**Accessible Version:** https://www.cdc.gov/abcs/bact-facts/data-dashboard.html **Data Download:** https://data.cdc.gov/browse?q=abcs%20bactfacts&sortBy=relevance

# Topic

Cases and Deaths

Case Rates

Death Rates

Syndromes

Serotypes

Antibiotic Resistance

Surveillance Report

# Year

2019

*Dataset version: Mar 2021 Final run: Jun 16, 2021* 

**Note:** Click <u>here</u> to access Surveillance Reports prior to 2019.



Data Download

Group A Streptococcus

Group B Streptococcus

# Active Bacterial Core Surveillance (ABCs) Repo Emerging Infections Program Network Group B *Streptococcus*, 2019

**ABCs Areas:** California (3 county San Francisco Bay area); Colorado (5 d area); Connecticut; Georgia (20 county + State <1 year); Maryland; Min Mexico; New York (15 county Rochester and Albany areas); Oregon (3 d Portland area); Tennessee (20 counties).

**ABCs Population:** The surveillance areas represent 37,930,585 person live births. Source: 2019 Bridged-race vintage postcensal file and natal National Center for Health Statistics (NCHS)1.

**ABCs Case Definition:** Invasive bacterial disease is defined as isolation *Streptococcus* from a normally sterile site or detection of ABCs pathogo nucleic acid in a specimen obtained from a normally sterile body site, or validated molecular test in a resident of one of the surveillance areas. I cases occur at <7 days old and late-onset between 7 and 89 days old.

**ABCs Methodology:** ABCs personnel routinely contacted all microbiology laboratories serving acute care hospitals in their area to identify cases. Standardized case report forms that include information on demographic characteristics, clinical syndrome, and outcome of illness were completed for each identified case. From select surveillance areas, whole genome sequencing (WGS) was conducted for all group B *Streptococcus* isolates, which includes deduction of capsular serotype and minimum inhibitory concentration (MIC) predictions, including PBP2x typing to detect decreased beta lactam susceptibility. A strategic subset of isolates was targeted for conventional MIC determination. Regular laboratory audits assessed completeness of active surveillance and detected additional cases.

Rates of early-onset and late-onset group B streptococcal disease were calculated using live birth estimates for 2019. All other rates were calculated using population estimates from the bridged-race vintage postcensal file. For national estimates of cases, race- and age-specific rates of disease were applied from the aggregate surveillance area to the age and racial distribution of the U.S. population and to live birth estimates for early-onset and late-onset disease. Cases with missing data, excluding ethnicity, were multiply imputed using sequential regression imputation methods.

	Haemophilus influenzae						Neisseria meningitidis					Streptococcus pneumoniae				
or	t	ABC	s P	Profiles							То	Topic Ca		ses Deaths		
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o. ⊏d √	rly-onset	**Rates are per 1,000 live births for ABCs areas									*Rates are per 100,000 population for ABCs areas					

#### **¶** Surveillance Note

Missing race (n=388, including 35 cases <1 year old) data were multiply imputed using sequential regression imputation methods.

## National Estimates of Invasive Disease

Early-Onset Cases: 700 (0.19/1,000 live births) Late-Onset Cases: 1,250 (0.33/1,000 live births) Total Cases: 32,700 (10.00/100,000 population) Deaths: 2,000 (0.61/100,000 population)

## **Reference (1)**

National Center for Health Statistics. Vital Statistics Birth Data File. All-county file data file and documentation. 2019.

## Citation

Centers for Disease Control and Prevention. 2019. Active Bacterial Core Surveillance Report, Emerging Infections Program Network, Group B Streptococcus, 2019.

www.cdc.gov/abcs/downloads/GBS\_Surveillance\_Report\_2019.pdf

