

CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

Study aims to improve standard of care for neonatal listeriosis

A new Canadian Paediatric Surveillance Program (CPSP) study is set to determine incidence and risk factors of early and late-onset of neonatal listeriosis to develop evidence-based guidelines for diagnosis and management.



“[Canada’s] existing passive surveillance system captures epidemiological trends (outbreaks) and thus serves its purpose. But it does not allow extracting clinical information on early versus late onset [neonatal] listeriosis,” said Dr. Tobias Kollmann, one of the study’s principal investigators and associate professor in the Division of Infectious and Immunological Diseases at the University of British Columbia.

Factors contributing particularly to late-onset (after the first 7 days of life) infection are poorly understood. This lack of understanding makes it difficult to develop an evidence-based approach to management, said Dr. Kollmann.

For example, ampicillin is used to target neonatal listeriosis, but the age limit at which it is no longer recommended is unclear. Dr. Kollmann said that since Canada’s current passive surveillance system does not capture the outcome of neonatal listeriosis, it is challenging to develop guidelines aimed at minimizing long-term morbidity.

“Lack of evidence to guide our best approach to therapy is unfortunately more the norm than the exception

in paediatrics in general,” said Dr. Kollmann. “However, as most paediatricians do, we strive to change this by gathering the evidence and facts to help improve our current practice. This study will do this for listeriosis, which is one of the most prominent age-dependent infectious causes of morbidity and mortality in Canada.”

Dr. Kollmann hopes the study will help to evaluate the need for empiric ampicillin beyond one month of age, and will also document outcomes from neonatal listeriosis.

“Participation of paediatricians via the CPSP will provide this missing data and thus improve standard of care for early- and late-onset listeriosis,” said Dr. Kollmann.

Based on data from the United Kingdom and the United States, researchers expect five to eight cases per 100,000 live births (about 19 to 30 annually) in Canada.

“With a more active search via the CPSP, we might well discover the incidence to differ from these expected numbers,” said Dr. Kollmann.

For more information on this and other CPSP studies, visit www.cpsp.cps.ca

Improving care for at-risk newborns

Every year about 10% of babies born require bag mask ventilation or more extensive resuscitation at birth, and the vast majority (at least 70%) of these procedures occur outside tertiary care centres.

ACoRN—or Acute Care of At-risk Newborns, is a training program that recently became part of the CPS family. The program educates and supports multidisciplinary teams in neonatal stabilization, helping them identify and care for babies who become or are at risk of becoming unwell in the first few hours or days of life.

ACoRN uses clinical scenarios to enrich learning and to reflect an interdisciplinary approach to clinical care, teaching and evaluation.

For more information, visit www.cps.ca/en/acorn

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