GROUP B STREPTOCOCCAL DISEASE, INVASIVE

(GBS, Group B Strep disease, Perinatal Group B streptococcal infection)



GBS disease is caused by the bacterium *Streptococcus agalactiae*. It can cause illness in newborn babies, pregnant women, the elderly, and those with weakened immune systems. GBS disease is the most common cause of life-threatening infections in newborn babies.

What causes it?



- ▶ GBS bacteria are commonly found in the gastrointestinal (GI) tract, and can be on your skin without making you ill.
- Approximately 25 percent of pregnant women have GBS bacteria in their rectum or vagina.
- Newborns born to mothers with GBS bacteria during pregnancy are at a higher risk of developing GBS disease after birth.
- Newborns who are born before 37 weeks gestation or 18 hours after amniotic membranes have ruptured ("water break") are at a higher risk for developing GBS disease.
- Person-to-person transmission is rare, except from mother to baby.

What are the signs and symptoms?



In the general population:

- Bladder infections (UTI)
- Blood infection
- Skin/soft tissue infection
- Pneumonia

In pregnant women:

- Bladder infections (UTI)
- Infections of the uterus
- Miscarriage (rare occasions)
- Stillbirth (rare occasions)

In babies:

- **Early-onset disease occurs** if GBS disease develops in the newborn within the first week after birth. Complications can be pneumonia, sepsis (blood infections), or meningitis (swelling of the brain).
- Late-onset disease occurs if GBS disease develops in the newborn between birth and three months of age. This is more common in babies born prematurely (before 37 weeks) and is more likely to cause meningitis.



What are the treatment options?



- To test if a person is positive for GBS bacteria, swabs are taken from the rectum or vagina and fluids such as urine, blood, or spinal fluid are tested.
- GBS disease in newborns and adults is treated with antibiotics.

How can it be prevented?



- Pregnant women should be tested for GBS bacteria when they are between 35 and 37 weeks pregnant.
- If a woman does have the GBS bacteria, she should be treated with IV antibiotics.
- ▶ Treating the mother with IV antibiotics during labor will prevent most cases of GBS disease in newborns.
- There is no recommendation to treat non-pregnant people who are carriers of the GBS bacteria or those who have had contact with a baby with GBS disease.

