

Appendix A: Disease-Specific Chapters

Chapter: Group B Streptococcal disease, neonatal

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- Communicable
 Virulent

Health Protection and Promotion Act: Ontario Regulation 559/91 – Specification of Reportable Diseases

1) Aetiologic Agent:	Group B <i>streptococci</i> (GBS) (<i>S. agalactiae</i>) are gram-positive cocci which are the most common cause of sepsis and meningitis in “at risk” newborns (1).
2) Case Definition:	
Surveillance Case Definition	See Appendix B
Outbreak Case Definition	Not Applicable
3) Identification:	
Clinical Presentation	Two distinct forms of illness can occur: (1) <ul style="list-style-type: none">• Early onset disease (1 – 7 days after birth) presents with sepsis, respiratory disease, apnea, shock, pneumonia and meningitis.• Late onset disease (7 days to several months after birth) presents with sepsis and meningitis, however note that only illness up to 28 days after birth is reportable.
Diagnosis	See Appendix B
4) Epidemiology:	
Occurrence	Approximately 10-30% of pregnant women harbour GBS in the genital tract; approximately 70% of offspring may be colonized postnatal, but only approximately 1-2 % develop symptomatic infection (1). In Ontario, the number of cases have fluctuated in recent years but overall tend to remain steady, with a similar number of cases reported among males and females.
Reservoir	Humans; the usual reservoir site in woman is the GI tract; woman may also carry GBS in the vagina, cervix, urethra, pharynx or on the skin (1).
Modes of Transmission	Early onset transmission occurs via the infected birth canal as well as in utero.

Incubation Period	For early onset disease, the incubation period is from 1-3 days; disease is apparent at birth and the majority are apparent in the first 24 hours of life.
Period of Communicability	Group B <i>streptococci</i> are transmissible to infants during labour if the mother is colonized, however, a negative vaginal culture at the time of labour does not guarantee absence of colonization.
Susceptibility and Resistance	Neonates are universally susceptible; risk is greater among premature babies (1).

5) Reporting Requirements:

To local Board of Health	Suspect and laboratory confirmed cases shall be reported to the medical officer of health by persons required to do so under the <i>Health Protection and Promotion Act</i> , R.S.O. 1990.
To Public Health Division (PHD)	<p>Report only case classifications specified in the case definition to PHD.</p> <p>Cases shall be reported using the integrated Public Health Information System (iPHIS), or any other method specified by the Ministry within five (5) business days of receipt of initial notification as per <i>iPHIS Bulletin</i> Number 17: Timely Entry of Cases (2).</p> <p>The minimum data elements to be reported for each case is specified in the following:</p> <ul style="list-style-type: none"> • <i>Ontario Regulation 569</i> (Reports) under the Health Protection and Promotion Act (HPPA); • The disease-specific User Guides published by the Ministry, and • Bulletins and directives issued by the Ministry.

6) Prevention and Control Measures:

Personal Prevention Measures	In Ontario screening is not public health practice. For information refer to the Society of Obstetricians and Gynaecologists of Canada: http://www.sogc.org/index_e.asp .
Infection Prevention and Control Strategies	As above
Management of Cases	No case management applicable for GBS, reported for prevalence.
Management of Contacts	Not applicable
Management of Outbreaks	Not applicable

7) References	(1) Heymann D, editor. Control of communicable diseases manual. 18th ed. Washington: American Public Health Association; 2004. (2) Ministry of Health and Long-Term Care. Timely entry of cases. iPHIS Bulletin. 2007 May 11;17.
8) Additional Resources	<i>Health Protection and Promotion Act</i> , R.S.O. 1990, c. H.7. Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm .

