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Group B Strep Disease Is A Serious Threat to Newborns

During the summer months, we tend to focus on staying safe while engaging in any number of leisure time activities. But some bacterial and viral infections do not take a vacation; they remain year-round threats. One such bacterial infection is GBS disease, or Group B Strep disease. In fact, July is International Group B Strep Awareness Month.

Although most of us are familiar with strep throat, that illness is caused by a Group A strain of the streptococcus bacterium. Group B strep is different, it causes illnesses in babies, pregnant women, the elderly, and adults whose systems are weakened by other conditions. GBS is a bacterium that occurs naturally in the human body in both women and men. Adults can carry GBS in the intestine, vagina, bladder, or throat, and never feel ill. But 15,000 to 18,000 people of all ages contract serious GBS disease every year, causing infections in the bloodstream, the respiratory system, and other locations in the body. While 35 – 40% of all GBS disease cases occur in the elderly and adults with other medical conditions, about 50% of all cases occur in newborns.

10 – 35% of all healthy adults, male and female, have been found to have GBS in the lower intestine. Further, GBS is present in the vagina and/or lower intestine of 10 – 35% of all healthy adult women. When a woman with GBS becomes pregnant, she may remain a carrier, or may develop GBS disease herself. Over 50,000 cases of GBS disease, causing infections in the womb, the amniotic fluid, the urinary tract, and following Cesarean sections, are reported each year.

During labor and delivery, babies born to mothers with GBS are exposed to the bacteria. Although 98% of these babies are not affected, nearly 8000 babies born in the United States acquire GBS disease each year, and approximately 800 babies will die as a result.

GBS is the most common cause of life-threatening infections in newborns, and it can range from mild to severe. GBS disease is more common than rubella, congenital syphilis, and spina bifida in newborns. It frequently causes pneumonia in infants, and is the most common cause of sepsis (blood infection) and meningitis (infection in the fluid and lining surrounding the brain) in newborns. Of the babies who survive GBS related meningitis, as many as 20% are permanently disabled.

Most babies with GBS disease (80%) have early onset disease, which manifests itself during the first week of life, usually within hours of the birth. The symptoms of early onset GBS include temperature regulation problems, fever, seizures, breathing problems, grunting sounds, stiffness or unusual limpness. GBS may also develop in infants from 1 week to several months old. Stiffness, limpness, inconsolable screaming, fever, and refusal to feed are symptoms of late onset GBS disease.

Some babies are at greater risk of acquiring GBS disease. These include babies born prematurely, those who have older siblings who were born with the disease, babies born more than 18 hours after the mother's water breaks, mothers who develop a fever over 100.4 °F. during labor, and infants whose mothers tested positive to a GBS screening done during pregnancy. Fortunately, both baby and mother can be treated with antibiotics very successfully if GBS is suspected and the antibiotics are given

intravenously during labor and delivery to the mother.

However, as the GBS Association points out, mothers must be screened for GBS during the 35 –37th week of pregnancy in order to predict if an otherwise healthy woman is carrying GBS. While many doctors prefer to automatically treat all high risk pregnant women with antibiotics, many women are not considered to be high risk and do not know they are carriers. That is why the Centers for Disease Control (CDC) recommends a “routine prenatal culture at 35-37 weeks of pregnancy” for all women. Those who test positive should be treated with antibiotics during labor and delivery. The combination of screening and antibiotic treatment has resulted in healthy babies in over 90% of the cases managed this way. Before prevention methods were widely employed, approximately 8000 babies had GBS disease in the United States, and 5 babies out of 100 infected died from the infection.

Women who are pregnant or are planning to have a child should discuss having a GBS culture taken during late pregnancy with their physician. They should also discuss antibiotic treatment plans, and be sure the doctor or nurse is aware of a positive test result at the time of labor and delivery so the antibiotics can be administered. For further information about GBS disease, contact the Group B Strep Association at (919) 932-5344 or on line at www.angelfire.com. Other helpful web sites include cdc.gov/ncidod, and www.drgreene.com. Information is also available at the Central Connecticut Health District about GBS disease as well as a number of other public health topics. Contact the health district at 860-721-2822 or www.ccthd.org.