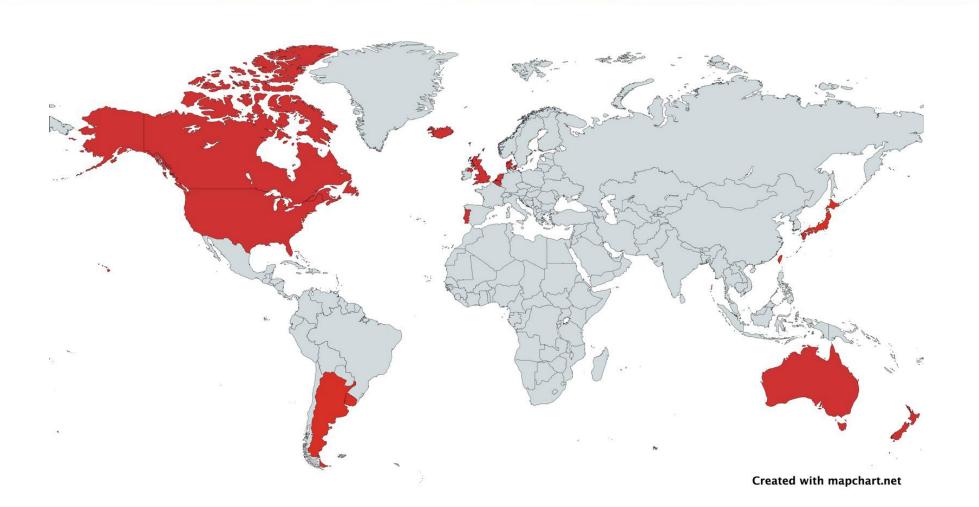
#### Outside Europe 2023-2024





## M1<sub>UK</sub> successful globally





Tokyo issues warning as rare but deadly STSS bacterial infections rise



North Korea cancels World Cup qualifier against Japan

Last-minute decision on Tuesday's match leaves football bodies searching for alternative venue



□ North Korea's has chee' petroe the wrond cup 2026 qualiner bottball match in losyo on 2! March between Japan and North Korea. Photograph: Vividi Yamazaiki/Pfetty Images

North Korea has abruptly cancelled its 2026 World Cup qualifying match with Japan next week, leaving organisers frantically searching for an alternative venue.

#### What about France?



RESEARCH Open Access

Invasive group A streptococcal infections requiring admission to ICU: a nationwide, multicenter, retrospective study (ISTRE study)

Arthur Orieux<sup>1\*</sup>, Renaud Prevel<sup>1,2</sup>, Margot Dumery<sup>1</sup>, Jean-Baptiste Lascarrou<sup>3</sup>, Noémie Zucman<sup>4</sup>, Florian Reizine<sup>5</sup>, Pierre Fillatre<sup>6</sup>, Charles Detollenaere<sup>7</sup>, Cédric Darreau<sup>8</sup>, Nadiejda Antier<sup>9</sup>, Mélanie Saint-Léger<sup>10</sup>, Guillaume Schnell<sup>11</sup>, Béatrice La Combe<sup>12</sup>, Charlotte Guesdon<sup>13</sup>, Franklin Bruna<sup>14</sup>, Antoine Guillon<sup>15</sup>, Caroline Varillon<sup>16</sup>, Olivier Lesieur<sup>17</sup>, Hubert Grand<sup>18</sup>, Benjamin Bertrand<sup>19</sup>, Shidasp Siami<sup>20</sup>, Pierre Oudeville<sup>21</sup>, Céline Besnard<sup>22</sup>, Romain Persichini<sup>23</sup>, Pierrick Bauduin<sup>24</sup>, Martial Thyrault<sup>25</sup>, Mathieu Evrard<sup>26</sup>, David Schnell<sup>27</sup>, Johann Auchabie<sup>28</sup>, Adrien Auvet<sup>29</sup>, Jean-Philippe Rigaud<sup>30</sup>, Pascal Beuret<sup>31</sup>, Maxime Leclerc<sup>32</sup>, Asaël Berger<sup>33</sup>, Omar Ben Hadj Salem<sup>34</sup>, Julien Lorber<sup>35</sup>, Annabelle Stoclin<sup>36</sup>, Olivier Guisset<sup>1</sup>, Léa Bientt<sup>37</sup>, Pierre Khan<sup>38</sup>, Vivien Guillotin<sup>1</sup>, Jean-Claude Lacherade<sup>39</sup> and Alexandre Boyer<sup>1,2</sup> on behalf of ISTRE Group

