



Towards a Belgian Consensus for Prevention of Perinatal Group B Streptococcal Disease

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Belgian GBS Key Steps

- ◆ 1985, A thesis at University of Liege
- ◆ 1985-1994 Several local studies
- ◆ Since 1995, Belgian GBS reference laboratory
- ◆ 1998-2000, Regional surveys and multi-centric studies
- ◆ 2001, "Consensus" meeting
- ◆ End 2001, "Guidelines" by Belgian Associations of Gynecologists and Obstetricians
- ◆ June 2002, Working group appointed by Ministry of Health
- ◆ End 2002, Expected launch of Belgian guidelines



BELGIUM

In 1999

Total population : 10 213 752

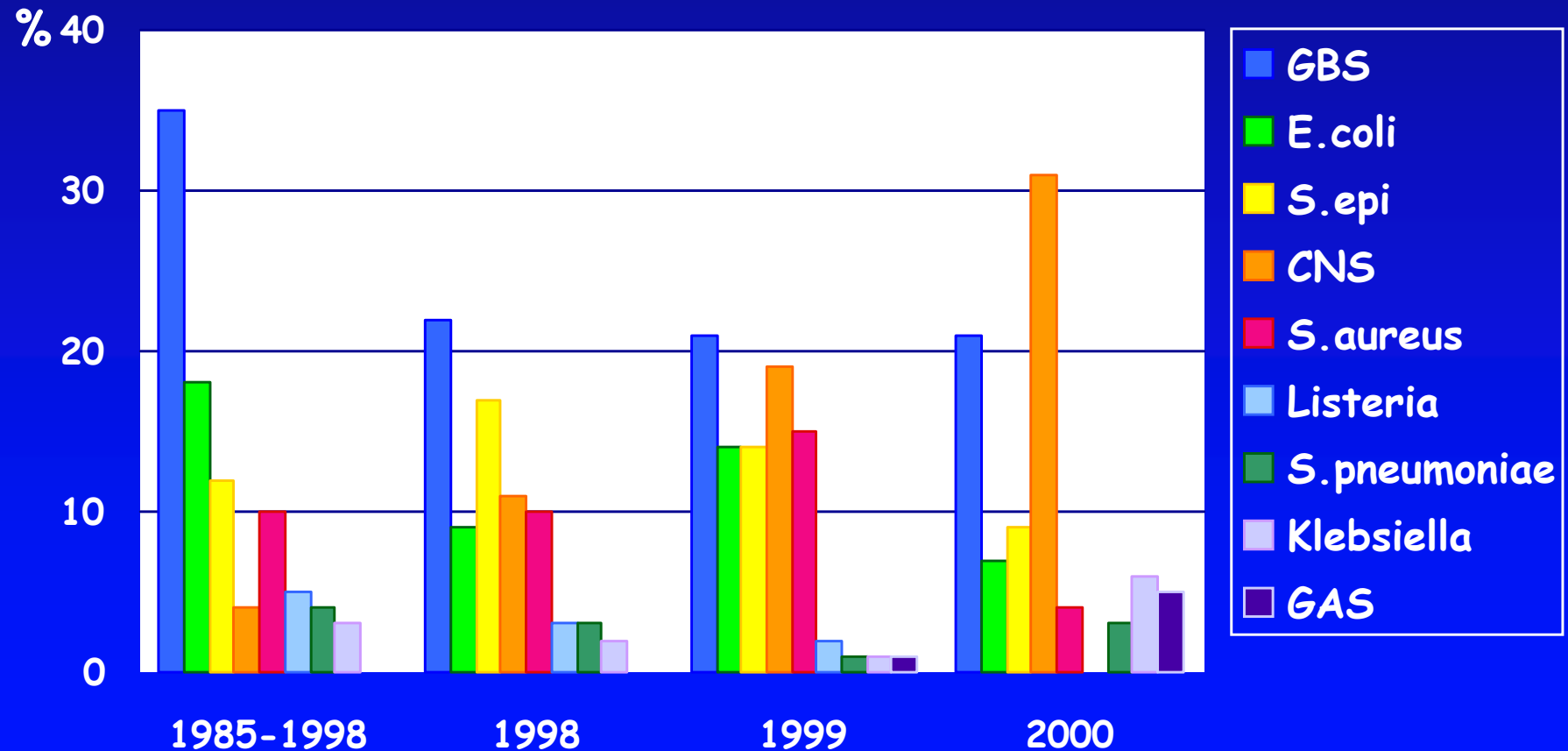
