

# Clinical Overview of Group B Strep Disease

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## KEY POINTS

- Group B *Streptococcus* (group B strep, GBS) bacteria can cause severe infection in anyone.
- Certain factors can increase someone's risk.
- Help prevent early-onset GBS disease through intrapartum antibiotic prophylaxis.
- No effective strategy has yet been identified for how to prevent late-onset disease or adult disease.



## Cause

*Streptococcus agalactiae* or GBS cause GBS disease.

## Risk factors

### Pregnancy-related risk factors

The following groups are at increased risk for GBS disease:

- Pregnant and postpartum women
- Fetuses
- Neonates

For neonatal disease, risk is higher among infants born to women with

- GBS colonization
- Prolonged rupture of membranes
- Preterm delivery

### Other factors

Other factors that can increase adults' risk of GBS disease include:

- Age
- Medical conditions
- Race

### Age

**Risk increases with age:** Adults 65 years or older are at increased risk compared to adults younger than 65 years old.

### Medical conditions

Medical conditions that can increase adults' risk include:

- Cancer
- Cardiovascular disease
- Diabetes mellitus
- Obesity

## Race

Experts don't know why, but disease rates are also substantially higher among African American people.

## How it spreads

Asymptomatic carriage in gastrointestinal and genital tracts is common. Intrapartum transmission via ascending spread from the vagina occurs. Mode of transmission of disease in men and non-pregnant women is not completely known.

## Disease rates and trends

### Active surveillance for GBS disease



Surveillance for invasive GBS disease is ongoing in a multistate population through Active Bacterial Core surveillance (ABCs).

[Active Bacterial Core surveillance \(ABCs\)](#)

Since its introduction, intrapartum antibiotic prophylaxis has decreased disease in neonates in the first week of life. However, GBS bacteria remain a **leading cause of meningitis and bloodstream infections** in neonates younger than 3 months old.

#### KEEP READING:

[Surveillance and Trends](#)

## Clinical features

### Neonates

In neonates, **two syndromes** exist for GBS disease:

- Early-onset (<7 days old)
- Late-onset (7–89 days old)

Both can manifest as bacteremia, sepsis, pneumonia, and meningitis.

### Adults

**Most common manifestations** of severe infections in adults are bacteremia (including sepsis) and skin and soft tissue infections.

### During pregnancy

Pregnancy-related infections and complications include:

- Bloodstream infections (including sepsis)
- Intraamniotic infection
- Urinary tract infection
- Preterm delivery
- Stillbirth

## Prevention

### "Prevent Group B Strep" app



Obstetric providers: Use this app to achieve better implementation of GBS prevention guidelines.

[Learn more about the app](#)

Early-onset GBS disease can be prevented through intrapartum antibiotic prophylaxis. However, no effective strategy has yet been identified for how to prevent late-onset disease or adult disease.

**KEEP READING:**  
[Clinical Guidelines](#)

## Complications

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Neurologic sequelae include sight or hearing loss and cerebral palsy. Death occurs in about 5% of infants and adults.

## Drug resistance

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There has been widespread use of intrapartum antibiotic prophylaxis to prevent early-onset GBS disease. This antibiotic use has raised concern about the development of antibiotic resistance among GBS isolates.

Learn more about GBS resistance: [ABCs Bact Facts Interactive Data Dashboard](#)

## Challenges and opportunities

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Public health experts are working to

- Implement universal screening in all prenatal healthcare settings
- Monitor potential adverse consequences of increased use of antibiotics
- Identify a strategy for prevention of late-onset disease and adult disease
- Provide the evidence base for decision-making related to interventions, including candidate maternal vaccines

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### SOURCES

**CONTENT SOURCE:**  
[National Center for Immunization and Respiratory Diseases](#); [Division of Bacterial Diseases](#)