

Test Bulletin

PCR Testing for Group B Streptococcus

Benefits of PCR Testing
Versus
Bacterial Culture Method:

- ENHANCED SENSITIVITY
- FASTER TURNAROUND TIME FOR RESULTS

In CompuNet validation studies, nearly 7% of bacterial cultures reported as negative for Group B Strep were POSITIVE when re-tested using the PCR method.

Clinical Summary

Group B streptococcus (GBS) can be found in the digestive, urinary, and genital tracts of adults. Although GBS infection usually does not cause problems in healthy women before pregnancy, it can cause serious illness for the mother and baby during pregnancy and after delivery. One out of every four to five pregnant women carries GBS in her rectum or vagina. In the pregnant mother, GBS infection may cause chorioamnionitis and postpartum infection. Urinary tract infections caused by GBS can lead to pre-term labor and birth.

Newborns can contract GBS during pregnancy, or from the mother's genital tract during labor and delivery. GBS is the most common cause of life-threatening infections in newborns, including pneumonia and meningitis. About one out of every 100 to 200 babies whose mothers carry GBS develop symptoms of GBS disease. Infections in the infant can be localized, or may involve the entire body. In babies, GBS infections are divided into early-onset and late-onset disease. Early-onset disease presents within the first six days of life with breathing difficulty, shock, pneumonia and occasionally meningitis. Late-onset disease presents between the seventh day and the third month of age with bacteremia or meningitis. The bacteria can also infect an area of bone, typically a joint, like the knee or hip, or the skin.

GBS infection in the newborn is a serious and potentially life-threatening event, particularly because fever and warning signs are often minimal or absent, and because the newborn's immune system is not mature. Early signs of infection can be as subtle as poor feeding, lethargy, or poor temperature control. Women with vaginal GBS can transmit it to their infant before birth, after the membranes are ruptured, or during delivery. These babies have a .5 to 1 percent chance of contracting early-onset infection. The risk rises with premature infants, infants born more than 18 hours after the amniotic membranes have ruptured, and infants whose mothers had fever, evidence of infection of the uterus lining, or infection of the urinary tract during labor and delivery. With many infants discharged less than 24 hours after birth today, there is growing pressure to culture all women during pregnancy for GBS.

CompuNet offers a GBS PCR assay, which can be ordered as an alternative to bacterial culture. Because of its enhanced sensitivity, CompuNet recommends that PCR be considered as a method of choice for prenatal GBS screening.

Test Ordering Information

Test Code: 74273

CPT Codes*: 87653

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payor being billed.

Specimen requirements:

Vaginal/Rectal culture swab

Testing Frequency: Monday-Saturday

For more information regarding any molecular-based test, contact:
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