

MINNESOTA DEPARTMENT OF HEALTH
Emerging Infections Program
Group B Streptococcus Perinatal Prevention Project

FOLLOW-UP SURVEY OF LABORATORY PRACTICES FOR DETECTION OF
GROUP B STREPTOCOCCUS - July 1999

No. _____

Laboratory: _____ Date: ____/____/____

Supervisor, Clinical _____ () _____
Microbiology Laboratory (last name) (first) (phone)
or Survey Respondent () _____
(fax)

1. Does your laboratory perform ON SITE cultures of screening specimens from pregnant women for group B streptococcus (GBS)?

- Yes
- No

If no, where does your laboratory refer specimens for culturing? _____

- Perform cultures, but cannot distinguish specimens from pregnant women
- Other (please specify) _____

IF YOUR LAB DOES NOT PERFORM GBS CULTURES, SKIP TO THE LAST PAGE [Q12]

2. From what anatomical site(s) are specimens collected? CHECK ALL THAT APPLY.

- Vaginal only (estimated % of specimens ____%)
- Cervical only (estimated % of specimens ____%)
- Rectal only (estimated % of specimens ____%)
- Vaginal/Rectal combination (estimated % of specimens ____%)
- Other combination, please specify: _____ (estimated % of specimens ____%)
- Other site, please specify: _____ (estimated % of specimens ____%)
- If requested, specimens are cultured when the anatomical site is not known (estimated % of specimens cultured with site/source unknown: ____%)
- Urine (estimated % of specimens ____%)

3. Which of the following PRIMARY agar plating media (direct use with specimen) does your laboratory use for the isolation of GBS? (Note: there is a separate question for plating media used for subculturing enrichment broth.)

1. Selective solid media
Specify type(s): _____
2. Non-selective solid media
Specify type(s): _____
3. No primary plating media used

4. Which of the following PRIMARY broth enrichment media does your laboratory use for the isolation of GBS?

1. Selective broth enrichment
 - 9 LIM
 - 9 Todd-Hewitt + gentamicin and nalidixic acid
 - 9 NPC broth + antibiotic
 - 9 Other (please specify) _____
2. Non-selective broth enrichment
 - 9 thioglycolate broth
 - 9 TSB
 - 9 BHI
 - 9 Todd-Hewitt
 - 9 Other (please specify) _____
3. No enrichment broth used (skip to Question 6)

5. Which of the following plating media does your laboratory use to subculture enrichment broth for the isolation of GBS?

1. Selective solid media
 - 9 CNA
 - 9 PEA
 - 9 Other (please specify) _____
2. Non-selective solid media
 - 9 sheep blood agar
 - 9 Other (please specify) _____
3. No plating media used to subculture enrichment broth

5a. How long are cultures incubated on solid media before they are reported as negative?

1. 18-24 hours
2. 48 hours
3. Other, specify: _____

6. Which of the following procedure(s) does your laboratory use for the identification of GBS from culture? CHECK ALL THAT APPLY.

1. Slide agglutination/coagglutination to identify group B antigen
2. Fluorescent antibody
3. Genetic probe
4. CAMP (Presumptive only)
5. Optical immunoassay
6. Hippurate hydrolysis
7. Other, specify: _____

7. Does your laboratory ever use antigen kits for the detection of GBS directly from specimens (genital tract or rectal) rather than culture?

1. Yes
If yes, what proportion of the specimens are tested with kits? _____%
2. No

8. From which of the following providers does your laboratory process specimens for GBS?
CHECK ALL THAT APPLY.

1. Physicians' Offices (non-hospital based)
2. Other ambulatory sites, specify: _____
3. Hospital-based setting, inpatient
4. Hospital-based setting, outpatient
5. Other, specify: _____

9. To which providers are laboratory reports of GBS results sent? CHECK ALL THAT APPLY.

1. Provider who submitted the specimen(s)
2. Clinicians at labor and delivery sites
3. Other, specify: _____

10. How are laboratory reports of GBS results reported to the above providers? CHECK ALL THAT APPLY.

1. Electronically
Are results available by computer to the provider 24 hours a day?
_____ yes _____ no
2. Courier system
3. U.S. Mail
4. Telephone
5. Fax
6. Other, specify: _____

11. If you receive a cervical specimen, do you inform the provider that cervical specimens are inappropriate (vaginal and rectal are required)?

- Yes
 No

12. Any additional comments?

We will be happy to send you a summary of the survey results. Please fill out the following:

Name: _____

Facility: _____

Address: _____

City: _____ State: _____ ZIP: _____

Please return survey in attached envelope or mail to: