



**Health and Healthy Living**

Public Health Division

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Dear colleague:

**RE: LISTERIOSIS – RECOMMENDATIONS TO HEALTH CARE PROFESSIONALS**

I am forwarding to you the “Consensus Canadian Guidelines for Diagnosis and Management of Listeriosis” posted at [www.phac-aspc.gc.ca/alert-alerte/listeria/archive/rec-hcp\\_rps-eng.php](http://www.phac-aspc.gc.ca/alert-alerte/listeria/archive/rec-hcp_rps-eng.php) by the Public Health Agency of Canada (reformatted for fax purposes).

**Key points:**

No screening, diagnostic testing or prophylactic treatment is recommended for asymptomatic individuals even if they have consumed recalled meat products.

Stool or vaginal cultures not recommended.

Serologic tests not recommended.

Cultures of samples from “normally sterile sites” (e.g. blood, csf, urine) are the recommended diagnostic tests for listeriosis. These tests should be used as per usual indications for sepsis syndromes and other febrile illnesses.

If listeriosis is in the differential diagnosis, use recommended antibiotics (e.g. ampicillin, penicillin, cotrimoxazole, vancomycin, as indicated). Cephalosporins are not effective against Listeria.

No risk of nosocomial transmission with standard blood and body fluid precautions.

For any questions, consult an infectious disease specialist.

Consultation is available with an infectious disease specialist at any time at 787-2071.

In Manitoba, all health providers and labs are required to report cases of listeriosis to Public Health (788-8666) (24/7 number).

For further information about Listeriosis please visit:

<http://www.gov.mb.ca/health/publichealth/cmoh/listeriosis/index.html>

Thank you for your anticipated cooperation.

Yours truly,

A handwritten signature in black ink that reads "Joel Kettner".

Joel Kettner MD FRCPC  
Chief Medical Officer of Health

# RECOMMENDATIONS TO HEALTH CARE PROFESSIONALS - LISTERIOSIS

## Consensus Canadian Guidelines for Diagnosis and Management of Listeriosis

The recent nationwide outbreak of listeriosis with ongoing cases and fatalities has heightened physician and patient concerns surrounding this disease, its diagnosis, prevention, and management. Listeriosis is primarily an opportunistic infection targeting high risk groups and is reportable in all provinces and territories in Canada. The Public Health Agency of Canada convened an expert panel to provide information and recommendations to health care professionals and the general public on this disease, its diagnosis and management. The following are recommendations for health care professionals which have been agreed upon by experts and provincial and territorial public health officials. When in doubt, an infectious diseases consultation should be obtained.

### High Risk Groups

#### **Pregnant women**

asymptomatic - no screening or prophylaxis indicated.

symptomatic - sepsis syndrome, febrile flu-like illness where a blood culture would be clinically indicated, pyelonephritis or chorioamnionitis – blood and urine cultures and empiric therapy to include coverage for *Listeria* (ampicillin or in penicillin allergic patients – cotrimoxazole<use with caution in pregnant patients> or vancomycin).

Samples for testing– blood and urine cultures.

Stool or vaginal swabs– of limited or no value – not recommended.

No “blood test” available for *Listeria* except for blood cultures in symptomatic individuals.

Neonates with an acute or delayed sepsis disease syndrome should have empiric *Listeria* coverage while undergoing a diagnostic workup for sepsis in the newborn.

#### **Immunocompromised**

Asymptomatic – no screening or prophylaxis indicated.

Symptomatic - sepsis syndrome, febrile flu-like illness, meningitis, acute arthritis etc. – appropriate blood, urine, CSF cultures and empiric therapy to cover *Listeria* (ampicillin or in penicillin allergic patients – cotrimoxazole or vancomycin,). Note that cephalosporins have no activity against *Listeria*.

Samples for testing:- blood, urine, sterile body fluid cultures

Stool or vaginal swabs – of limited or no value – not recommended

No “blood test” available for *Listeria* except for blood cultures in symptomatic individuals.

#### **Elderly or nursing or personal care home residents**

Asymptomatic – no screening or prophylaxis indicated.

Symptomatic - sepsis syndrome, febrile flu like illness, meningitis, etc. appropriate blood, urine, CSF cultures and empiric therapy to cover *Listeria* (ampicillin or in penicillin allergic patients – cotrimoxazole or vancomycin). Again note that cephalosporins have no activity against *Listeria*.

Samples for testing: - blood, urine, sterile body fluid cultures

Stool or vaginal swabs – of limited or no value – not recommended.

No “blood test” available for *Listeria* except for blood cultures in symptomatic individuals.

No risk of nosocomial transmission with standard blood and body fluid precautions.

### Low Risk Groups

#### **The normal host**

Asymptomatic – no screening or prophylaxis indicated.

Symptomatic – sepsis syndrome, flu-like febrile illness, intra-abdominal infection etc.

Samples and treatment as per routine management protocols. Empiric *Listeria* therapy not indicated unless a solid link between contaminated food product consumption and disease can be made.

Stool samples of limited or no value in *Listeria* diagnosis – not recommended.

No “blood test” available for *Listeria* except for blood cultures in symptomatic individuals.