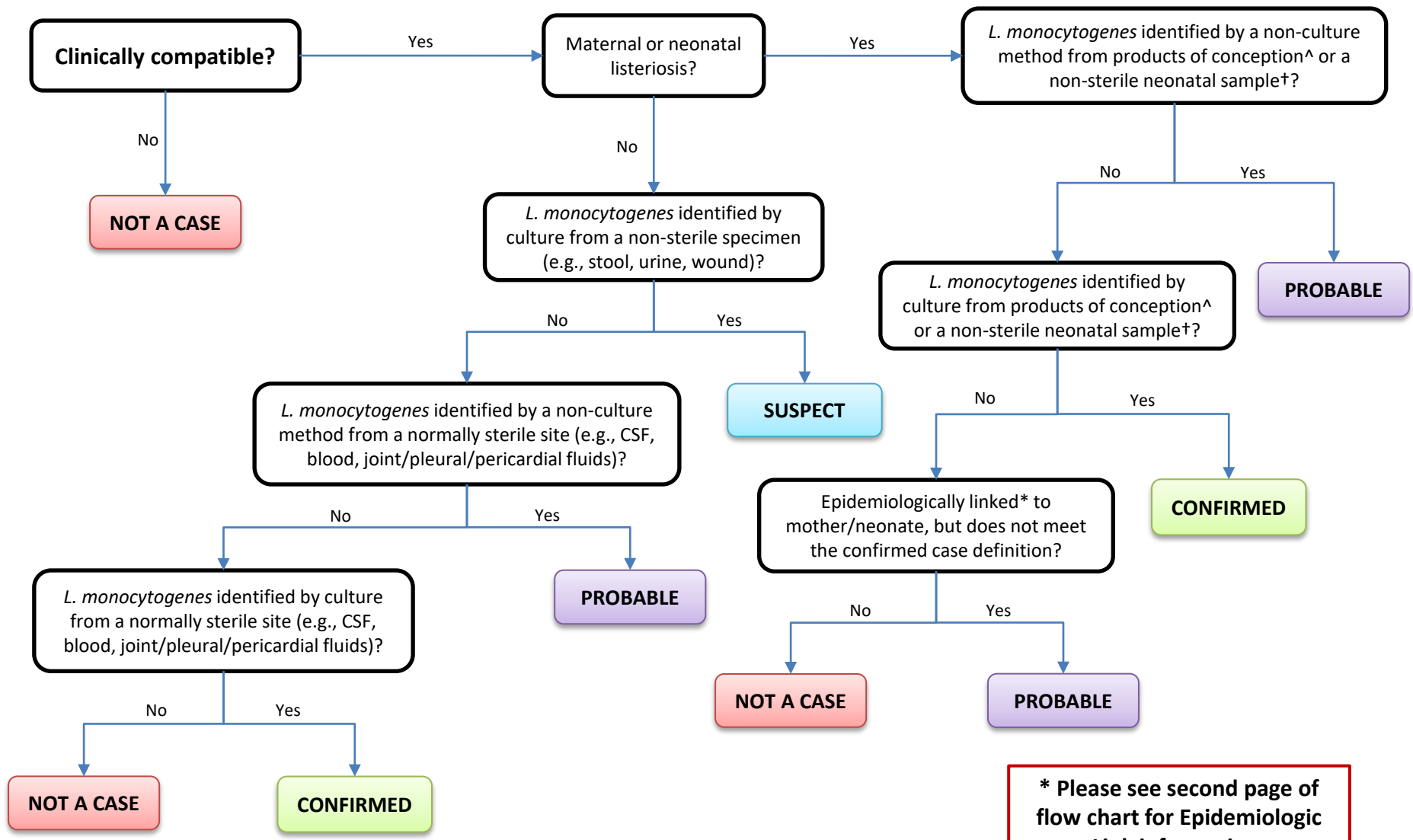


Listeriosis



*** Please see second page of flow chart for Epidemiologic Link information.**

Listeriosis

Clinical Description, Critical Reporting Elements, and Comments

Clinical Description:

Listeriosis is an illness that may present as either invasive or non-invasive illness.

Invasive listeriosis:

Systemic illness: Manifests most commonly as bacteremia or central nervous system infection. Other manifestations can include pneumonia, peritonitis, endocarditis, or focal infections of joints and bones.

Maternal listeriosis: Generally classified as illness occurring in a pregnant woman or in an infant age less than or equal to 28 days. Listeriosis may result in miscarriage/pregnancy loss, pre-term labor, or neonatal infection, while causing minimal or no systemic symptoms in the mother.

Neonatal listeriosis: Commonly manifests as bacteremia, central nervous system infection, and 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 infections (diagnosed between birth and 6 days), and the most likely source of late-onset neonatal listeriosis (diagnosed between 7–28 days).

Non-invasive listeriosis:

An infection that manifests commonly as gastroenteritis.

^ Products of conception include the following: chorionic villi, placenta, fetal tissue, umbilical cord blood, amniotic fluid. These are collected at the time of delivery.

† Non-sterile neonatal samples include the following: meconium, tracheal aspirate, but *not* products of conception. These samples must be collected within 48 hours of delivery.

* **Epidemiologic linkage** for probable maternal and neonatal cases is demonstrated if the following criteria are met:

Maternal epi-link:

- A mother who does not meet the confirmed case classification, but who—
 - Gave birth to a neonate who meets the confirmed or probable case classification, AND
 - A neonatal specimen was collected within 28 days of birth.

Neonatal epi-link:

- Neonate(s) who do not meet the confirmed case classification, but—
 - Whose mother meets the confirmed or probable case classification, or
 - A neonate who meets the clinical description as described above whose mother has a positive culture or positive test than culture (example: EIA, PCR) from a normally sterile site (e.g., blood or cerebrospinal fluid; or less commonly: pleural, peritoneal, pericardial, hepatobiliary, or vitreous fluid; orthopedic site such as bone, bone marrow, or joint; or other sterile sites including organs such as spleen, liver, and heart, etc.).

Critical Reporting Elements and Comments:

- Document the source of infection, if known.

NOTE: Miscarriage/pregnancy loss is considered a maternal outcome and should be reported as a single case in the mother. Cases in neonates and mothers should be reported separately when each meets the case definition. A case in a neonate should be reported if liveborn.