

Frequently Asked Questions

What is group B streptococcus (GBS)?

Group B streptococcus (STREP-toe-KAH-kiss) is a type of bacteria that causes illness in newborn babies. In newborns, GBS is the most common causes of sepsis (invasive infection) and meningitis (swelling of the lining around the brain). While this disease is most common in newborns than among any other age group, GBS can occur in other age groups in both men and women.

Who gets GBS?

Many people carry GBS bacteria in their bodies without developing infection or illness. However, pregnant women can pass GBS to their newborns at birth. GBS is the most common cause of life-threatening infections in newborns.

This disease also affects adults, mostly the elderly and persons with chronic health problems and weak immune systems.

How is GBS spread?

GBS is passed from the mother to the newborn shortly before or during delivery.

What are the symptoms of GBS?

Two forms of GBS infection occur in newborns: early-onset and late-onset.

Early-onset symptoms usually are present within the first 24 hours of life (range: 0 to 6 days) and may include:

- Respiratory distress (gasping and difficulty breathing)
- Shock
- Pneumonia
- Meningitis

Late-onset conditions usually happen 3 to 4 weeks (range: 7 days to 3 months) of age, and symptoms include:

- Bacteremia (bacteria in the blood)
- Meningitis

In adults, GBS can cause urinary tract infections, infection of the blood (bacteremia) and lungs (pneumonia), skin and soft tissues infection and bone and joint infections.

How common is GBS infection?

About 10% to 30% of pregnant women carry the GBS bacteria in their genital tracts. GBS affects about one in every 2,000 babies born in the United States. GBS in adults is less common.

How is GBS diagnosed?

If a health care provider suspects GBS, samples of the patient's blood and/or spinal fluid will be examined.

What is the treatment for GBS infection?

GBS infection is treated with antibiotics. (NOTE: it is very important to finish your antibiotics even if you begin to feel better, unless otherwise directed by your health care provider.)

How can GBS infection be prevented?

To prevent GBS in newborns, pregnant women should be screened for GBS at 35 to 37 weeks of pregnancy. If a pregnant woman is found to carry GBS, she should be treated with antibiotics during labor and delivery. Taking oral antibiotics before labor is not recommended or effective in preventing GSB infection in newborns. If a woman has not been tested for GBS or her GBS status is unknown when she goes into labor, she should be treated with antibiotics if she has risk factors that increase the chance of passing the infection to the baby. Risk factors include:

- Preterm labor (less than 37 weeks)
- Delayed delivery (more than 18 hours) after membranes rupture (water breaks)
- Fever higher than 100.4° F during labor
- Prior delivery of a child with GBS infection

To prevent GBS in adults, practice good hand washing habits (rubbing hands together under warm soapy water for at least 15 seconds). Use of alcohol-based hand sanitizers may be used if soap or water is not available.

Where can I get more information?

- Your health care provider
- Your local health department
- NJ Department of Health <http://www.nj.gov/health>
- Centers for Disease Control and Prevention <http://www.cdc.gov>

This information is intended for educational purposes only and is not intended to replace consultation with a health care professional.

Adapted from Centers for Disease Control and Prevention

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