Dutch guidelines fail to stop the rise of group B Strep infection in newborn babies – UK experience similar

Wednesday 22 October, 2014

22nd October 2014: For immediate release

The 60% rise in group B Strep infection in babies younger than 3 months reported in The Netherlands[1] shows that their risk-based prevention strategy has failed miserably to reduce the number babies suffering these severe infections, says UK charity Group B Strep Support.

Lead author Dr Arie van der Ende from the Reference Laboratory for Bacterial Meningitis, Amsterdam, Netherlands, stated *"Our findings should lead to a reassessment of current practices. Only offering antibiotic treatment during labour to pregnant women at risk is probably too limited to prevent all group B streptococcal infections in newborn infants.* ***Moving to universal screening of pregnant women by vaginal and rectal swabs for group B streptococcus and offering antibiotic prophylaxis to group B streptococcus positive pregnant women must be considered.****"*

The rising tide of group B Strep infections in babies is similar in the UK where, like The Netherlands, the recommended prevention strategy[2] is based on risk factors. In the two decades to 2010, rates of group B Strep infection in babies aged 0-90 days increased by 66% in England and Wales.

Group B Strep is the most common cause of life-threatening infection in newborn babies and of meningitis in babies under three months in the UK. It can be passed from mother to baby around birth. In the UK, one in ten babies sick with group B Strep infection dies and one in twenty survivors of group B Strep infection suffers long-term problems[3]. Five in ten group B Strep meningitis survivors suffer long-term problems.

The expectation in the UK was that implementing a risk-based strategy would reduce the rate of group B Strep infection in newborn babies by as much as 50%[4]. This has not happened – the rate has barely changed.

Research published in 2002[5] showed that antenatal screening strategies would prevent more cases of group B Strep infection in newborn babies than risk-based strategies. Countries which offer a universal screening strategy to pregnant women to identify group B Strep carriage, including the US, have seen falls in the rate of these infections in newborn babies of up to 86%[6].

"The latest data from Netherlands is another 'nail in the coffin' for risk-based prevention strategies." **says Chief executive of charity Group B Strep Support, Jane Plumb MBE.** *"It is encouraging to see The Netherlands call for change. Surely it is inconceivable that the UK will not do the same – after all, what more evidence do we need to show that risk-based prevention is simply not working?"*

Case Study: Baby Molly: Born March 2014, Frimley, Surrey

Molly was Mum's first baby; she had never heard of group B Strep, nor was it mentioned during her pregnancy or labour by her health professionals. Nor did Mum how any risk-factors when she went into labour with Molly. "*It was a long labour, but all was fine*." However, her baby daughter became very ill as result of group B Strep infection hours after she was born.

Molly was sleepy just after she was born. "*The doctors were not too concerned at this stage, saying it was normal for babies at this age to sleep.* "The next forty-eight hours, however, were terrifying for the family as Molly became increasingly lethargic and too sleepy to feed. "*When I did wake her up, she would only feed for a minute or two," says Mum "and I ended up feeding her every hour for the next day or so.*" But Mum's instincts were telling her something was wrong and Mum phoned the labour ward who told the family to bring Molly straight into A & E. The next few hours were traumatic for the family as Molly had a series of injections and tests which confirmed she was poorly with an infection; but what that was, at this stage, the doctors did not say. She was given antibiotics and Mum and baby stayed in hospital for the next six days; Mum then became very ill with a high temperature and fever. Doctors confirmed that Mum had group B Strep and that it had passed to Molly during labour. Molly's group B Strep infection could have been prevented had Mum been tested for group B Strep carriage late in pregnancy:

To interview Mum please contact Sarah Fiedosiuk at Group B Strep Support

Media:



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Editors Notes:

The Netherlands:

Using nationwide surveillance data from 1987 to 2011, a team of Dutch researchers examined group B Streptococcus disease trends before and after the introduction of these guidelines in The Netherlands in 1999. The analysis revealed that the incidence of early-onset disease increased from 0.11 to 0.19 cases per 1000 live births between 1987 and 2011, and the incidence of late-onset disease increased from 0.03 to 0.13 live births.

This study was funded by the National Institute of Public Health and the Environment, the European Union's seventh framework programme, Netherlands Organization for Health Research and Development, Academic Medical Center, and the European Research Council.

The Netherlands research was published in The Lancet Infectious Disease on 20 October 2014. Click here for the abstract.

The UK:

Early-onset group B Strep infection (in babies aged 0-6 days) increased on average by 1% per annum between 1991 and 2010, with rates increasing by 5% a year since 2005[7]. Although there was a small reduction following the introduction of guidelines in 2003 (from 0.35 to 0.31 cases per 1,000 live births between 2003 and 2005), this returned to the same rate by 2006, and hit a high in 2010 of 0.41 cases per 1,000 live births.

National charity Group B Strep Support campaigns for much greater awareness of this potentially devastating infection among mums-to-be. Group B Strep Support wants to see every pregnant woman given accurate information about group B Strep as a routine part of her antenatal care, coupled with the offer of a sensitive test for group B Strep at 35-37

[1] Incidence of invasive group B streptococcal disease and pathogen genotype distribution in newborn babies in the Netherlands over 25 years: a nationwide surveillance study. Bekker V e al. The Lancet Infectious Diseases, Vol 14, Is 11, 1083-1089, Nov 2014

[2] Emerging Trends in the Epidemiology of Invasive Group B Streptococcal Disease in England and Wales,1991-2010. Lamagni TL et al. Clin Infect Dis. (2013) 57 (5): 682-688

[3] Group B streptococcal disease in UK and Irish infants younger than 90 days. Heath PT, Balfour G, Weisner AM, Efstratiou A, Lamagni TL, Tighe H, O'Connell LA, Cafferkey M, Verlander NQ, Nicoll A, McCartney AC; PHLS Group B Streptococcus Working Group. Lancet, January 2004.

[4] Prevention of early onset neonatal GBS infection. McCartney AC. Journal of Medical Screening, J Med Screen 2001 8: 170.

[5] A population-based comparison of strategies to prevent early-onset group B streptococcal disease in neonates. Schrag SJ, Zell ER, Lynfield R et al; Active Bacterial Core Surveillance Team. N Engl J Med. 2002 Jul 25;347(4):233-9.

[6] Jordan HT, Farley MM, Craig A, Mohle-Boetani J, Harrison LH, Petit S et al. Revisiting the need for vaccine prevention of late-onset neonatal group B streptococcal disease: a multistate, population-based analysis. Pediatr Infect Dis J 2008; 27(12):1057–1064

[7] Emerging Trends in the Epidemiology of Invasive Group B Streptococcal Disease in England and Wales,1991-2010. Lamagni TL et al. Clin Infect Dis. (2013) 57 (5): 682-688

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