



**C. RISK FACTORS (NOTE: FOR NEONATAL CASES, RECORD MOTHERS FOOD HX HERE)**

In the four weeks before onset, did case eat any of the following foods?

|  | Yes-definitely           | Yes -probably            | No                       | Cannot recall/<br>Unknown | If YES, type and brand and where purchased |
|--|--------------------------|--------------------------|--------------------------|---------------------------|--|
| Soft unripened cheese, e.g. Brie, Camembert, etc.?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="text"/>                       |
| Milk other than pasteurised cow's milk?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="text"/>                       |
| Prepared prepacked salads, e.g. leaves, beanspouts, coleslaw, etc?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="text"/>                       |
| Prepared salad loose from salad bars, e.g. potato salad, coleslaw, etc?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="text"/>                       |
| Precut/prepared fruit, e.g. melon, etc?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="text"/>                       |
| Ready-to-eat dips?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="text"/>                       |
| Prepacked sandwiches?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="text"/>                       |
| Custom made sandwiches, e.g. from sandwich bar?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="text"/>                       |
| Pate?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="text"/>                       |
| Cold cooked deli meats, e.g. ham, salami, parma ham, etc?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="text"/>                       |
| Frozen vegetables eaten without further cooking?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="text"/>                       |
| Ready-to-eat (eaten cold or hot) chicken dishes either cook-chill, cook-freeze, take-away?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="text"/>                       |
| Smoked fish, e.g. smoked salmon, etc?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="text"/>                       |
| Cold shellfish, i.e. crustaceans (crab/prawn) or bivalves (oysters/mussels) incl. fresh/frozen/smoked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="text"/>                       |
| Foods brought in privately from abroad?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="text"/>                       |

Any other suspect food?

Laboratory testing on any suspect food?  Yes  No  Unknown If YES: name food item \_\_\_\_\_

*L. monocytogenes* present?  Yes  No  Unknown *Note if positive food item, please ensure isolate referred for typing*

In four weeks before onset, did case travel outside of Ireland?  Yes  No  Unknown

If YES, details of travel

Accommodation in four weeks before onset? (Tick ALL that apply)

Private house       Hospital facility       Long-term care facility  
 Other facility       Unknown If FACILITY: name \_\_\_\_\_

**D. CASE DEFINITION**

**LISTERIOSIS (*LISTERIA MONOCYTOGENES*)**

**Clinical Criteria**

Any person with at least one of the following five:

- Fever
- Meningitis, meningoen­cephalitis, or encephalitis
- Influenza-like symptoms
- Septicaemia
- Localized infections such as arthritis, endocarditis, endophthalmitis, and abscesses

**Listeriosis in pregnancy:**

Pregnancy-related consequences of *Listeria* infection defined as:

spontaneous abortion, miscarriage, stillbirth or premature birth during the pregnancy

Listeriosis of newborns defined as one of the following:

- Stillbirth
- Premature birth

OR

At least one of the following five in the first month of life (neonatal listeriosis):

- Meningitis or meningoen­cephalitis
- Septicaemia
- Dyspnoea
- Granulomatosis infantiseptica
- Lesions on skin, mucosal membranes or conjunctivae

**Laboratory Criteria**

At least one of the following two:

Isolation of *Listeria monocytogenes* or detection of nucleic acid of *Listeria monocytogenes* from a normally sterile site

In a pregnancy-associated case also:

Isolation of *Listeria monocytogenes* or detection of nucleic acid from *Listeria monocytogenes* in a normally non-sterile site (for example, placental tissue, amniotic fluid, meconium, vaginal swab) or from a foetus, stillborn, newborn or the mother

**Epidemiological Criteria**

At least one of the following four epidemiological links:

- Exposure to a common source
- Human to human transmission (vertical transmission)
- Exposure to contaminated food
- Animal to human transmission

**Case Classification**

**A. Possible case**

NA

**B. Probable case**

Any person meeting the clinical criteria with an epidemiological link

**C. Confirmed case**

Any person meeting the laboratory criteria for a normal sterile site

OR

In a pregnancy-associated case (mother or newborn in the first month of life) meeting the laboratory criteria, only the mother is to be reported as a case.

*Current as of: 24 July 2018*