



CASE ACCESSION NUMBER



### Listeriosis Questionnaire Supplement

In addition to completing the *Manitoba Health Invasive Listeriosis Questionnaire*, please complete this interview supplement for Listeriosis case interviews, to support an ongoing national outbreak of *Listeria monocytogenes*.

#### Holiday related questions

Cases within an ongoing national outbreak of *Listeria monocytogenes* appear to cluster around major holiday periods, including Thanksgiving, Christmas, and Easter. To support the ongoing investigation, we are seeking additional information about foods that may have been consumed by cases during these timeframes.

Did you/the case participate in any holiday meals or celebrations (e.g. meals at home, at social gatherings, or with friends/family?)  Y  P  N  DK

*If yes, please specify further details below*

Description of holiday meal/gathering	Holiday celebrated:  Location:  Date of holiday meal:
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What foods did you/the case eat at the holiday meal(s)?	Appetizers:  Main dishes:  Side dishes:  Dips/sauces:  Desserts:  Beverages:
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Did you/the case receive or consume any food items given as gifts?  Y  P  N  DK

*Prompts: Consider items such as desserts or gift baskets.*

If yes, please specify:



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Around the recent holiday period, did you/the case eat or drink any foods or beverages that you don't typically consume at other times of the year?  Y  P  N  DK

*Prompts: Consider foods or beverages with holiday related flavors or those that are only available for purchase at the holidays*

If yes, please specify:

**Herbs**

Dill and dill-containing products are one item of interest in the investigation and are an easily forgotten exposure not usually asked about during initial interview. We would like to gather more information about these foods that may have been consumed by cases during their exposure period.

Did you/the case consume any dill, or products containing dill?  Y  P  N  DK

*Prompts: Consider items such as salads (e.g., potato, pasta, Greek, green), dressings, dips, soups, sauces, or as a garnish (e.g., on salmon or vegetables).*

If yes, please specify:

**Leftovers**

Do you/the case have any foods or beverages that were consumed prior to the illness still available in your fridge, freezer or cupboards?  Y  N  DK

Details:

**Notes for interviewer:**

- For products with longer shelf lives, focus on products that are newly opened/used during the exposure period (e.g., we would not be interested in a condiment/spice that has been open/used for the past year).
- Please ask the case to retain the leftover items (preferably in their original packaging and stored in the refrigerator or freezer if not shelf stable). Inform the case that public health may follow up if testing is requested.

**Consent**

Do you/the case consent to be contacted by the Public Health Agency of Canada if required?

Y  N

**Note for interviewers:**

- If possible, please ask the case to review and retain their food purchase records for the three months prior to the case's symptom onset date. The Public Health Agency of Canada may ask to review purchase records to confirm product information.

Thank you for your time in completing this form and for helping to identify possible sources for your infection. The data collected is kept confidential and identifying information will not be disclosed for any other purpose without your consent.

May 14, 2026