Births : 114 276

> 65 years : 1 697 453

INS, Ministère des affaires économiques, 2000

Belgian Epidemiology

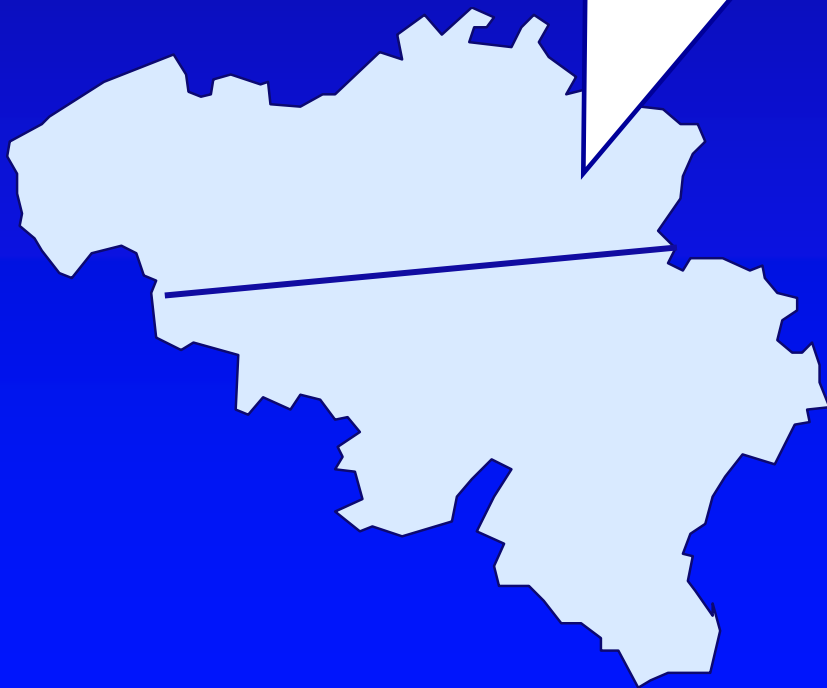
Occurrence of pathogens in neonatal (0-28 D) septicemia and meningitis (ISP Lab.Network)



Neonatal GBS Early Onset Disease Belgian Background in 2001

- ◆ 1999-2001, EOD:LOD = 4:1
- ◆ Meningitis : 10 %
- ◆ Mortality > 14 %
- ◆ Incidence
 - ◆ 1985: 3/1000 live births
 - ◆ 1990: 3/1000 live births + 4/1000 likely cases
 - ◆ 1999, estimated : 2/1000
- ◆ 60 % EOD had NO maternal risk factor
- ◆ Prenatal screening, vagina/rectum : 13-25 %

Prevention of neonatal GBS EOD
From where are we coming ?



2 mail surveys:

