



COVID-19

Please know that we are open fully during this time, with our same regular hours including nights and weekends. We are taking all the necessary precautions to keep our staff and patients safe. All patients with possible COVID symptoms will be seen by the doctor outside in our parking lot behind the building. All patients entering the building will be temperature checked and required to wear a mask. We hope you are all staying safe and healthy!

Thank you from your

Yelm Family Medicine providers and staff



Committed to your health and our community

International Group B Strep Throat Awareness Month

Causes and Types of Infections

Bacteria called group B *Streptococcus* (group B strep, GBS) commonly live in people's gastrointestinal and genital tracts. The gastrointestinal tract is the part of the body that digests food and includes the stomach and intestines. The genital tract is the part of the body involved in reproduction and includes the vagina in women. Most of the time the bacteria are not harmful and do not make people feel sick or have any symptoms. Sometimes the bacteria invade the body and cause certain infections, which are known as GBS disease.

Types of Infections

GBS bacteria can cause many types of infections:

- Bacteremia (bloodstream infection) and [sepsis](#) (the

- body's extreme response to an infection)
- Bone and joint infections
- [Meningitis](#) (infection of the tissue covering the brain and spinal cord)
- [Pneumonia](#) (lung infection)
- Skin and soft-tissue infections

GBS most commonly causes bacteremia, sepsis, pneumonia, and meningitis in newborns. It is very uncommon for GBS to cause meningitis in adults.

People at Increased Risk and How It Spreads

Anyone can get group B strep (GBS) disease, but some people are at greater risk for disease than others. Being a certain age or having certain medical conditions can put you at increased risk for GBS disease.

IN THIS ISSUE

WE WILL BE CLOSED SATURDAY, JULY 4TH. WE WILL REOPEN SUNDAY, JULY 5TH AT 9 AM. HAVE A SAFE AND FUN HOLIDAY.



GBS disease is most common in newborns. There are factors that can increase a pregnant woman's risk of having a baby who will develop GBS disease, including:

- Testing positive for GBS bacteria late in pregnancy
- Developing a fever during labor
- Having 18 hours or more pass between when their water breaks and when their baby is born

Talk to your doctor or midwife to learn more and find out if you are at risk.

In adults, most cases of GBS disease are among those who have other medical conditions. Other medical conditions that put adults at increased risk include:

- Diabetes
- Heart disease
- Congestive heart failure
- Cancer or history of cancer
- Obesity

Risk for serious GBS disease increases as people get older.

Adults 65 years or older are at increased risk compared to adults younger than 65 years old.

GBS bacteria commonly live in people's gastrointestinal and genital tracts. The gastrointestinal

tract is the part of the body that digests food and includes the stomach and intestines. The genital tract is the part of the body involved in reproduction and includes the vagina in women.

The bacteria do not spread through food, water, or anything that people might have come into contact with. How people get these bacteria or spread them to others is generally unknown.

However, experts know that pregnant women can pass the bacteria to their babies during delivery. Most babies who get GBS disease in the first week of life (early-onset) are exposed to the bacteria this way. Babies who develop GBS disease from the first week through three months of life have late-onset disease. It can be hard to figure out how babies who develop late-onset GBS disease got the bacteria. The bacteria may have come from the mother during birth or from another source.

Other people that live with someone who has GBS bacteria, including other children, are not at risk of getting sick.

[Diagnosis, Treatment, and Complications](#)

If doctors suspect someone has GBS disease, they will take samples of sterile body fluids. Examples of sterile body fluids are blood and spinal fluid. Doctors look to see if GBS bacteria grow from the samples (culture). It can take a few days to get these results since the bacteria need time to grow. Doctors may also order a chest x-ray to help determine if someone has GBS disease. Sometimes GBS bacteria can cause urinary tract infections (UTIs or bladder infections). Doctors use a sample of urine to diagnose urinary tract infections.

Treatment

Doctors usually treat GBS disease with a type of antibiotic called beta-lactams, which includes penicillin and ampicillin. Sometimes people with soft tissue and bone infections may need additional treatment, such as surgery. Treatment will depend on the kind of infection caused by GBS bacteria. Patients should ask their or their child's doctor about specific treatment options.

Complications

Babies may have long-term problems, such as deafness and developmental disabilities, due to

having GBS disease. Babies who had meningitis are especially at risk for having long-term problems. Care for sick babies has improved a lot in the United States. However, 2 to 3 in every 50 babies (4% to 6%) who develop GBS disease will die. GBS bacteria may also cause some miscarriages, stillbirths, and preterm deliveries. However, many different factors can lead to stillbirth, pre-term delivery, or miscarriage. Most of the time, the cause for these events is not known.

Serious GBS infections, such as bacteremia, sepsis, and pneumonia, can also be deadly for adults. On average, about 1 in 20 non-pregnant adults with serious GBS infections die. Risk of death is lower among younger adults and adults who do not have other medical conditions.

Prevention

The two best ways to prevent group B strep (GBS) disease during the first week of a newborn's life are:

- Testing pregnant women for GBS bacteria

- Giving antibiotics, during labor, to women at increased risk

Unfortunately, experts have not identified effective ways to prevent GBS disease in people older than one week old.

Testing Pregnant Women

The American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ACNM) recommend women get tested for GBS bacteria when they are 36 through 37 weeks pregnant. The test is simple and does not hurt. Clinicians use a sterile swab (“Q-tip”) to collect a sample from the vagina and the rectum. They send the sample to a laboratory for testing.

Women who test positive for GBS are not sick. However, they are at increased risk for passing the bacteria to their babies during birth.

GBS bacteria come and go naturally in people's bodies. A woman may test positive for the bacteria at some times and not others. That is why doctors test women late in their pregnancy, close to the time of delivery.

Antibiotics during Labor

Clinicians give antibiotics to women who are at [increased risk](#) of having a baby who will develop GBS disease. The antibiotics help protect babies from infection, but only if given during labor. Doctors cannot give antibiotics before labor begins because the bacteria can grow back quickly.

Clinicians give the antibiotic by IV (through the vein). Clinicians most commonly prescribe a type of antibiotic called beta-lactams, which includes penicillin and ampicillin. However, clinicians can also give other antibiotics to women who are severely allergic to these antibiotics. Antibiotics are very safe. For example, about 1 in 10 women have mild side effects from receiving penicillin. There is a rare chance (about 1 in 10,000 women) of having a severe allergic reaction that requires emergency treatment.

