

Appendix B: Provincial Case Definitions for Diseases of Public Health Significance

Disease: Listeriosis

Effective: February 2019

Listeriosis

1.0 Provincial Reporting

Confirmed and probable cases of disease

2.0 Type of Surveillance

Case-by-case

3.0 Case Classification

3.1 Confirmed Case

Laboratory confirmation of infection, with clinically compatible signs and symptoms, with the:

- Isolation of *Listeria monocytogenes* (*L. monocytogenes*) from a site which is normally sterile (e.g., blood, cerebrospinal fluid (CSF) or, less commonly, joint, pleural, pericardial fluid);

OR

- Isolation of *L. monocytogenes* from miscarried or stillbirth placental or fetal tissue.

3.2 Probable Case

Clinically compatible signs and symptoms in a person with an epidemiologic link to a laboratory-confirmed case or to a confirmed source (e.g., contaminated milk, soft cheeses, ready-to-eat meats).

4.0 Laboratory Evidence

4.1 Laboratory Confirmation

Any of the following will constitute a confirmed case of listeriosis:

- Isolation of *L. monocytogenes* from a normally sterile site (e.g., blood, CSF, or less commonly, joint, pleural, pericardial fluid); or
- In the setting of miscarriage or stillbirth, isolation of *L. monocytogenes* from placental or fetal tissue.

4.2 Approved/Validated Tests

Bacteriological ID from the organism. Samples are then sent to the National Microbiology Laboratory (NML) for typing.

4.3 Indications and Limitations

No serology testing available through the Public Health Ontario Laboratories.

5.0 Clinical Evidence

Clinically compatible signs and symptoms are characterized by meningitis or bacteremia; infection during pregnancy may result in fetal loss through miscarriage or stillbirth, or neonatal meningitis or septicemia. Pregnant women may experience mild symptoms.

6.0 ICD 10 Code(s)

A32 Listeriosis (*includes* listerial foodborne infection; *excludes* neonatal (disseminated) listeriosis P37.2)

A32.0 Cutaneous listeriosis

A32.1 Listerial meningitis and meningoencephalitis (Listerial: meningitis [G01]; meningoencephalitis [G05.0])

A32.7 Listerial septicaemia

A32.8 Other forms of listeriosis (Listerial: cerebral arteritis [I68.1]; endocarditis [I39.8], Oculoglandular listeriosis)

A32.9 Listeriosis, unspecified

7.0 Comments

In an outbreak situation, report confirmed cases of the diarrheal form of *Listeria monocytogenes* (isolated in stool).

Sporadic cases of the diarrheal form of Listeriosis are not reportable.

8.0 Sources

Acha P, Szyfres B. Zoonoses and Communicable Diseases Common to Man and Animals. Vol. 1. 3 ed. Washington, DC: Pan American Health Organization; 2001.

Centers for Disease Control and Prevention. National Notifiable Disease Surveillance System: Listeriosis (*Listeria monocytogenes*) - 2000 Case Definition [Internet]. Atlanta, GA: U.S. Department of Health & Human Services; 2000 [cited June 15, 2018].

Available from: <https://wwwn.cdc.gov/nndss/conditions/listeriosis/case-definition/2000/>

Heymann DL, editor. Control of Communicable Diseases Manual. 20 ed. Washington, D.C: American Public Health Association; 2015.

Public Health Agency of Canada. Invasive Listeriosis. In: Case Definitions for Communicable Diseases under National Surveillance. Canada Communicable Disease Report. 2009;35S2.

9.0 Document History

Table 1: History of Revisions

Revision Date	Document Section	Description of Revisions
April 2015	General	New template. Title of Section 8.0 changed from “References” to “Sources”. Section 9.0 Document History added.
April 2015	4.3 Indications and Limitations	Revised name of the Public Health Ontario Laboratories.
April 2015	8.0 Sources	Updated.
February 2019	General	Minor revisions were made to support the regulation change to Diseases of Public Health Significance.