◆ French Community,
1998-1999

*P.Melin, 40th ICAAC, #1746,
2000*

◆ Flemish Community,
1999

*L.Mahieu, 2000, J Obst Gyn;
5:460-4*

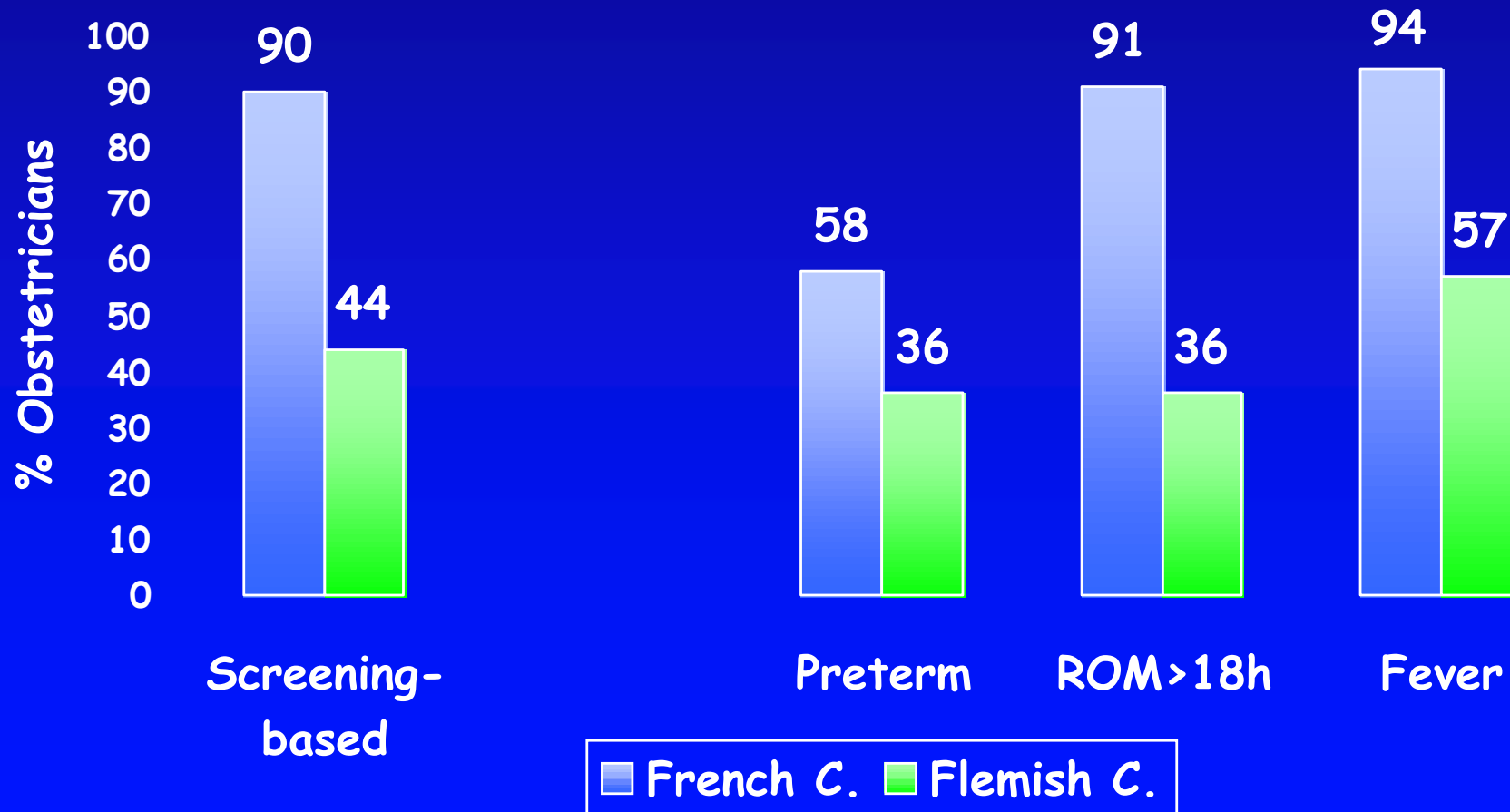
Practices Related to Prevention of Neonatal GBS EOD

- ◆ Objective of surveys: to measure "GBS" practices
 - ◆ Evaluation by comparison to CDC 1996 guidelines
 - ◆ As baseline before national expert consensus guidelines
- ◆ Design
 - ◆ Setting
 - ◆ French Community(Fr) and Flemish Community (Fl)
 - ◆ Participants
 - ◆ All obstetric departments supervisors (Fr), all obstetricians (Fl and Fr) and all microbiologists (Fr)
 - ◆ Mail survey, November 1998-March 1999