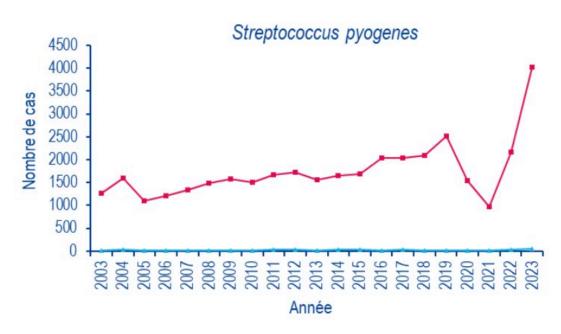
Retrospective study 37 ICU's Compared adult iGAS

- Oct-March 2018 & 2019 (pre COVID-19)
- Oct-March 2022/23 (post COVID-19)

"...case rate during the period before and after COVID-19 pandemic was 205/100,000 and 949/100,000 ICU admissions, respectively (p < 0.001), with more frequent STSS after the COVID-19 pandemic (61% vs. 45%, p = 0.015)"

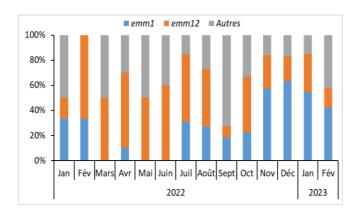
#### What about France?





Sante publique France: "La situation épidémiologique actuelle des IISGA n'est pas liée à l'émergence d'une souche bactérienne nouvelle mais principalement à deux génotypes (emm12 et emm1) déjà connus."

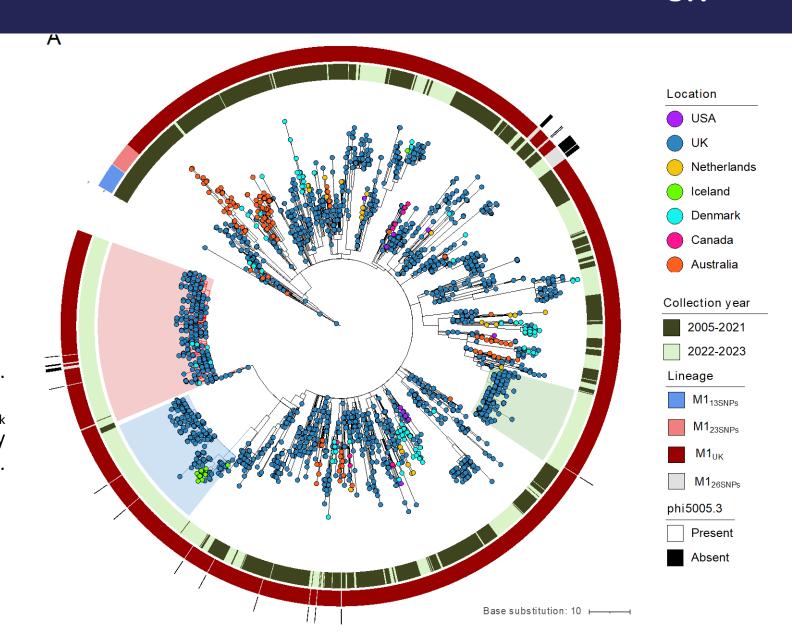
Figure 7B. Fréquence des principaux génotypes emm des souches de SGA responsables d'infections invasives chez l'enfant (<18 ans), France, janvier 2022- février 2023.



Sante publique France: "Le séquençage du génome complet de 39 souches pédiatriques dont la moitié de génotype emm1 isolées en 2022 a permis de mettre en évidence l'appartenance de ces dernières au variant M1UK décrit initialement au Royaume-Uni "



## Global phylogeny of recent M1<sub>UK</sub> isolates



Suggests intermediates and  $M1_{Uk}$  emerged in the UK followed by global dispersion.

