

Group-B Streptococcal Septicaemia in the Paediatric Intensive Care





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Introduction

Group-B streptococcal (GBS) septicaemia:

- Most common cause of early-onset neonatal sepsis (EOS) in Ireland
- Treatment often initiated within maternity units for EOS
- Late-onset sepsis (LOS) is treated within paediatric units
- EOS with multiple co-morbidities & severe LOS require
 - Transfer to PICU from regional or maternity units
- **UK figures:**
 - 50% of EOS is secondary to GBS
 - · 8% of LOS is secondary to GBS
- Lack of data for LOS in Ireland

Aims To assess the morbidity and mortality of GBS sepsis in PICU

Methods

- · Retrospective chart review
- Included neonates diagnosed with GBS sepsis
 - 5-year period from July 2012 July 2017
 - · Requiring treatment in PICU
 - N=15
- · Patients identified through IntelliVue Clinical Information Portfolio (ICIP) & PICANet
- · Data included:
 - Birth history: gestational age, birth weight, maternal GBS status
 - · Past history: pre-existing co-morbidities
 - Intervention: PICU and hospital length of stay
 - Ventilation days
 - Inotrope requirement
 - Neuroimaging requirement
 - · Outcome: Final disposition, long-term morbidity

OUTCOMES

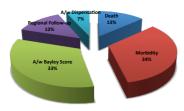


Figure 1. Duration of admissions and therapies

Conclusion

- · GBS screening is not mandatory & not consistently performed in the third trimester
- It is impossible to predict prevention of LOS GBS with prophylaxis
- Given mortality & long-term consequences of GBS, need for screening and investigation into vaccine development.

Duration of Therapy 25 20 AYS 15 10 ■ Hospital LOS ■ PICU LOS ■ Ventilation

Figure 1. Duration of admissions and therapies

Results

- · 15 cases were identified over the 5-year period
 - · 1 case of recurrent LOS GBS sepsis
 - · 12 cases of LOS GBS sepsis
 - · 5 cases of pre-term neonates
 - Mean birth weight 2.74kg
 - Average gestational age 36 weeks
 - · 3 mothers documented as GBS positive
 - · 4 cases have multiple co-morbidities
- Average hospital length of stay of 17 days (2-34 days)
 - 6.13 days in the PICU (1-17 days)
 - 5.25 ventilation days (0-14 days)
 - · 11 cases requiring inotropes
 - · 6 requiring more than one
 - · 6 cases demonstrated abnormal neuroimaging
- Outcomes:
 - Mortality of 13% (N=2)
 - Morbidity of 34% (N=5)
 - Not yet determined/unknown 53% (N=8)
 - · 1 patient not reached dispensation
 - 5 patients still require their Bayley score
 - · 2 patients are followed through local hospitals

Discussion

The case burden in PICU:

- More likely to be LOS than EOS
 - Most EOS diagnosed and treated within maternity units
- More likely to be premature
- More likely to have comorbidities
- Previous epidemiological studies within the UK found overall \overline{GBS} mortality of 9.7%
 - · Study mortality is higher 13%
 - Greater case severity in PICU is expected vs overall surveillance
- Most patients discharged from PICU within 2 days of extubation
 - · Inpatient length of stay was 3 times as long as PICU

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