February 22, 2011

Group B Strep Fact Sheet

1. **What is group B Streptococcus (group B Strep**)? Group B Strep is a type of bacteria that causes illness in newborn babies, pregnant women, the elderly, and adults with underlying health conditions, such as diabetes or liver disease. Group B Strep is a common cause of life-threatening infections in newborns. Group B Strep bacteria are frequently found in the genital tract of women, and are the usual source of infection for newborns. The most common problems caused by group B strep in adults are bloodstream infections, pneumonia, skin and soft tissue infections, and bone and joint infections.

2. **How does group B Strep disease affect newborns?**

   a. About half of the cases of group B Strep disease among newborns happen in the first week of life ("early-onset disease"), and most of these cases start a few hours after birth. Sepsis, pneumonia (infection in the lungs), and meningitis are the most common problems. Premature babies are at higher risk of getting a group B Strep infection, but most babies who become sick from group B Strep are full-term.

   b. Group B Strep disease may also develop in infants one week to several months after birth "late-onset disease." Meningitis is more common with late-onset group B Strep disease. Only about half of late-onset group B Strep disease among newborns comes from a mother who is a group B Strep carrier; the source of infection for others with late-onset group B Strep disease is often unknown. Late-onset disease is slightly less common than early-onset disease.

3. **How common is group B Strep disease in newborns?** Group B Strep most commonly cause of sepsis (blood infection) and meningitis (infection of the fluid and lining around the brain) in newborns. Group B Strep is a frequent cause of newborn pneumonia and is more common than other, more well-known, newborn problems such as rubella, congenital syphilis, and *spina bifida*. On average, about 1,700 newborns in the United States less than 1 week old get early-onset group B strep disease each year.

4. **Can Group B Strep disease among newborns be prevented?** Yes! Most early-onset group B Strep disease in newborns can be prevented by testing all pregnant women for group B strep bacteria late in pregnancy and by giving certain pregnant women antibiotics (medicine) through the vein (IV) during labor. Antibiotics help to kill some of the Strep bacteria that are dangerous to the baby during birth. The antibiotics help during labor only — they can't be taken before labor, because the bacteria can grow back quickly. Any pregnant woman who tests positive for group B strep in the current pregnancy should receive IV antibiotics during labor. Also, pregnant women who had a baby with group B Strep disease in the past, or who have group B strep bacteria detected in their urine during the current pregnancy should also receive antibiotics during labor. Pregnant women who do not know whether or not they are group B strep positive when labor starts should be given antibiotics if they have labor starting at less than 37 weeks, prolonged membrane rupture (water breaking 18 or more hours before delivery, or fever during labor.

5. **What are the symptoms of group B Strep in a newborn?** The symptoms for group B Strep can seem like other problems in newborns and infants. Most newborns with early-onset disease have symptoms on the day of birth. Babies who develop late-onset disease may appear healthy at birth and develop symptoms of group B strep after the first week of life. Symptoms include fever, difficulty feeding, irritability, or lethargy (limpness or hard to wake up the baby). If you think your newborn is sick, get medical help right away.

6. **How is group B Strep disease diagnosed and treated in babies?** If a mother received antibiotics for group B Strep during labor, the baby will be observed to see if he or she should get extra testing or treatment. If the doctors suspect that a baby has group B Strep infection, they will take a sample of the baby's sterile body fluids, such as blood or spinal fluid. Group B Strep disease is diagnosed when the bacteria are grown from cultures of those fluids. Cultures take a few days to grow. Group B Strep infections in both newborns and older babies are usually treated with antibiotics (e.g., penicillin or ampicillin) given in a vein.

7. **How will I know if I need antibiotics to prevent passing group B Strep to my baby?** You should get a screening test late in pregnancy (35 to 37 weeks pregnant) to see if you carry group B Strep. If your test comes back positive, you should get antibiotics through the vein (IV) during labor. If you had a previous baby who got sick with group B Strep disease, or if you had a urinary tract infection (bladder infection) during this pregnancy caused by group B Strep, you also need to get antibiotics through the vein (IV) when your labor starts.

8. **How do you find out if you carry Group B Strep during pregnancy? –** A pregnant woman should be tested for group B Strep in her vagina and rectum when she is 35 to 37 weeks pregnant. The test is simple and does not hurt. A sterile swab ("Q-tip") is used to collect a sample from the vagina and the rectum. This is sent to a laboratory for testing.

9. **Are there any symptoms if you are a Group B Strep carrier?** A woman who has the group B strep in her body usually does not feel sick or have any symptoms. Sometimes, group B Strep can cause bladder infections during pregnancy, or infections in the womb during labor or after delivery. Being a carrier (testing positive for group B Strep, but having no symptoms) is quite common. Around 25% of women may carry the bacteria in the rectum or vagina. This doesn't mean that they have group B Strep disease, but it does mean that she is at higher risk for passing group B strep to her baby during birth.

10. **What are the risks of taking antibiotics to prevent group B Strep disease in my newborn?** Penicillin is the most common antibiotic that is given. If you are allergic to penicillin, there are other antibiotics that can be given. Penicillin is very safe and effective at preventing group B Strep disease in newborns. There can be side effects from penicillin for the woman, including a mild reaction to penicillin (about a 10% chance). There is a rare chance (about 1 in 10,000) of the mother having a severe allergic reaction that requires emergency treatment. However, a pregnant woman who is a group B Strep carrier (tested positive) at full-term delivery who gets antibiotics can feel confident knowing that she has only a 1 in 4000 chance of delivering a baby with group B Strep disease. If a pregnant woman who is a group B Strep carrier does not get antibiotics at the time of delivery, her baby has a 1 in 200 chance of developing group B Strep disease. This means that those infants whose mothers are group B Strep carriers and do not get antibiotics have over 20 times the risk of developing disease than those who do receive treatment.

11. **What are the most common problems caused by group B strep in adults?** While the rates of serious group B strep infections are much higher among newborns than among adults, serious group B strep infections occur in other age groups in both men and women. The most common problems caused by group B strep in adults are bloodstream infections, pneumonia (infection in the lungs), skin and soft-tissue infections, and bone and joint infections. The source of infection for adults is unknown. Group B strep infections in adults are usually treated with penicillin or other common antibiotics.

12. **For more information about Group B Strep Disease**: http://www.cdc.gov/groupbstrep/index.html

    This fact sheet provides general information. Please contact your physician for specific clinical information.