

LISTERIOSIS**IMMEDIATE NOTIFICATION****EPIDEMIOLOGY PROGRAM**

Event Name:	LIST	
Event Time Period:	1 year	
Clinical Description (CDC 2019):	<p>Invasive listeriosis:</p> <ul style="list-style-type: none">• Systemic illness caused by <i>Listeria monocytogenes</i> 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 age \leq 28 days. Listeriosis may result in pregnancy loss (fetal loss before 20 weeks gestation), intrauterine fetal demise (\geq 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, and pneumonia, and is associated with high fatality rates. Transmission of <i>Listeria</i> 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). <p>Non-invasive <i>Listeria</i> infections: <i>Listeria</i> 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.</p>	
CDC Event Classification (2019) 18-ID-06:	<i>Confirmed</i>	<ol style="list-style-type: none">1. Isolation of <i>L. monocytogenes</i> from a clinical specimen collected from a normally sterile site reflective of an invasive infection (e.g., blood or cerebrospinal fluid [CSF] 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, but not sources such as urine, stool, or external wounds).2. For maternal isolates: In the setting of pregnancy, pregnancy loss, intrauterine fetal demise, or birth, isolation of <i>L. monocytogenes</i> from products of conception (e.g., chorionic villi, placenta, fetal tissue, umbilical cord blood, amniotic fluid) collected at the time of delivery.3. For neonatal isolates: In the setting of live birth, isolation of <i>L. monocytogenes</i> from a non-sterile neonatal specimen (e.g., meconium, tracheal aspirate, but not products of conception) collected within 48 hours of delivery.

	<i>Probable</i>	<ol style="list-style-type: none"> 1. Detection of <i>L. monocytogenes</i> by culture-independent diagnostic test (CIDT) in a specimen collected 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, but not sources such as urine, stool, or external wounds). 2. For maternal isolates: In the setting of pregnancy, pregnancy loss, intrauterine fetal demise, or birth, detection of <i>L. monocytogenes</i> by CIDT from products of conception (e.g., chorionic villi, placenta, fetal tissue, umbilical cord blood, amniotic fluid) collected at the time of delivery. 3. For neonatal isolates: In the setting of live birth, detection of <i>L. monocytogenes</i> by CIDT from a non-sterile neonatal specimen (e.g., meconium, tracheal aspirate, but not products of conception) collected within 48 hours of delivery. <p>Epidemiologic linkage</p> <ol style="list-style-type: none"> 4. For probable maternal cases: A mother who does not meet the confirmed case criteria BUT who gave birth to a neonate who meets confirmed or probable laboratory criteria for diagnosis AND neonatal specimen was collected up to 28 days of birth. 5. For probable neonatal cases: Neonate(s) who does not meet the confirmed case criteria AND whose mother had <i>L. monocytogenes</i> isolated or detected by CIDT for diagnosis from products of conception OR a clinically compatible neonate whose mother had <i>L. monocytogenes</i> isolated or detected by CIDT for diagnosis from a normally sterile site.
	<i>Suspect</i>	Isolation of <i>L. monocytogenes</i> from a non-invasive clinical specimen source, e.g., stool, urine, wound other than those specified under maternal and neonatal specimens in confirmed section above.
Massachusetts Event Classification:	<i>Follows CDC event classification</i>	

Report type	Test Type	Source	Result	New event or beyond report period?	Data Entry
Laboratory Report	Culture	Normally sterile site OR Products of conception collected at time of delivery OR non-sterile neonatal specimen collected within 48 hours of delivery	<i>Listeria monocytogenes</i>	Yes	New event CONFIRMED
				No	Same event
Select:	Microorganism: PrId: Pt: xxx: Nom: Culture				
Laboratory Report	Culture	Normally sterile site OR Products of conception collected at time of delivery OR non-sterile neonatal specimen collected within 48 hours of delivery	<i>Listeria spp. other than Listeria monocytogenes</i>	Yes	New event SUSPECT
				No	Same event
Select:	Microorganism: PrId: Pt: xxx: Nom: Culture				
Laboratory Report	Culture	Non-sterile site	<i>Listeria monocytogenes</i>	Yes	New event SUSPECT
				No	Same event
Select:	Microorganism: PrId: Pt: xxx: Nom: Culture				

Laboratory Report	PCR	Normally sterile site OR Products of conception collected at time of delivery OR non-sterile neonatal specimen collected within 48 hours of delivery	Positive	Yes	New event PROBABLE
				No	Same event
Select:	Listeria monocytogenes rRNA: ACnc: Pt: xxx: Ord: Probe				
Select:	Listeria monocytogenes DNA: ACnc: Pt: xxx: Ord: Probe.Amp.Tar				
Select:	Meningitis+Encephalitis pathogens DNA and RNA panel - Cerebral spinal fluid by NAA with non-probe detection				

Data entry notes:

- Cases in neonates and mothers should be reported separately when each meets the case definition. A case in a neonate is counted if live-born.
- Pregnancy loss and intrauterine fetal demise are considered maternal outcomes and would be counted as a single case in the mother.