

LISTERIOSIS

Clinical Features: Manifestations are host dependent. In elderly and immunocompromised persons, sepsis and meningitis are the main presentations. Pregnant women experience a mild, flu-like illness followed by fetal loss or bacteremia and meningitis in their newborns. Immunocompetent persons may experience acute febrile gastroenteritis.

Etiologic Agent *Listeria monocytogenes*, a gram-positive rod-shaped bacterium.

Incidence Approximately 2500 cases annually in the United States.

Sequelae An estimated 500 fatal cases each year.

Transmission Contaminated food. Rare cases of nosocomial transmission have been reported.

Risk Groups: For invasive disease: immunocompromised individuals, pregnant women and their fetuses and neonates, and the elderly.

Surveillance: Active laboratory- and population-based surveillance in FoodNet. In addition, passive surveillance data for many other areas of the nation has recently become available through the National Electronic Telecommunications System for Surveillance (NETSS). To improve surveillance, the Council of State and Territorial Epidemiologists has recommended that all *L. monocytogenes* isolates be forwarded to state public laboratories for subtyping through the National Molecular Subtyping Network for Foodborne Disease Surveillance (PulseNet). At least 33 states have regulations requiring health care providers to report cases of listeriosis.

Trends: Although the annual incidence of listeriosis decreased by 44% between 1989 and 1993, it has remained stable at approximately 5 cases per million population over the past 5 years. In 2000, an outbreak that resulted in 29 illnesses, 4 deaths, and 3 miscarriages in 10 states was traced to consumption of contaminated turkey meat.

Challenges: Improving the safety of processed meats through meticulous in-plant sanitation and post-packaging pasteurization; intensify education efforts for high-risk consumers to reduce their risk of listeriosis.