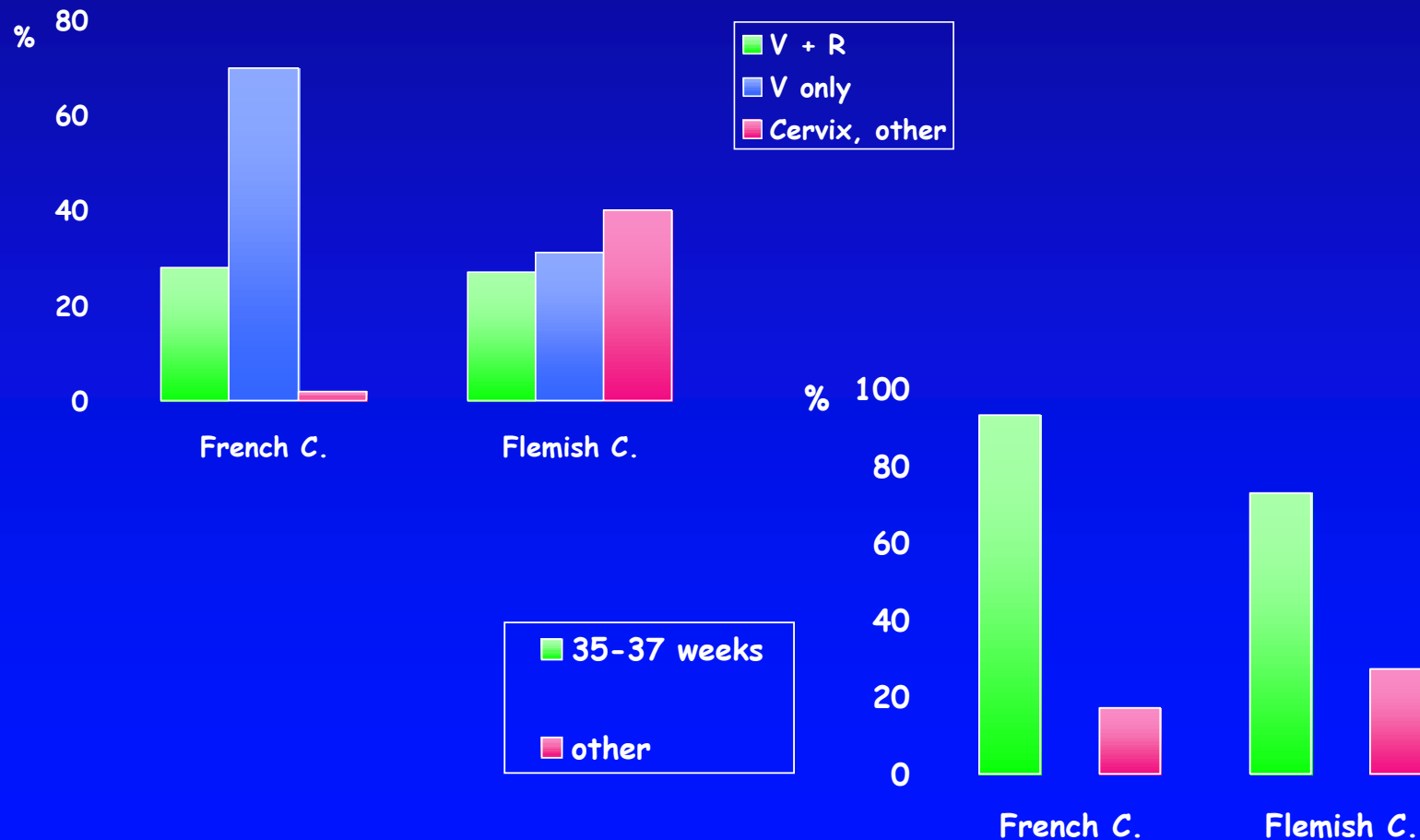
Practices related to Prevention of Neonatal GBS EOD in Belgium

- ◆ Questions related to
 - ◆ Demographic data
 - ◆ Knowledge of neonatal GBS disease
 - ◆ Attitudes and practices related to screening and intrapartum prophylaxis
 - ◆ Swabs, timing, proportion of women screened, RF, IAP (who, timing, regimen), laboratory processing
- ◆ Main outcome
 - ◆ Proportion of hospital policy and individual practice according CDC 1996 guidelines

Obstetricians' Compliance with CDC guidelines - Approaches



Obstetricians' Compliance with CDC guidelines - Screening



Compliance with CDC guidelines

- Intrapartum antibioprohylaxis:
 - ◆ Penicillin as first choice ~ 20 %
 - ◆ Dosage and schedule : frequently inadequate
 - ◆ In Northern Belgium : 15 % oral route
- Prenatal screening :
 - ◆ Rarely use of selective broth
- Geographical differences
- OB with < 10 years practice : the bests
- Hospital policy (Fr.C), total agreement : 30%
- Lack of partners' coordination

Perinatal Group B Streptococcal Diseases Towards a Belgian Consensus

November 17, 2001

Invited attendance:

Obstetricians

Neonatologists

Medical microbiologists

Infectious disease specialists

Foreign invited speakers:

