

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

NEONATAL LISTERIOSIS CASE REPORT

Neonatal listeriosis is defined as illness in live born infants (<28 days old). Neonates and mothers 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	
Social Security Number (9 digits)		DOB (mm/dd/yyyy)	Age	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
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"/> Female <input type="checkbox"/> Trans female / transwoman <input type="checkbox"/> Genderqueer or non-binary <input type="checkbox"/> Unknown <input type="checkbox"/> Male <input type="checkbox"/> Trans male/ transman <input type="checkbox"/> Identity not listed <input type="checkbox"/> Declined to answer					
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			If Yes, Est. Delivery Date (mm/dd/yyyy)		
Medical Record Number		Patient's Parent/Guardian Name			
Race(s) (check all that apply, race descriptions on page 5) The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.					
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (check all that apply, see list on page 5) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Malaysian <input type="checkbox"/> Chinese <input type="checkbox"/> Pakistani <input type="checkbox"/> Filipino <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Hmong <input type="checkbox"/> Taiwanese <input type="checkbox"/> Indonesian <input type="checkbox"/> Thai <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (check all that apply, see list on page 5) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Fijian <input type="checkbox"/> Tongan <input type="checkbox"/> Guamanian <input type="checkbox"/> Other: _____					
<input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown					
ADDITIONAL PATIENT DEMOGRAPHICS					
Sex Assigned at Birth		Sexual Orientation			
<input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Male <input type="checkbox"/> Declined to answer		<input type="checkbox"/> Heterosexual or straight <input type="checkbox"/> Questioning, unsure, or patient doesn't know <input type="checkbox"/> Declined to answer <input type="checkbox"/> Gay, lesbian, or same-gender loving <input type="checkbox"/> Orientation not listed <input type="checkbox"/> Unknown <input type="checkbox"/> Bisexual			

First three letters of
patient's last name:

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CLINICAL INFORMATION						
<i>Physician Name - Last Name</i>			<i>First Name</i>		<i>Telephone Number</i>	
SIGNS AND SYMPTOMS						
<i>Gestational Age at Birth</i>	<i>Delivery Type</i> <input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section <input type="checkbox"/> Unknown			<i>Symptomatic?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<i>Onset Date (mm/dd/yyyy)</i>
Clinical Presentation(s)	Yes	No	Unk	If Yes, specify		
Bacteremia/sepsis						
Central nervous system infection						
Pneumonia						
Granulomatosis infantisepticum						
<i>Other Signs and Symptoms of Illness (e.g., respiratory distress, temperature instability, bradycardia or tachycardia, apnea, feeding intolerance) (specify)</i>						
HOSPITALIZATION – DETAILS						
<i>Hospital Name 1</i>		<i>Street Address</i>			<i>Admit Date (mm/dd/yyyy)</i>	
		<i>City</i>			<i>Discharge / Transfer Date (mm/dd/yyyy)</i>	
		<i>State</i>	<i>Zip Code</i>	<i>Telephone Number</i>		<i>Medical Record Number</i>
<i>Hospital Name 2</i>		<i>Street Address</i>			<i>Admit Date (mm/dd/yyyy)</i>	
		<i>City</i>			<i>Discharge / Transfer Date (mm/dd/yyyy)</i>	
		<i>State</i>	<i>Zip Code</i>	<i>Telephone Number</i>		<i>Medical Record Number</i>
HOSPITALIZATION – DETAILS – NEONATAL						
<i>Admitted to the Neonatal Intensive Care Unit?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<i>Treatment</i>		
<i>Notes</i>						
Please attach a copy of the discharge summary.						
OUTCOME						
<i>Outcome?</i> <input type="checkbox"/> Born alive but died <input type="checkbox"/> Survived <input type="checkbox"/> Unknown			<i>If Survived,</i> <i>Survived as of _____(mm/dd/yyyy)</i>		<i>If Died, Date of Death (mm/dd/yyyy)</i>	
<i>Complications</i>						

