

California Department of Public Health
 Center for Infectious Diseases
 Division of Communicable Disease
 Control Infectious Diseases Branch
 Surveillance and Statistics Section
 MS 7306, P.O. Box 997377 Sacramento,
 CA 95899-7377

Local ID Number _____

Report Status (check one)

Preliminary Final

Maternal ID Number _____

NEONATAL LISTERIOSIS CASE REPORT

Neonatal listeriosis is defined as illness in live born infants (<28 days old). Neonates and mother should be reported separately when each meets the case definition. Each neonatal listeriosis case-patient should be linked to a maternal listeriosis incident. Maternal food exposure information for neonatal listeriosis patients should be filled out in the maternal record. Pregnancy loss and intrauterine fetal demise are both considered maternal outcomes and thus should be included on the maternal listeriosis case report form.

THIS FORM SHOULD ONLY BE COMPLETED FOR LIVE BIRTHS

PATIENT INFORMATION					
Last Name	First Name	Middle Name	Suffix	Primary Language	
<input type="checkbox"/> English		<input type="checkbox"/> Spanish		<input type="checkbox"/> Other: _____	
Social Security Number (9 digits)	DOB (mm/dd/yyyy)	Age	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days	Ethnicity (check one)	
Address Number & Street - Residence			Apartment / Unit Number		
City / Town		State	Zip Code		
Census Tract	County of Residence		Country of Residence		
Country of Birth		If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)			
Home Telephone	Cellular Phone / Pager		Work / School Telephone		
E-mail Address		Other Electronic Contact Information			
Work / School Location		Work / School Contact			
Gender					
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____					
Medical Record Number			Patient's Parent/Guardian Name(s)		
Race* (check all that apply, race descriptions on page 13)					
<input type="checkbox"/> African-American / Black					
<input type="checkbox"/> American Indian or Alaska Native					
<input type="checkbox"/> Asian (check all that apply)					
<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Japanese			
<input type="checkbox"/> Cambodian		<input type="checkbox"/> Korean			
<input type="checkbox"/> Chinese		<input type="checkbox"/> Laotian			
<input type="checkbox"/> Filipino		<input type="checkbox"/> Thai			
<input type="checkbox"/> Hmong		<input type="checkbox"/> Vietnamese			
<input type="checkbox"/> Other: _____					
<input type="checkbox"/> Pacific Islander (check all that apply)					
<input type="checkbox"/> Native Hawaiian		<input type="checkbox"/> Samoan			
<input type="checkbox"/> Guamanian					
<input type="checkbox"/> Other: _____					
<input type="checkbox"/> White					
<input type="checkbox"/> Other: _____					
<input type="checkbox"/> Unk					

CLINICAL INFORMATION					
Physician Name - Last Name		First Name		Telephone Number	
SIGNS AND SYMPTOMS					
Gestational Age at Birth	Delivery Type <input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section <input type="checkbox"/> Unk		Symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Onset Date (mm/dd/yyyy)
Clinical Presentation(s)	Yes	No	Unk	If Yes, specify	
Bacteremia/sepsis					
Central nervous system infection					
Pneumonia					
Granulomatosis infantisepticum					
Other Signs and Symptoms of Infection (e.g., respiratory distress, temperature instability, bradycardia or tachycardia, apnea, feeding intolerance) in the Absence of an Alternative clinical diagnosis (specify)					
HOSPITALIZATION – DETAILS					
Hospital Name 1	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis
Hospital Name 2	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis
Was the patient admitted to the Neonatal Intensive Care Unit (NICU)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				Treatment	
OUTCOME					
Outcome? <input type="checkbox"/> Born alive but died <input type="checkbox"/> Survived <input type="checkbox"/> Unk		If Survived, Survived as of _____ (mm/dd/yyyy)		If Died, Date of Death (mm/dd/yyyy)	
Complications					
EPIDEMIOLOGIC INFORMATION					
Listeriosis is typically transmitted to the neonate transplacentally during pregnancy or during delivery. In most instances of neonatal listeriosis, the mother is considered the source and should be entered as a separate case even if she is asymptomatic.					
Was exposure information completed for the patient's mother? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		If No, specify reason <input type="checkbox"/> Lost to follow-up/ refused interview <input type="checkbox"/> Mother not suspected to be source of infection <input type="checkbox"/> Other (specify):			
Maternal Case ID/CalREDIE ID		Maternal Case Classification <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Unk			
Is the patient part of a multiple birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		If Yes, provide details/outcome/ID (Each live-born sibling should be entered as a separate neonatal listeriosis case)			
If the mother was NOT the suspected source of transmission, specify below.					
Did patient consume anything other than breast milk? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			If Yes, provide details		
Was hospital (nosocomial) transmission the suspected source of infection? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, provide details in Notes.		

Notes

LABORATORY RESULTS – Culture and Culture Independent Diagnostic Testing [CIDT]

Neonatal Specimen Type
 Blood CSF Meconium Tracheal aspirate None Other (specify): _____

Type of Test
 Culture CIDT Other (specify): _____

Collection Date (mm/dd/yyyy)

Result
 L. monocytogenes Other *Listeria* species (specify): _____ Negative

Laboratory Name
State/Local Laboratory Specimen ID

Whole Genome Sequencing ID
Whole Genome Sequencing Allele Code
Outbreak Code

Was a maternal specimen collected?
 Yes No Unknown

If Yes, Maternal Laboratory ID

Maternal Specimen Type
 Blood Placenta
 CSF Other (specify): _____

NOTES / REMARKS

REPORTING AGENCY

Investigator Name
Local Health Jurisdiction
Telephone Number
Date Form Completed (mm/dd/yyyy)

First Reported By
 Clinician Laboratory Other (specify): _____

DISEASE CASE CLASSIFICATION

Case Classification (see case definition below)
 Confirmed Probable Suspect

CASE DEFINITION

Listeriosis 2019

CLINICAL DESCRIPTION

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 aged < 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

Isolation of *L. monocytogenes* from a normally sterile site reflective of an invasive infection (e.g. blood, cerebrospinal fluid, pleural, peritoneal, pericardial, hepatobiliary, or vitreous fluid; orthopedic site such as bone, bone marrow or joint) .

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 births, 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

Detection of *L. monocytogenes* by CIDT from a normally sterile site reflective of an invasive infection (e.g. blood, cerebrospinal fluid, pleural, peritoneal, pericardial, hepatobiliary, or vitreous fluid; orthopedic site such as bone, bone marrow or joint)

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 births, 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

Isolation of *L. monocytogenes* from a clinical specimen collected from a non-invasive specimen source (e.g. stool, urine, wound) other than those specified under maternal and neonatal specimens

EPI-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.

CASE CLASSIFICATION

Confirmed: A person who meets confirmatory 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. Suspect: A person with supportive laboratory evidence.

Suspect: A person with supportive laboratory evidence.