Listeriosis

Merlin disease code=02700
Case report form (CRF): Listeria CRF (Spanish)
MERLIN EXTENDED DATA REQUIRED
PAPER CRF REQUIRED

Clinical criteria for case classification

Invasive listeriosis
- Systemic illness caused by Listeria monocytogenes manifests most commonly as bacteremia or central nervous system infection. Other manifestations can include pneumonia, peritonitis, endocarditis, and focal infections of joints and bones.
- Pregnancy-associated listeriosis has generally been classified as illness occurring in a pregnant woman or in an infant ≤28 days old. Listeriosis may result in pregnancy loss (fetal loss before 20 weeks gestation), intrauterine fetal demise (≥20 weeks gestation), pre-term labor, or neonatal infection, while causing minimal or no systemic symptoms in the mother. Pregnancy loss and intrauterine fetal demise are considered to be maternal outcomes.
- Neonatal listeriosis commonly manifests as bacteremia, central nervous system infection, or pneumonia, and is associated with high fatality rates. Transmission of Listeria from mother to baby transplacentally or during delivery is almost always the source of early-onset neonatal listeriosis (diagnosed between birth and 6 days), and the most likely source of late-onset neonatal listeriosis (diagnosed between 7 and 28 days).

Non-invasive Listeria infections
- Listeria infection manifesting as an isolate from a non-invasive clinical specimen suggestive of a non-invasive infection includes febrile gastroenteritis, urinary tract infection, and wound infection.

Laboratory criteria for case classification

Confirmatory:
Isolation of L. monocytogenes from one of the following:
  - A normally sterile site reflective of an invasive infection (excluding sources such as urine, stool, or external wounds);
  - Or products of conception (e.g., chorionic villi, placenta, fetal tissue, umbilical cord blood, amniotic fluid) collected at the time of delivery for pregnancy loss, intrauterine fetal demise, or birth;
  - Or a non-sterile neonatal specimen (e.g., meconium, tracheal aspirate, but not products of conception) collected within 48 hours of delivery.

Presumptive:
Detection of L. monocytogenes by culture-independent diagnostic testing from one of the following:
  - A normally sterile site reflective of an invasive infection;
  - Or products of conception collected at the time of delivery for pregnancy loss, intrauterine fetal demise, or birth;
  - Or a non-sterile neonatal specimen collected within 48 hours of delivery.

Supportive:
Isolation of L. monocytogenes from a non-invasive clinical specimen (e.g., stool, urine, wound, or other specimen not specified in confirmatory laboratory criteria).
Epidemiological criteria for case classification
One or more of the following:

- A neonate whose mother has confirmatory or presumptive laboratory evidence from products of conception
- **Or** both of the following:
  - A clinically compatible neonate
  - **Whose** mother has confirmatory or presumptive laboratory evidence from a normally sterile site,
- **Or** both of the following:
  - A mother who gave birth to a neonate with confirmatory or presumptive laboratory evidence
  - **And** the neonatal specimen was collected up to 28 days after birth.

Case classification
Confirmed:
A person with confirmatory laboratory evidence.

Probable:
Either of the following:
- A person with presumptive laboratory evidence
- **Or** a mother or neonate with epidemiologic criteria.

Suspect:
A person with supportive laboratory evidence.

Criteria to distinguish a new case from previous reports
There is currently insufficient data available to support a routine recommendation for criteria to distinguish a new case of listeriosis from prior reports or notifications. Duplicate or recurring reports of listeriosis in an individual should be evaluated on a case by case basis.

Comments
Meningitis due to *L. monocytogenes* should be reported as listeriosis (Merlin disease code=02700) and not as bacterial or mycotic meningitis (Merlin disease code=32090).

* Isolates from all cases must be sent to the Bureau of Public Health Laboratories.