

Topic


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Year

2021

*Dataset version: May 2023
Final run: Jun 2, 2023*

Note: Click [here](#) to access and download Surveillance Reports.

 **Data Download**

Group A *Streptococcus* (GAS) | **Group B *Streptococcus* (GBS)** | *Haemophilus influenzae* (HFlu) | *Neisseria meningitidis* (NMen) | *Streptococcus pneumoniae* (SPN) | [Bact Facts](#)

**Active Bacterial Core Surveillance (ABCs) Report
Emerging Infections Program Network
Group B *Streptococcus*, 2021**

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

ABCs Population: The surveillance areas represent 38,330,701 persons and 470,076 live births. Source: Census Bureau's Vintage 2021 population estimates and natality data from National Center for Health Statistics (NCHS)¹.

ABCs Case Definition: Invasive bacterial disease is defined as isolation of group B *Streptococcus* from a normally sterile site or detection of ABCs pathogen-specific nucleic acid in a specimen obtained from a normally sterile body site, using a validated molecular test in a resident of one of the surveillance areas. Early-onset 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 2021. All other rates were calculated using population estimates from the Vintage 2021 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.[†]

ABCs Profiles

Race	No.	Rate*	Ethnicity	No.	Rate*	Cases		Deaths		
						Age (years)	No.	Rate*	No.	Rate*
Black	705	10.3	Hispanic	366	6.5	<1	226	49.3	11	2.40
White	2,415	9.0	Non-Hispanic	2,679	-	1	1	0.2	0	0.00
Other	254	5.3	Unknown	328	-	2-4	1	0.1	0	0.00
*Rates are per 100,000 population for ABCs areas						5-17	9	0.1	0	0.00
						18-34	136	1.6	5	0.06
						35-49	504	6.6	33	0.43
						50-64	1,055	14.2	51	0.68
						65-74	688	18.5	63	1.69
						75-84	489	28.2	40	2.31
						≥85	263	40.6	23	3.55
						Total	3,372	8.8	226	0.59
**Rates are per 1,000 live births for ABCs areas						*Rates are per 100,000 population for ABCs areas				

National Estimates of Invasive Disease
 Early-Onset Cases: 750 (0.2/1,000 live births)
 Late-Onset Cases: 820 (0.22/1,000 live births)
 Total Cases: 29,100 (8.80/100,000 population)
 Deaths: 1,970 (0.59/100,000 population)

Reference (1)
 National Center for Health Statistics. Vital Statistics Birth Data File. All-county file data file and documentation. 2021.

† Surveillance Note
 Missing race (n=394, including 17 cases <1 year old) data were multiply imputed using sequential regression imputation methods.

Citation
 Centers for Disease Control and Prevention. 2021. Active Bacterial Core Surveillance Report, Emerging Infections Program Network, Group B *Streptococcus*, 2021. www.cdc.gov/abcs/downloads/GBS_Surveillance_Report_2021.pdf