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Listeriosis (  
Listeria monocytogenes  
)  
2019 Case Definition  
Listeriosis (  
Listeria monocytogenes  
)  
2019 Case Definition  
NOTE:  
A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.  
CSTE Position Statement(s)  
18-ID-16  
Clinical Criteria  
Invasive listeriosis:  
Systemic illness  
caused by  
L. 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 age ≤ 28 days. 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, 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 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 Diagnosis  
Confirmatory laboratory evidence:  
Isolation of  
L. monocytogenes  
from a specimen collected from a normally sterile site reflective of an invasive infection (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);  
OR  
For maternal isolates  
: In the setting of pregnancy, pregnancy loss, intrauterine fetal demise, or birth, isolation of  
L. monocytogenes  
from products of conception (e.g. chorionic villi, placenta, fetal tissue, umbilical cord blood, amniotic fluid) collected at the time of delivery;  
OR  
For neonatal isolates  
: In the setting of live birth, isolation of  
L. monocytogenes  
from a non-sterile neonatal specimen (e.g., meconium, tracheal aspirate, but not products of conception) collected within 48 hours of delivery.  
Presumptive laboratory evidence:  
Detection of  
L. monocytogenes  
by culture-independent diagnostic testing (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);  
OR  
For maternal isolates  
: In the setting of pregnancy, pregnancy loss, intrauterine fetal demise, or birth, detection of  
L. monocytogenes  
by CIDT from products of conception (e.g., chorionic villi, placenta, fetal tissue, umbilical cord blood, amniotic fluid) collected at the time of delivery;  
OR  
For neonatal isolates:  
In the setting of live birth, detection of  
L. monocytogenes  
by CIDT from a non-sterile neonatal specimen (e.g., meconium, tracheal aspirate, but not products of conception) collected within 48 hours of delivery.  
Supportive laboratory evidence:  
Isolation of  
L. monocytogenes  
from a non-invasive clinical specimen, e.g., stool, urine, wound, other than those specified under maternal and neonatal specimens in the Confirmatory laboratory evidence section.  
Epidemiologic Linkage  
For probable maternal cases:  
A mother who does not meet the confirmed case criteria,  
BUT  
Who gave birth to a neonate who meets confirmatory or presumptive laboratory evidence for diagnosis,  
AND  
Neonatal specimen was collected up to 28 days of birth.  
OR  
For probable neonatal cases:  
Neonate(s) who do not meet the confirmed case criteria,  
AND  
Whose mother meets confirmatory or presumptive laboratory evidence for diagnosis from products of conception,  
OR  
A clinically compatible neonate whose mother meets confirmatory or presumptive laboratory evidence for diagnosis from a normally sterile site.  
Criteria to Distinguish a New Case from an Existing Case  
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.  
Case Classification  
Suspected  
A person with supportive laboratory evidence.  
Probable  
A person who meets the presumptive laboratory evidence;  
OR  
A mother or neonate who meets the epidemiologic linkage but who does not have confirmatory laboratory evidence.  
Confirmed  
A person who meets confirmatory laboratory evidence  
Case Classification Comments  
Pregnancy loss and intrauterine fetal demise are considered maternal outcomes and would be counted 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 is counted if live-born.  
Related Case Definition(s)  
Listeriosis (  
Listeria monocytogenes  
) | 2000 Case Definition  
Listeriosis (  
Listeria monocytogenes  
) | 1997 Case Definition  
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National Notifiable Diseases Surveillance System (NNDSS)  
NNDSS receives and shares case data from state, local, and territorial health departments to help public health monitor, control, and prevent serious diseases.  
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