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Screening for Group “B” Streptococci (GBS) from Urine Specimens

Group B streptococcus (GBS) remains a leading cause of serious neonatal infection despite great progress in perinatal GBS disease prevention in the 1990s. Much guidance about the need of screening for and treatment of GBS has been published by CDC (<http://www.cdc.gov/groupbstrep>), The American College of Obstetricians and Gynecologists (<http://www.acog.org>), American Academy of Pediatrics (<http://www.aap.org>), and other professional organizations.

The following information appeared in an article titled “Laboratory Practices for Prenatal Group B Streptococcal Screening – Georgia, 2003” in Georgia Epidemiology Report, November, 2004.

“As one of 11 states participating in the Centers for Disease Control and Prevention (CDC) Emerging Infections Program (EIP), Georgia is trying to identify ways to reduce GBS disease, beginning with the recognition of cases.....Surveillance has shown that rates of early-onset GBS disease (during the first week of life) are higher in Georgia than in all EIP states combined.” In the light of this finding, extra efforts to encourage GBS screening are expected.

CDC Recommendation regarding GBS Bacteriuria:

“The presence of GBS bacteriuria in any concentration in a pregnant woman is a marker for heavy genital tract colonization. Therefore, women with any quantity of GBS bacteriuria during pregnancy should receive intrapartum chemoprophylaxis.GBS can cause both symptomatic and asymptomatic urinary tract infections, which should be diagnosed and treated according to current standards of care for urinary tract infections in pregnancy. Women with GBS urinary tract infections during pregnancy should receive appropriate treatment at the time of diagnosis as well as intrapartum GBS prophylaxis. Laboratory personnel should report any presence of GBS bacteriuria in specimens obtained from pregnant women. For this to occur, labeling of urine specimens to indicate that they were obtained from a pregnant woman is imperative.”

Thus the need for a separate test to distinguish “routine” urine culture to rule out UTI versus urine culture to “screen for GBS” during pregnancy, has become evident. A new test titled “Urine Culture for Group B Streptococci” (Test Code 2233) is available from Doctors Laboratory that follows a different, distinct protocol designed for the enhanced recovery and screening specifically for GBS, based upon the recommendations of CDC. The culture media used for both tests are distinctly different and can not be substituted.

- Please note that this expanded protocol does not change the current recommendation of universal prenatal culture-based screening for vaginal and rectal GBS colonization of all pregnant women at 35--37 weeks' gestation.

For your convenience, the following table is included, which is based upon CDC recommendations of August, 2002 and may help decide which test(s) to order for the purpose intended.

Purpose	Test(s) to Order	Specimen(s) required	CPT Code(s)
Universal screening for GBS, GBS bacteriuria and for routine UTI	2260, 2233 and 219	(1) Vagino-rectal swab (2) Clean-catch urine, with or without urine preservative	87070, 87081, 87086 and 87088
To Screen for GBS Bacteriuria	2233	Clean catch urine, with or without preservative	87081
To diagnose UTI AND to screen for GBS	219 and 2233	Clean catch urine, with or without preservative	87086, 87088 & 87081
To diagnose routine UTI	219	Clean catch urine, with or without preservative	87086 & 87088

While Doctors Laboratory will continue to report incidental finding of GBS in urine specimens submitted for routine UTI diagnosis in females of child-bearing age for the benefit of our clients, the sole focus of routine "Urine Culture" (Test 219) will be to rule out UTI. Similarly, the sole focus of "Urine Culture for Group B Streptococci" (Test code 2233) will be to rule out any presence of GBS.

Currently included comment on routine urine cultures "No Group B Streptococci isolated" on females of child-bearing age, will no longer be included in final report effective March 1, 2005 because of these changes.