

LISTERIOSIS

Disease Name	
Disease	Indicate whether this is a case of perinatal or non-perinatal listeriosis. If this is a perinatal case, answer all questions in relation to the mother, not the baby, unless otherwise specified.
Basis of Diagnosis	
CLINICAL CRITERIA	
Fits clinical description	<p>Tick "Yes" if the case fits the clinical description as follows:</p> <p>An infection that produces several clinical syndromes including stillbirths, listeriosis of the newborn, meningitis, bacteraemia, or localised infections. Pregnant women, the immunosuppressed and the frail elderly are at the greatest risk.</p>
Clinical features	Ideally, obtain information on all of the clinical features listed. The first column of clinical features relates to perinatal cases and the second to non-perinatal cases. Complete whichever column applies. If the feature was present, record by ticking the "Yes" box. If not, tick the "No" box. If not known or unavailable then tick the "Unknown" box.
LABORATORY CRITERIA	
Isolation of <i>Listeria monocytogenes</i>	Indicate whether <i>Listeria monocytogenes</i> was isolated from a normally sterile site. If this information is not yet available, tick "Awaiting results". If no specimen was sent to the laboratory, tick "Not Done". If "Yes", specify the site from which the organism was isolated. The first two categories of mother and foetus/neonate relate to perinatal cases only - specify the sites in both the mother and the foetus/neonate. Tick "other site" and specify if the site is not listed.

STATUS	<p>Under investigation - A case that has been notified but information is not yet available to classify it as confirmed.</p> <p>Probable - Nil</p> <p>Confirmed - A clinically compatible illness and isolation of <i>L. monocytogenes</i> from a normally sterile site, including the foetal gastrointestinal tract.</p> <p>Not a case - A case that has been investigated, and subsequently has been found not to meet the case definition.</p>
ADDITIONAL LABORATORY DETAILS	
Serotype	Specify serotype if known.
Risk Factors	
PERINATAL CASES	
Pregnancy details	<p>Specify the date the baby was due and the date of delivery, if known. If date is not known tick the "Unknown" box. Indicate the number of weeks gestation at date of delivery.</p> <p>Indicate whether the foetus/infant died. If "Yes" give the date of death. If not known or unavailable then tick the "Unknown" box. If the foetus/infant's death was not due to listeriosis or its complications, specify the cause of death; in particular, if the death was due to pre-term delivery.</p>
NON-PERINATAL CASES	
Underlying illness	Indicate whether the case had an underlying illness. If "Yes", give details of the illness. If not known or unavailable then tick the "Unknown" box.
Immunosuppressive drugs	Indicate whether the case was receiving immunosuppressive drugs. If "Yes", specify the drug(s). If not known or unavailable then tick the "Unknown" box.
Admitted to hospital	Indicate whether the case was admitted to hospital for treatment of an illness other than listeriosis. If "Yes", specify the illness. If not known or unavailable then tick the "Unknown" box.

ALL CASES	
Source identified	Indicate whether the source of illness was identified. If "Definite" or "Suspect", specify the source and how the source was implicated. Tick all that apply and specify details where appropriate.
Overseas travel	Indicate whether the case was overseas during the incubation period for the disease (range = 3-70 days). If not known or unavailable then tick the "Unknown" box.
Other risk factor for listeriosis	Specify any other risk factors under surveillance for listeriosis if they were present.
Source	
This section summarises the results of the investigation. Data will contribute to local case management and to descriptive epidemiology. Please complete this subsection fully for national surveillance purposes.	
Confirmed source	Indicate whether the source of illness was identified by epidemiological evidence or by laboratory evidence.
a) epidemiological evidence	Indicate whether a source was confirmed by epidemiological evidence e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with a known case.
b) laboratory evidence	Indicate whether a source was confirmed by laboratory evidence e.g. organism or toxin of same type identified in food or drink consumed by the case.
Specify confirmed source	If the source of the illness was confirmed, specify the source and how it was implicated. Tick all that apply and specify the details.
Probable source	If "No" confirmed source, then indicate whether a probable source was identified. If "Yes", tick all that apply and specify the details.
Management	
CASE MANAGEMENT	
Excluded from work or school/pre-school/childcare	Indicate whether the case was excluded from work or school/pre-school/childcare until well. If the case does not attend work or school/pre-school/childcare tick the "NA" (not applicable) box. If not known or unavailable then tick the "Unknown" box.