



March 9, 2010

ALERT

ATTENTION: Perinatal Care Providers

Guidelines for Diagnosis and Treatment for Suspected Listeriosis

Preamble:

Although listeriosis is an uncommon condition in pregnancy, it can be a serious cause of maternal illness with potentially adverse outcomes for the fetus. This issue has been highlighted by a recent identification of *Listeria monocytogenes* bacteria in Camembert cheese manufactured by Moonstruck Organic Cheese. A routine sampling revealed that one wheel of the finished product contained the *Listeria monocytogenes* bacteria; however, other batches of product may also be affected.

The full Health Alert outlining the varieties, codes and best before dates of Camembert that are potentially contaminated may be accessed on the BC Centre for Disease Control website at www.bccdc.ca

Consumption of unpasteurized milk and cheese and soft pasteurized cheeses are the most common cause of listeriosis in pregnant women in British Columbia. In pregnancy, consideration of listeriosis in clinical differential diagnoses is particularly important. Pregnant women should also avoid other higher risk foods such as deli meats and smoked raw fish.

Recommendations:

- A. If a pregnant woman presents with sepsis syndrome (which may include fever, chills, with or without focal respiratory or GI symptoms), *Listeria monocytogenes* infection should be considered.

In any pregnant woman with sepsis, consultation with Infectious Diseases should be considered. In conjunction with full clinical and laboratory evaluation, two sets of aerobic and anaerobic blood cultures should be taken, (stool cultures are not required). Bacteremia and / or chorioamnionitis is usually an indication for broad spectrum, combination antimicrobial therapy, with Ampicillin, Gentamycin and Flagyl. Attention to adequate dosing of aminoglycosides in pregnancy is critical. The inclusion of ampicillin and gentamycin is considered appropriate therapy for *L. monocytogenes*.

- B. If a pregnant woman presents with diarrhea or other GI symptoms and/or arthralgia or myalgia, a blood culture for *Listeria monocytogenes* should be sent. If this is positive, and the level of illness does not require hospitalization, then oral therapy can be used. Consultation with local experts is recommended. Recommended oral therapy: Amoxicillin 1-2 grams divided into 3 doses, daily, orally, for 14 days. Use Erythromycin (not estolate form) if history of penicillin allergy. Duration of therapy is generally recommended to be 2 weeks.
- C. If a pregnant women presents with fever and GI symptoms and has eaten the recalled cheese, she should be treated in a similar manner as in B above. A stool culture should be taken but treatment started without waiting for the results.
- D. Infants delivered of mothers with suspected or proven Listeriosis should be seen by a pediatrician and consultation with Paediatric infectious diseases experts should be considered. Usual treatment for infants with suspected or proven listeriosis is ampicillin 200-300mg/kg/day in 4-6 doses for 3 weeks.