



Infectious Disease Epidemiology Report

Invasive Group B Streptococcal disease, 2010



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 2010.

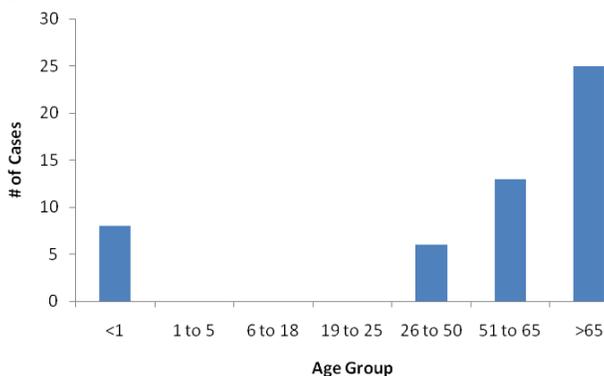
Methods

Invasive GBS is 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 2010. All other cases were registered in Maine CDC's surveillance system.

Results

A total of 52 cases of invasive GBS were reported in 2010. The rate of GBS in Maine was 4.0 cases per 100,000 persons in 2010. Invasive GBS infections were found primarily among older adults with 73 percent of cases occurring in individuals over 50 (Figure 1).

Figure 1: Invasive GBS by age – Maine, 2010



Invasive GBS was identified among residents of thirteen Maine counties in 2010 (Table 1).

Table 1: Invasive GBS by county – Maine, 2010

County	GBS Cases	Rate per 100,000 persons
Androscoggin	5	4.7
Aroostook	0	0.0
Cumberland	15	5.4
Franklin	3	10.1
Hancock	1	1.9
Kennebec	9	7.4
Knox	1	2.5
Lincoln	1	2.9
Oxford	2	3.6
Penobscot	0	0.0
Piscataquis	0	0.0
Sagadahoc	2	5.6
Somerset	2	3.9
Waldo	2	5.2
Washington	1	3.1
York	8	4.0
Total	52	4.0

In 2010, six cases of early onset (<7 days) and two cases of late onset (>7 days and < 90 days) GBS disease occurred in infants. One death occurred in an infant in 2010.

Discussion

Fifty-two cases of invasive GBS were reporting in Maine in 2010. The majority of cases were found among older adults, though eight 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/index.html for more information).