**LISTERIOSIS FACT SHEET**

**Agent:** *Listeria monocytogenes*

**Brief Description:** Infection caused by *Listeria monocytogenes*, which may produce any of several clinical syndromes including stillbirths, listeriosis of the newborn, meningitis, bacteremia, or localized infections. Asymptomatic infections are common.

**Reservoir:** Soil, foliage, water, mud, and silage are the primary reservoirs. Others include infected domestic and wild mammals, fowl, and humans. Up to 10% of humans may be asymptomatic intestinal carriers. The ability of *Listeria monocytogenes* to grow at temperatures as low as 3°C permits multiplication in contaminated refrigerated foods.

**Mode of Transmission:** Foodborne transmission may occur through consumption of contaminated unpasteurized cheeses (especially soft-ripened cheese), raw milk, ice cream, raw vegetables, fermented raw-meat sausages, raw and cooked poultry, raw meats, and raw & smoked fish. *Listeria* can be transmitted from mother to fetus in the uterus or during passage through the birth canal.

**Incubation Period:** Median is approximately 3 weeks, but the incubation period varies. Outbreak cases have occurred 3-70 days following exposure to an implicated product.

**Laboratory Criteria for Diagnosis:**
- Isolation of *L. monocytogenes* from blood, cerebrospinal fluid, or other normally sterile site, or from placenta or products of conception in conjunction with fetal death or newborn illness.

**Case Classification**
- **Confirmed:** A clinically compatible illness that is laboratory confirmed.

**Period of Communicability:** Infected individuals may shed *Listeria* in stools for several months. Mothers of infected newborns may shed *Listeria* in vaginal discharges and urine for 7-10 days after delivery, rarely longer.

**Treatment:** Penicillin or ampicillin alone or together with aminoglycosides. Trimethoprim-sulfamethoxazole or erythromycin is preferred for penicillin-allergic patients. If a gram-stained smear of meconium appears positive for a newborn, administer prophylactic antibiotics as a precaution.

**Investigation:** Analyze case surveillance data frequently to identify potential clusters. All suspected clusters should be investigated for common-source exposures and to determine whether an outbreak is occurring. Processed foods that are found to be contaminated by *Listeria monocytogenes* should be recalled. If applicable, complete CDC Form 52.13, “Investigation of a Foodborne Outbreak” and forward to the Epidemiology Branch as soon as the investigation is complete.

**Reporting:** Report single, confirmed cases **WITHIN 7 DAYS** electronically through the State Electronic Notifiable Disease Surveillance System (SENDSS) at [http://sendss.state.ga.us](http://sendss.state.ga.us), or complete and mail a GA Notifiable Disease Report Form (#3095). Report any cluster of cases **IMMEDIATELY** to the local health department, District Health Office, or the Epidemiology Branch at 404-657-2588. If calling after regular business hours, it is very important to report any cluster of cases to the Epidemiology Branch answering service. If applicable, complete CDC form.
52.13, “Investigation of A Foodborne Outbreak,” and fax to the Epidemiology Branch at 404-657-7517 as soon as possible.

**Reported Cases of Listeriosis in Georgia, 1993-2001**

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References and Further Reading:

Links:
- CDC Listeriosis Fact Sheet – [http://www.cdc.gov/ncidod/dbmd/diseaseinfo/listeriosis_g.htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/listeriosis_g.htm)