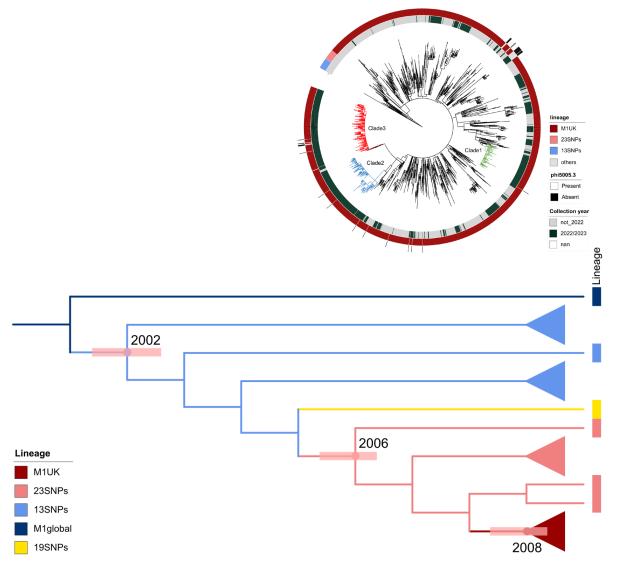


## When did M1<sub>UK</sub> emerge?

- Dated phylogenetic tree of 2364 available M1<sub>IIK</sub>/intermediate genomes.
- 13SNP 2002 (95% CI 2000, 2004)
- 23SNP 2006 (95% CI 2004, 2007)
- 2008 (95% CI 2006, 2009)

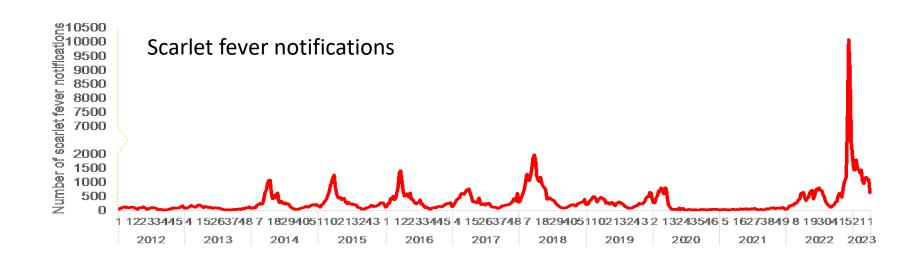


- 1.5 nucleotide substitutions/genome/year (average evolutionary rate)
- Evolutionary path:
- $M1_{global} \rightarrow M1_{13SNPs} \rightarrow M1_{23SNPs} \rightarrow M1_{UK}$



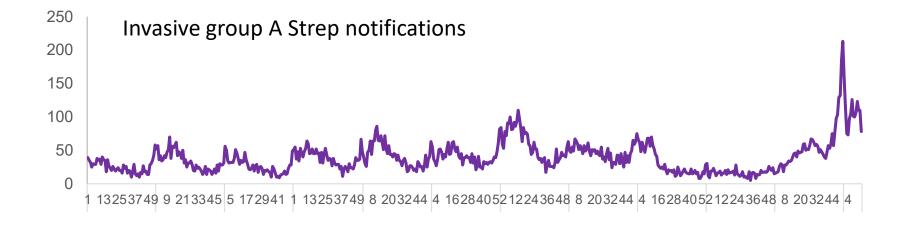
## Key questions- (1) is $M1_{UK}$ more dangerous or is it just numbers ?













KILLER BUG At least 48 children have died from Strep A in the UK as cases of deadly infection continue to rise

## Data linkage study CFR iGAS M1<sub>UK</sub> vs M1<sub>global</sub>

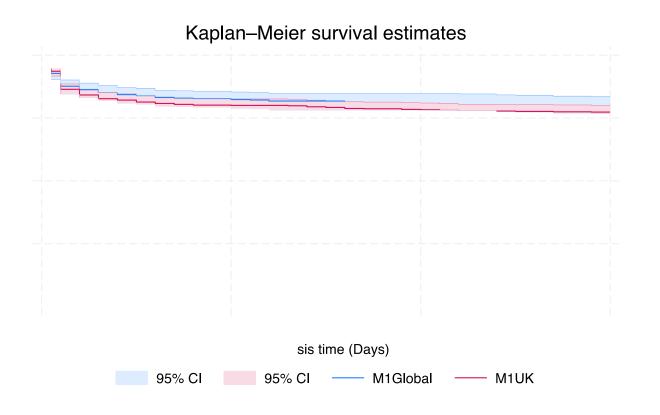


Used all available cases with genotyping available (~1500) from 2010-2020

#### **CFR**

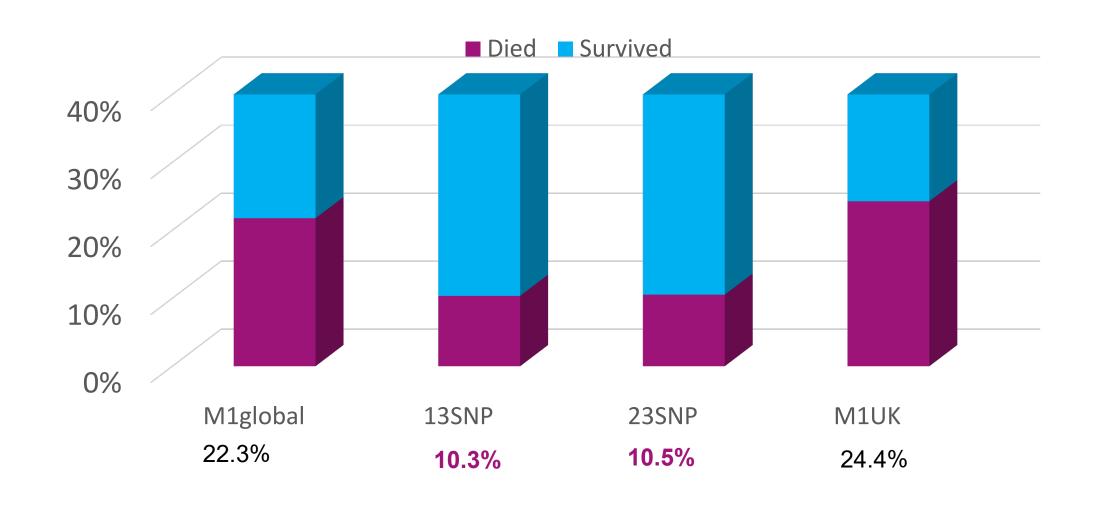
**22.3%** (95% CI: 18.1, 25.4%) M1<sub>global</sub>

**24.4%** (95% CI: 21.2, 27.3%) M1<sub>UK</sub>



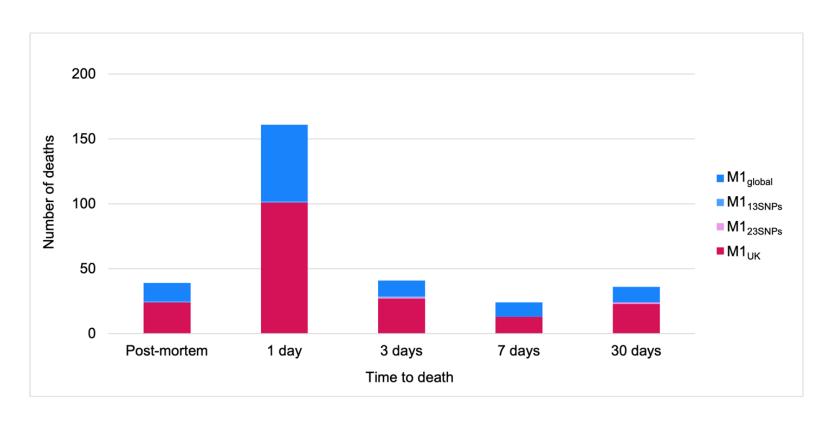
## Case fatality by sublineage: M1 is just dangerous





