Listeria in the newborn and early infancy (LN)

CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

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REPORTING INFORMATION (To be completed by the CPSP) Report number: Month of reporting: Province: Today's date:

Please complete the following sections for the case identified above.

Strict confidentiality of information will be assured.

CASE DEFINITION FOR LISTERIA IN THE NEWBORN AND EARLY INFANCY

Report any new patient less than six months of age, meeting the following criteria:

- 1. Definitive
 - Positive culture of Listeria from a usually sterile site, such as blood, CSF or pleural fluid; or
 - Positive culture of Listeria from the placenta in the presence of compatible clinical features of listeriosis (sepsis, meningitis, respiratory distress, etc.);

Probable

	 Positive PCR for Listeria from a usually sterile site or the placenta in the presclisteriosis (sepsis, meningitis, respiratory distress, etc.). 	ence of co	ompatible c	linical features of		
	Month first seen:					
SEC	TION 1 – DEMOGRAPHIC INFORMATION					
1.1	Date of birth: / / 1.2 Sex: Male	Female_				
1.3 1.4	Place of residence (province or territory): Ethnicity (check all that apply): Arab Black Chinese Korean Latin American South Asian (e.g., Bangladeshi, F Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian) _ West Asian (e.g., Afghan, Assyrian, Iranian) White First Nations Inuit Métis Other (specify): Unknown TION 2 - PRENATAL MEDICAL HISTORY	Filipir Punjabi, \$ 	Sri Lankar	-		
2.1	Gestational age at birth: weeks completed					
2.2	Birth weight: grams					
2.3	Type of delivery: Vaginal Instrumental – Forceps Vacuur	m	Caesarea	an section		
2.4	APGAR score at: 1 minute 5 minutes 10 minutes					
2.5	Was the infant the product of a singleton pregnancy?	Yes	No	Unknown		
	If no, the infant was born: first second other, specify:					
2.6	Meconium-stained amniotic fluid?	Yes	No	Unknown		
2.7	Prolonged rupture of membranes (PROM >18 hours prior to delivery)?	Yes	No	Unknown		
2.8	Was clinical diagnosis of chorioamnionitis made?	Yes	No	Unknown		
2.9	Was maternal antibiotics given (e.g., GBS prophylaxis)?	Yes	No	Unknown		
2.10	Elevated maternal temperature >38°C?	Yes	No	Unknown		
2 11	Flevated maternal WRC (WRC >10 000) at or after onset of labour?	Yes	Nο	Unknown		

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SEC	TION 2 – PRENATAL MEDICAL HISTORY (co	ont'd)						
	Was there maternal flu-like illness (defined as such as runny nose) within 48 hours of deliver Were maternal cultures taken?	ry? Yes	No	\	Jnknown	<u>. </u>		
2.13	If yes: Blood Other, specify:	Yes						
SEC.	TION 3 - POSTNATAL HISTORY		_ '\`					
3.1	Age at first presentation: hours (if <24)	or dav	2.					
3.2	Feeding: Breast Formula Noth Clinical signs of sepsis • Rash	-		 No	Unknown	I		
	 Poor Feeding / Feeding intolerance / Diarrhe Respiratory distress / Apnea / Cyanosis Hyperthermia / Hypothermia 							
	 Lethargy / Irritability / Seizures / Hypotonia / Disseminated intravascular coagulopathy (E Hypoperfusion / Shock 							
SEC	TION 4 – LABORATORY INVESTIGATIONS O	ON INFANT						
4.1 4.2	DD MM YYYY							
4.3	Microbiology – in the results columns, place Po	ositive for Lis	teria (+	-), Nega	tive (–), Un			
		Culture res	sults	PCR i	esults	Dates DD / MM / YYYY		
	Blood							
	CSF							
	Other sterile site (specify which site):							
4.4	Was CSF obtained? Yes No Unknown If yes, result of initial CSF analysis: WBC % total neutrophils % Immature neutrophils Smear							
4.5	CBC (complete blood count) at the time of presentation? Yes No Unknown If yes, result of initial CBC at presentation:							
4.6.	HB HCT WBC Total neutrophils Bands Platelets Was liver function tested at time of diagnosis? Yes No Unknown If yes, result of initial LFT analysis: AST(SGOT) ALT GGT Total/conjugated bilirubin							
SEC	TION 5 – CLINICAL COURSE AND OUTCOM	E						
5.1	What antibiotic(s) was(were) used to treat liste Length of antibiotic therapy (in days):							

5.2 Was the child already in hospital at onset of symptoms? Yes ___ No ___

Weight on readmission: ____ grams

SECTION 5 - CLINICAL COURSE AND OUTCOME (cont'd)

5.3	Was th	ne child admitted to the ICU? Yes No									
	If yes, specify length of stay in days:										
	5.3.1 Was the child already in ICU at onset of symptoms? Yes No										
	If yes, indicate number of days from onset of symptoms to discharge/death:										
	5.3.2	Assisted ventilation due to Listeria infection? Yes No Unknown									
	5.3.3	Already ventilated for other reasons at time of symptom onset? Yes No Unknown									
	5.3.4	Indicate number of days of assisted ventilation after onset of symptoms due to Listeria:									
5.4	Was the child discharged? Yes No Unknown										
	If yes, specify date of discharge: / /										
	If yes, where was the child discharged? Home To another care facility										
5.5		e of discharge, had hearing been tested? Yes No Unknown specify result:									
	Did the child have any sequelae at the time of discharge? Yes No Unknown										
		If yes, specify:									
5.6	If the child is still in the hospital, indicate total length of stay: days / weeks										
5.7		child deceased? Yes No									
	ir yes,	age at time of death: days / months									
SEC	TION 6	– PUBLIC HEALTH									
6.1	Was the source of the infection identified? Yes No										
	If yes,	If yes, did this case occur in the context of a known outbreak? Yes No									
		I agree to be contacted by the CPSP for further information.									
		I do not wish to be contacted by the CPSP for further information.									
SEC	TION 6	- REPORTING PHYSICIAN									
First	name_	Surname									
Addı	ess										
City_		Province Postal code									
Tele	phone n	umberFax number									
- m	oil	Data completed									

Thank you for completing this form.

(LN 2015/05)