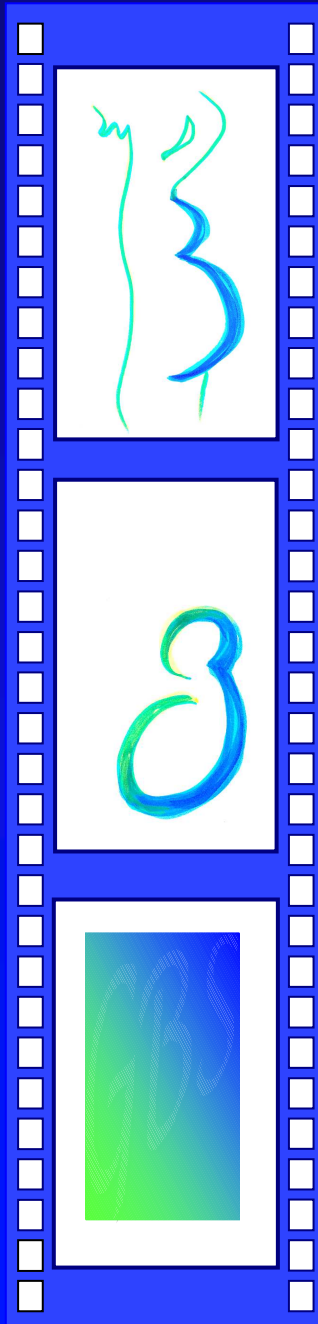
S.Schrag, CDC, USA

D.Davies, Calgary, Canada

B.Brodeur, Laval, Canada

M. de la Rosa, Granada, Spain

*Supported by professional
associations*



"Towards a Belgian consensus" - Program

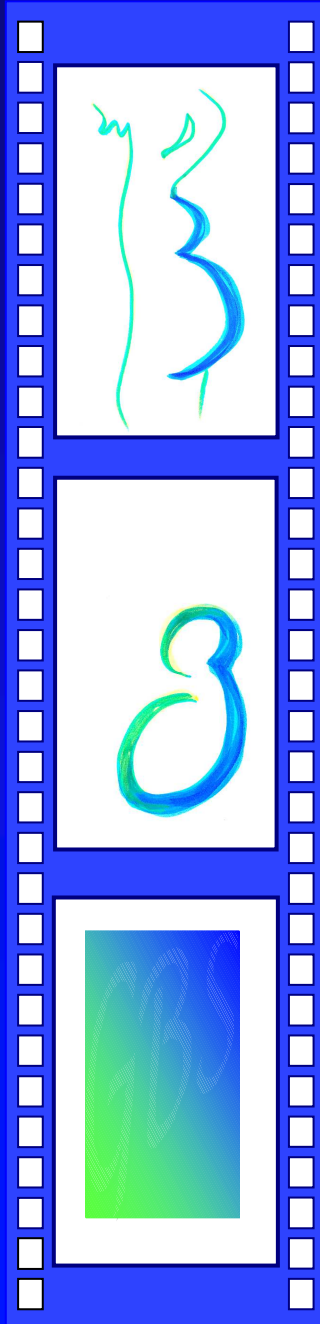
- ◆ Worldwide and Belgian GBS burden
- ◆ Guidelines for prevention
 - ◆ Comparative cost-effectiveness of different approaches
 - ◆ Successes and adverse effects
- ◆ Management of neonates with risk factors for GBS disease
- ◆ Microbiology, logistic and special problems
- ◆ Vaccine perspective
- ◆ Belgian survey
- ◆ Interactive session

"Towards a Belgian consensus"

Interactive session

- ◆ Voting and discussion panel
- ◆ Demographic data
- ◆ Data about their current policy
- ◆ To reach a consensus
 - ◆ Cut-off ≥ 80 % of agreement

Perinatal Group B Streptococcal Diseases Towards a Belgian consensus



- Support for universal prenatal GBS screening-based approach : **93 %**
- Support for Penicillin G as the 1st choice : **92 %**
- Integration of selective postnatal antibioprohylaxis for neonates at high risk : **79 %**
- *Ready for an intrapartum rapid screening-based approach when available : 47 %*

"Towards a Belgian consensus" Follow-up

- ◆ Belgian Ministry of Health
 - ◆ A GBS working group appointed
 - ◆ Drafting of recommendations for the prevention of perinatal GBS disease
 - ◆ Expected deadline : end 2002
- ◆ European workshop
 - ◆ GBS neonatal disease prevention, Granada, November 2002

**Belgian Challenge =
To prevent annually > 200 cases
of neonatal GBS EOD**



Co-organizers of "Consensus"
meeting

Gerda Verschraegen, Univ. Gent
Ludo Mahieu, Univ. Antwerpen
Geert Claeys, Univ. Gent

Collaborators, Univ. Liege

Jean-Michel Foidart
Patrick De Mol
Myriam Schmitz
Isabelle Heinrichs