



**Yakima Health District**  
1210 Ahtanum Ridge Drive  
Union Gap, WA 98903  
Phone (509) 249-6541  
Confidential Fax (509) 249-6628  
[www.yakimapublichealth.org](http://www.yakimapublichealth.org)

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### **Listeriosis Update for Health Care Providers**

In the preceding five weeks, three pregnant women from the south central Washington region have been diagnosed with listeriosis. One stillbirth occurred, one preterm infant died, and the sole surviving child was in intensive care but has since recovered and has been discharged home. DNA fingerprinting demonstrates a single strain affecting all three cases. Investigation of how the cases are linked and pursuit of the possible common source of infection continues by the Yakima Health District, Klickitat County Health Department, and Washington State Department of Health (DOH). The similar location, timing, and common strain are strongly suggestive of an association. The operating assumption is that they acquired infection from a common food product. Additional information obtained in working with DOH, suggest that similar cases in Washington State matching this DNA fingerprint over the past two years have been associated with consumption of soft style cheeses.

Listeriosis is caused by *Listeria monocytogenes*, a gram-positive bacillus that is most commonly associated with disease in pregnant women, neonates, and immunocompromised individuals. Clinical manifestations include chorioamnionitis and septic abortion or pre-term delivery in pregnant women and meningoencephalitis or sepsis in infants and immunocompromised individuals. Febrile gastroenteritis is occasionally observed in otherwise healthy non-pregnant individuals. Pregnant women may present with a mild febrile illness that is difficult to differentiate from other less worrisome conditions. Post-partum courses are usually uneventful for affected women, but mortality can approach or exceed 50% among affected infants and immunocompromised individuals.

Diagnosis is based upon clinical suspicion and isolation of the organism from affected fluids or tissues (e.g., blood, cerebrospinal fluid, meconium, placenta). **The microbiology laboratory should be notified when listeriosis is suspected so that its isolation is specifically pursued and growth is not mistaken for saprophytic organisms (e.g., diphtheroids).** Management includes administration of ampicillin and gentamycin and supportive care (usually intensive care for neonates and immunocompromised). Alternative treatment for penicillin-allergic patients includes trimethoprim-sulfamethoxazole. Cephalosporins are not effective against *L. monocytogenes*.

Listeriosis is most often acquired by ingestion of the following contaminated animal products: soft cheeses, unpasteurized milk and foods made from it, uncooked hot dogs, ready-to-eat delicatessen meats, and pates. The organism can multiply in contaminated foods even when held at refrigeration temperatures. Prevention focuses on basics of good food handling and avoidance of the aforementioned food products by pregnant women and immunocompromised individuals. Prior to consumption by high-risk individuals, any such foods must be heated until steaming hot. Hard cheese, processed cheese, cream cheese, cottage cheese, and yoghurt need not be avoided.

If you suspect listeriosis in a patient, please be sure to collect appropriate specimens for culture. If the diagnosis is confirmed, please ask the laboratory to save the isolate. Report confirmed cases to YHD on the same or next working day by calling (509) 249-6541. Informational materials targeted at pregnant women are available on the YHD web page or by calling the number listed above. Thank you for your consideration of this matter.

*Chris Spitters, MD*

Chris Spitters, MD/MPH  
Health Officer