

# Appendix B: Provincial Case Definitions for Reportable Diseases

Disease: Group B Streptococcal disease, neonatal

## Group B Streptococcal disease, neonatal

### 1.0 Provincial Reporting

Confirmed and probable cases of disease

### 2.0 Type of Surveillance

Case-by-case

### 3.0 Case Classification

#### 3.1 Confirmed Case

Laboratory detection of Group B *Streptococcus* (*Streptococcus agalactiae*) from a normally sterile site (e.g., cerebrospinal fluid [CSF]), with clinically compatible signs and symptoms of invasive disease in a newborn

#### 3.2 Probable Case

- Clinically compatible signs and symptoms with a diagnosis of invasive Group B streptococcal disease in a newborn whose mother has laboratory confirmation of Group B streptococci from a lower vaginal or anorectal specimen

### 4.0 Laboratory Evidence

#### 4.1 Laboratory Confirmation

Any of the following will constitute a confirmed case of Group B Streptococcal Disease of the newborn:

- Positive Group B *Streptococcus* (*Streptococcus agalactiae*) culture from a normally sterile site (e.g., CSF, blood, pleural or joint fluid) in infants
- Positive nucleic acid amplification test (NAT) for Group B *Streptococcus* from a normally sterile site in infants

#### 4.2 Approved/Validated Tests

- Standard culture for Group B *Streptococcus* with serogrouping
- NAT for group B *Streptococcus*
- Group B *Streptococcus* antigen test

#### 4.3 Indications and Limitations

- N/A

### 5.0 Clinical Evidence

Clinically compatible signs and symptoms are characterized by the following:

- Early onset disease (1-7 days), characterized by sepsis, pneumonia, and less frequently meningitis, osteomyelitis or septic arthritis
- OR**
- Late onset disease (7 days to 1 month), characterized by sepsis and meningitis.

### 6.0 ICD Code(s)

ICD 10 Code P36.0

## 7.0 Comments

Probable cases are included to ensure completeness of reporting in cases where an infant is treated early with antibiotics before all the appropriate specimens have been taken. It is expected that virtually all cases will be reported from hospitals.

## 8.0 References

- Heymann D, editor. Control of communicable diseases manual. 18th ed. Washington: American Public Health Association; 2004.
- Ministry of Health and Long-Term Care, Public Health Division. iPHIS manual. Toronto, ON: Queen's Printer for Ontario; 2005.
- Nationally Notifiable Diseases Case Definitions with Canadian Public Health Laboratory Network (CPHLN) and Epidemiologic Group Draft Edits. March 2007. Based on case definitions as written in the: Health Canada. Case definitions for diseases under national surveillance. Can Commun Dis Rep. 2000; 26 Suppl 3:i-iv 1-122. Available from <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/00pdf/cdr26s3e.pdf>.

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