FACT SHEET GROUP B STREPTOCOCCI

For Health Professionals **(Group B Strep, GBS)**

What is Group B Strep (GBS)?

Beta hemolytic streptococci group B (Group B Streptococcus, *Streptococcus agalactiae*, or GBS) has been the leading bacterial cause of illness and death among newborns in the United States since the 1970's. Disease in infants usually occurs as bacteremia, pneumonia, or meningitis. Infants with GBS disease may require prolonged hospitalization and expensive supportive therapy, and survivors may suffer permanent disability (e.g., loss of hearing or vision, or psychomotor retardation). The case-fatality rate for GBS is estimated to be 4% for newborns. About one-third of healthy adults carry GBS as normal bowel flora. GBS disease is relatively uncommon, except in newborns.

What are the symptoms of (GBS)?

In newborns, symptoms are often non-specific and may include fever, difficulty feeding, irritability, or lethargy. Colonized adults, including pregnant women, are typically asymptomatic. GBS can cause disease in adults, manifested in pregnancy most often as urinary tract and intrauterine infections.

How soon do symptoms appear?

About half of cases of GBS among newborns happen in the first week of life ("early-onset disease"), and most of these cases start a few hours after birth. GBS may develop one week to several months after birth ("late-onset disease").

How is GBS spread?

GBS typically spreads from the gastrointestinal tract; the genitourinary tract is frequently also colonized. Transmission from a colonized woman to her baby may occur before, or more commonly, during, birth. The incidence of GBS disease is higher among infants born to mothers who are <20 years of age or African American. Women with GBS bacterium during pregnancy are usually heavily colonized with GBS, and appear to be at increased risk for perinatal transmission. Colonized women who experience prolonged rupture of membranes, premature delivery, or intrapartum fever have a higher risk for transmitting GBS infection to their infants during labor and delivery.

How can GBS be prevented?

Intravenous penicillin G should be administered until delivery. Intravenous ampicillin is an acceptable alternative to penicillin G, but penicillin G is preferred because it has a narrow spectrum and is less likely to select for antibiotic resistant organisms. Clindamycin or erythromycin may be used for women allergic to penicillin, although the efficacy of these drugs for GBS prevention has not been measured in controlled trials. Oral antimicrobial agents should not be used to treat women who are identified with GBS during prenatal screening. Such treatment does not effectively eliminate carriage or prevent neonatal disease.

What can be done to help prevent the spread of GBS?

Administration of intravenous antibiotics during birth effectively reduces the incidence of neonatal GBS disease in infants of colonized women. To prevent neonatal GBS disease, the American College of Obstetricians, American Academy of Pediatrics, CDC and other professional organizations recommend using one of two of the following guidelines:

- Screen all pregnant women by collecting rectal and vaginal specimens between 35 and 37 weeks gestation; offer women with GBS on culture IV antibiotics.
- Provide intrapartum antibiotic prophylaxis to women with one or more risk factors (listed above) during labor or at membrane rupture, even at <37 weeks gestation (unless negative results of the GBS culture are already available)