



Xpert® Xpress GBS

When a Quick and Reliable Diagnosis Is Essential

Group B *Streptococcus* (GBS) can be vertically transmitted from the mother to the child through the birth canal. It remains the most common cause of neonatal sepsis and meningitis. Associated to high morbidity and mortality, GBS neonatal infections are considered a major public health problem.¹



1 out of 4

pregnant women are colonised by GBS²



Only 41% of women

who are GBS positive antenatally are confirmed to be positive intrapartum³



8% (EU)–20% (Africa)

fatality ratio of early-onset disease⁴



\$5,819

average hospitalisation cost of a newborn with an early onset infection⁵



Xpert Xpress GBS

Accuracy for your patients

Xpert **Xpress** GBS* is a qualitative *in vitro* diagnostic test designed to detect GBS DNA from vaginal/rectal swab specimens. Testing with Xpert **Xpress** GBS is indicated for **rapid identification of intrapartum GBS colonisation**.

It provides accurate results for an adequate intrapartum treatment of GBS-colonised women and decreases the risk of neonatal early-onset disease.



Dual Targets

in highly conserved regions to increase GBS strain coverage



Turnaround Time

Positive results obtained in approximately 30 minutes[#]



Intrapartum Performance

Sensitivity 93.5%*
Specificity 95.5%*



SAC

(Sample Adequacy Control)

Your Needs

Identify

Know the GBS carriage status of women at the time of delivery



Our Answers

GBS colonisation can be **transient**. There is a **high risk of GBS status change** following screening at 35-37 weeks of gestation.³

A study by Young et al. demonstrated that the sensitivity of antenatal screening was 69% when compared to intrapartum culture.⁶

In addition, some women present at the delivery room with unknown GBS status.^{7,8}

Decide

Access to accurate and quick results



With positive results in less than an hour, **Xpert Xpress GBS enables on-demand intrapartum testing** 24 hours a day, 7 days a week.

It demonstrated a sensitivity and specificity of 93,5% and 95,5%* respectively and a negative predictive value (NPV) of 99,4%*.

Prescribe

Administer intrapartum antibiotic prophylaxis (IAP) only to GBS colonised women



Benefit of intrapartum testing with Xpert **Xpress** GBS

- **Decreased use of unnecessary IAP** in women not otherwise indicated for prophylaxis.
- **Reduced antibiotic exposure on newborns**. Any disturbance of the initial process of colonisation by the microbiome could be associated with **increased body mass, diabetes, inflammatory diseases of the digestive tract, and allergies**.⁹⁻¹¹



Statements in favour of Intrapartum GBS Screening

European Consensus of 2014

Intrapartum GBS screening and antibiotic prophylaxis: a European consensus conference⁷

ASM 2021

Guidelines for the Detection and Identification of Group B *Streptococcus*⁸



CE-IVD. *In Vitro* Diagnostic Medical Device. May not be available in all countries. Not available in the United States.

* Package Insert Xpert **Xpress** GBS 302-7665

With Early Assay Termination for positive results

- 1 Ferula A, et al. Bacterial and host determinants of group B streptococcal infection of the neonate and infant. *Front Microbiol*. 2022 Feb 21;13:820365.
- 2 About Group B Strep | CDC [Internet]. [Last access: 2022 May 18]. Available from: <https://www.cdc.gov/groupbstrep/about/index.html>
- 3 Zietek M, et al. Intrapartum PCR assay is a fast and efficient screening method for Group B *Streptococcus* detection in pregnancy. *Ginekol Pol*. 2020;91(9):549-53
- 4 Gonçalves BP, et al. Group B *streptococcus* infection during pregnancy and infancy: estimates of regional and global burden. *Lancet Glob Health*. 2022 Apr 28
- 5 El Helali N, et al. Point-of-Care Intrapartum Group B *Streptococcus* Molecular Screening. Effectiveness and costs. *Obstet Gynecol* 2019 Feb;133(2):276-281
- 6 Young BC, et al. Evaluation of a rapid, real-time intrapartum group B *streptococcus* assay. *Am J Obstet Gynecol*. 2011 Oct;205(4):372.e1-6.
- 7 Di Renzo et al. Intrapartum GBS screening and antibiotic prophylaxis: a European consensus conference. *J Maternal Fetal Neonatal Med*. 2014;1-17. Available at: <https://pubmed.ncbi.nlm.nih.gov/25162923>
- 8 ASM, July 2021, Guidelines for the Detection and Identification of Group B *Streptococcus* - Revised Guidelines from CDC, 2021
- 9 Arbolea S, et al. Intestinal microbiota development in preterm neonates and effect of perinatal antibiotics. *J Pediatr*. 2015 Mar;166(3):538-44
- 10 Zimmermann P, et al. Effect of intrapartum antibiotics on the intestinal microbiota of infants: a systematic review. *Arch Dis Child Fetal Neonatal Ed*. 2020 Mar;105(2):201-8.
- 11 Blaser MJ et al., Infant antibiotic exposures and early-life body mass, *Int J Obes (Lond)*. 2013 January; 37(1): 16-23

CORPORATE HEADQUARTERS

904 Caribbean Drive
Sunnyvale, CA 94089 USA

TOLL FREE +1.888.336.2743
PHONE +1.408.541.4191
FAX +1.408.541.4192

EUROPEAN HEADQUARTERS

Vira Solelh
81470 Maurens-Scopont France

PHONE +33.563.82.53.00
FAX +33.563.82.53.01
EMAIL cepheid@cepheideurope.fr

www.Cepheidinternational.com

© 2022-2025 Cepheid. 3293-02.a