## Time from first sample to death





>50% children diagnosed postmortem

## Proportion of deaths < 72h for emm1

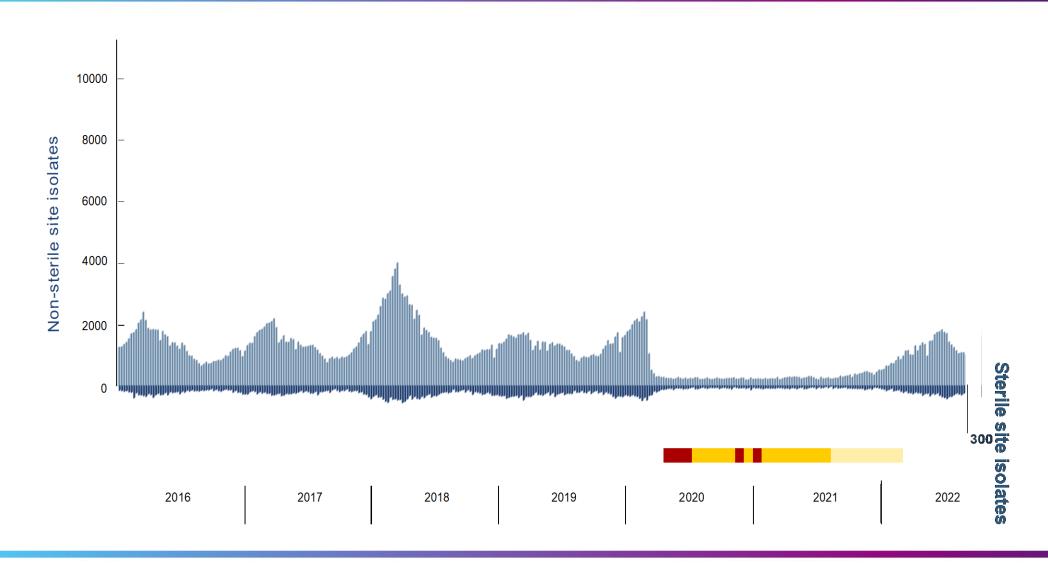
•	Children	99%
•	Adults aged 15-64	78.8%
•	Adults aged 65-84	70.9%
•	Adults >85	69.7%

#### **Important**

- Preventable vs non preventable deaths
- Clinical trial efforts

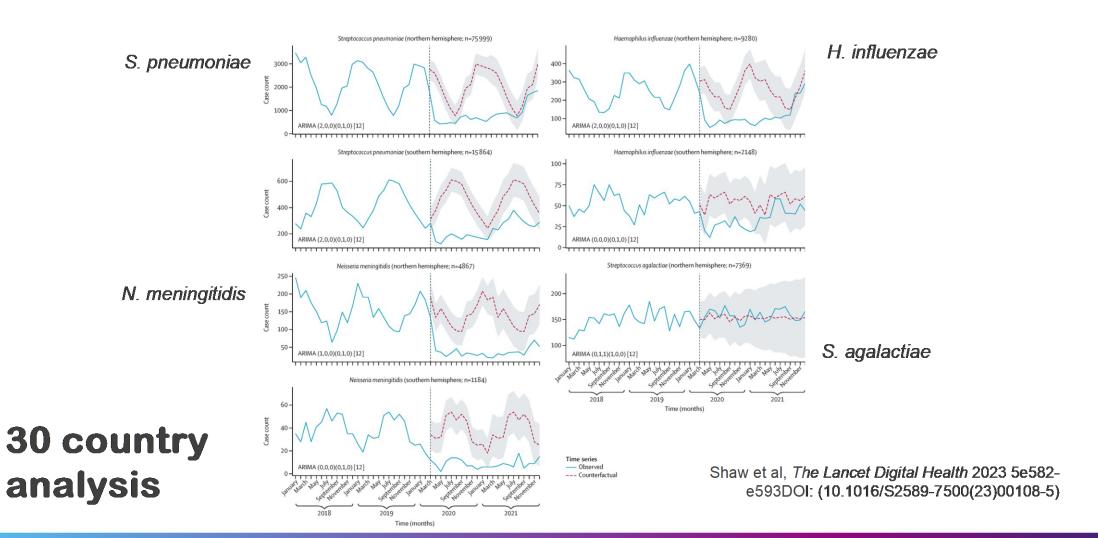
## Q 2: Was reduced exposure to S. pyogenes important?