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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"/> Unknown	If No, specify reason <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> 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"/> Suspect		
Is the patient part of a multiple birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	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"/> Unknown	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.		
LABORATORY RESULTS SUMMARY			
Neonatal Specimen Type 1 <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Meconium <input type="checkbox"/> Tracheal aspirate <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> None collected	Type of Test <input type="checkbox"/> Culture <input type="checkbox"/> CIDT <input type="checkbox"/> Other (specify): _____	Collection Date (mm/dd/yyyy)	
	Result <input type="checkbox"/> <i>L. monocytogenes</i> <input type="checkbox"/> Other <i>Listeria</i> species (specify): _____ <input type="checkbox"/> Negative		
	Laboratory Name	State/Local Laboratory Specimen ID	
	Whole Genome Sequencing ID	Whole Genome Sequencing Allele Code	Outbreak Code
Neonatal Specimen Type 2 <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Meconium <input type="checkbox"/> Tracheal aspirate <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> None collected	Type of Test <input type="checkbox"/> Culture <input type="checkbox"/> CIDT <input type="checkbox"/> Other (specify): _____	Collection Date (mm/dd/yyyy)	
	Result <input type="checkbox"/> <i>L. monocytogenes</i> <input type="checkbox"/> Other <i>Listeria</i> species (specify): _____ <input type="checkbox"/> Negative		
	Laboratory Name	State/Local Laboratory Specimen ID	
	Whole Genome Sequencing ID	Whole Genome Sequencing Allele Code	Outbreak Code
MATERNAL LABORATORY RESULTS			
Was a maternal specimen collected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Maternal Laboratory ID	Maternal Specimen Type <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Placenta <input type="checkbox"/> Other (specify): _____	
	Result <input type="checkbox"/> <i>L. monocytogenes</i> <input type="checkbox"/> Other <i>Listeria</i> species (specify): _____ <input type="checkbox"/> Negative		
NOTES / REMARKS			
REPORTING AGENCY			
Investigator Name	Local Health Jurisdiction	Telephone Number	Date Form Completed (mm/dd/yyyy)
First Reported By <input type="checkbox"/> Clinician <input type="checkbox"/> Laboratory <input type="checkbox"/> Other (specify): _____			
DISEASE CASE CLASSIFICATION			
Case Classification (see case definition on page 4) <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect			

First three letters of
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CASE DEFINITION**LISTERIOSIS (2019)****CLINICAL DESCRIPTION****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 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 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 clinical specimen collected 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.

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CASE DEFINITION (continued)**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.

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.

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in any of the original peoples of North and South America (including Central America).
Asian	Patient has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in any of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in any of the original peoples of Europe, the Middle East, or North Africa.

ASIAN GROUPS

- | | | | | |
|---------------|--------------|--------------|---------------|--------------|
| • Bangladeshi | • Filipino | • Japanese | • Maldivian | • Sri Lankan |
| • Bhutanese | • Hmong | • Korean | • Nepalese | • Taiwanese |
| • Burmese | • Indian | • Laotian | • Okinawan | • Thai |
| • Cambodian | • Indonesian | • Madagascar | • Pakistani | • Vietnamese |
| • Chinese | • Iwo Jiman | • Malaysian | • Singaporean | |

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS

- | | | | | |
|--------------|--------------------|---------------------|--------------------|-------------|
| • Carolinian | • Kiribati | • Micronesian | • Pohnpeian | • Tahitian |
| • Chamorro | • Kosraean | • Native Hawaiian | • Polynesian | • Tokelauan |
| • Chuukese | • Mariana Islander | • New Hebrides | • Saipanese | • Tongan |
| • Fijian | • Marshallese | • Palauan | • Samoan | • Yapese |
| • Guamanian | • Melanesian | • Papua New Guinean | • Solomon Islander | |