



Infectious Disease Epidemiology Report

Invasive Group B Streptococcal disease, 2009



Background

The Infectious Disease Epidemiology program of the Maine Center for Disease Control and Prevention monitors the incidence of invasive Group B Streptococcal (GBS) disease through mandatory reporting by health care providers, clinical laboratories and other public health partners. This report summarizes surveillance data on cases of invasive GBS from 2009.

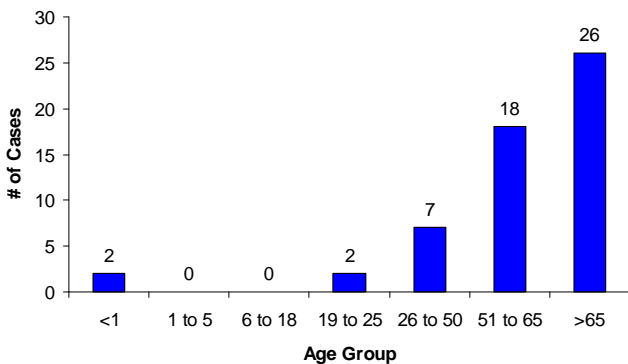
Methods

Invasive GBS was defined as isolation of Group B *Streptococcus* (*Streptococcus agalactiae*) from a normally sterile site (e.g., blood or cerebrospinal fluid [CSF] or, less commonly, joint, pleural, or pericardial fluid). Standardized case report forms were completed for each reported case in an infant (<3 months) in 2009. All other cases were entered into Maine CDC's surveillance system, but not investigated.

Results

A total of 55 cases of invasive GBS were reported in 2009. The rate of GBS in Maine was 4.2 cases per 100,000 population in 2009. The majority of cases were found among males (57.4%). Invasive GBS infections were found primarily among older adults with approximately 80 percent of cases occurring in individuals over 50 (Figure 1)

Figure 1: Invasive GBS by age – Maine, 2009



Invasive GBS was identified among residents of twelve Maine counties in 2009 (Table 1).

Table 1: Invasive GBS by county – Maine, 2009

County	GBS Cases
Androscoggin	6
Aroostook	0
Cumberland	18
Franklin	5
Hancock	2
Kennebec	7
Knox	0
Lincoln	1
Oxford	6
Penobscot	1
Piscataquis	1
Sagadahoc	1
Somerset	0
Waldo	0
Washington	1
York	6
Total	55

In 2009, one case of early onset (<7 days) and one case of late onset (>7 days and < 90 days) GBS disease occurred in infants. One death occurred in an infant in 2009.

Discussion

Fifty-five cases of invasive GBS were reported in Maine in 2009. The majority of cases were found among older adults, though two cases of GBS infection occurred in infants.

Persons with chronic illnesses are most at risk of invasive GBS infection, although risk of infection is also high among children born to women with GBS colonization, prolonged rupture of membranes or preterm delivery.

Health care providers are encouraged to integrate GBS prevention into routine obstetric care, by promoting use of CDC guidelines for GBS prevention (See www.cdc.gov/groupbstrep/ for more information).