### Other invasive bacterial infections 2020-2022

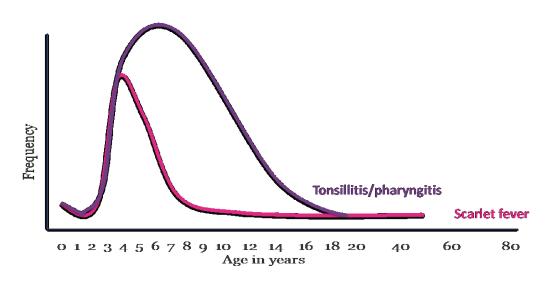




### Scarlet fever susceptibility and pool of susceptibles



Disease incidence by age

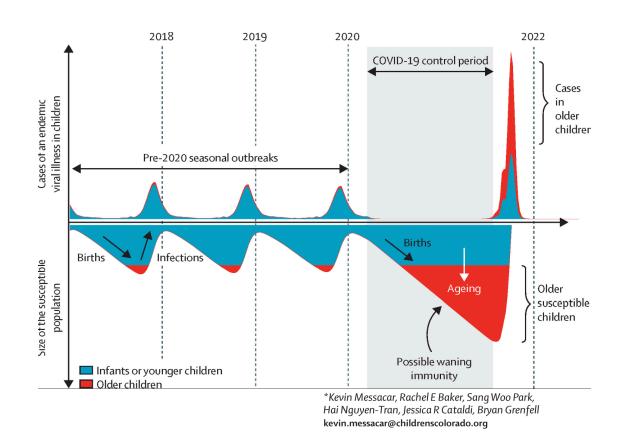


- Most scarlet fever happens in first school year (Herdman et al, BMJ Open, 2021)
- Did size of susceptible cohort expand during pandemic and could that be enough to explain fold increase in cases? ??3-fold

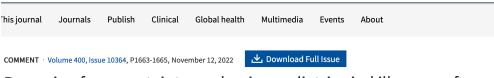
## Predicting upsurges after NPI e.g. RSV



## Preparing for uncertainty: endemic paediatric viral illnesses after COVID-19 pandemic disruption



#### THE LANCET



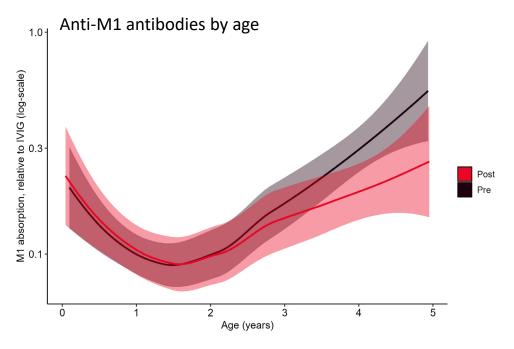
## Preparing for uncertainty: endemic paediatric viral illnesses after COVID-19 pandemic disruption

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#### Immunity to M1 S. pyogenes in under 5's pre and post lockdown



244 children under 5y pre-March 2020,247 children under 5y after March 2020(Perform and Diamonds cohorts)

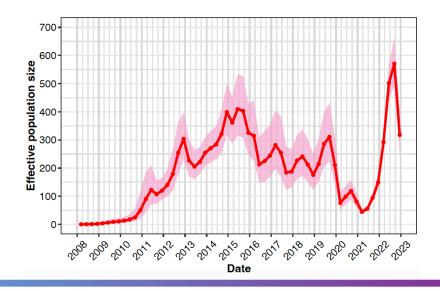


Dokal, Channon-Wells et al, 2024, unpublished

## Why is this case interesting?



- First case of invasive GAS recognized to be part of new subclone "M1<sub>UK</sub>"
- Suggested new subclone to be important
- Prompted local then national genomic investigation
- M1<sub>UK</sub> emerged 2008 but expanded rapidly 2010-2015
- Makes more SpeA (scarlet fever toxin) and appears fitter than older strains



Model of effective population size  $(N_e)$  through time based on the dated tree.

-  $N_e$  is the number of bacterial genealogies contributing to the next generation through transmission.

Transmission bottleneck during COVID-19 lockdowns in 2021.

## Putting it all together – the 2022/23 upsurge



# Thank you.....













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