

Listeria in the newborn and early infancy (LN)

CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

2305 St. Laurent Blvd.
Ottawa, ON K1G 4J8
Tel: 613-526-9397, ext. 239
Fax: 613-526-3332
cpsp@cps.ca
www.cpsp.cps.ca

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.);

2. Probable

- Positive PCR for Listeria from a usually sterile site or the placenta in the presence of compatible clinical features of listeriosis (sepsis, meningitis, respiratory distress, etc.).

Month first seen: _____

SECTION 1 – DEMOGRAPHIC INFORMATION

1.1 Date of birth: ____ / ____ / ____
DD MM YYYY

1.2 Sex: Male ____ Female ____

1.3 Place of residence (province or territory): _____

1.4 Ethnicity (check all that apply): Arab ____ Black ____ Chinese ____ Filipino ____ Japanese ____
Korean ____ Latin American ____ South Asian (e.g., Bangladeshi, Punjabi, Sri Lankan) ____
Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian) ____
West Asian (e.g., Afghan, Assyrian, Iranian) ____ White ____
First Nations ____ Inuit ____ Métis ____ Other (specify): _____
Unknown ____

SECTION 2 – PRENATAL MEDICAL HISTORY

2.1 Gestational age at birth: ____ weeks completed

2.2 Birth weight: ____ grams

2.3 Type of delivery: Vaginal ____ Instrumental – Forceps ____ Vacuum ____ Caesarean 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 Elevated maternal WBC (WBC >10,000) at or after onset of labour? Yes ____ No ____ Unknown ____

SECTION 2 – PRENATAL MEDICAL HISTORY (cont'd)

- 2.12 Was there maternal flu-like illness (defined as fever, cough, +/- symptoms of upper respiratory tract infection such as runny nose) within 48 hours of delivery? Yes ___ No ___ Unknown ___
- 2.13 Were maternal cultures taken? Yes ___ No ___ Unknown ___
- If yes: Blood ___ Other, specify: _____ Results: _____

SECTION 3 – POSTNATAL HISTORY

- 3.1 Age at first presentation: ___ hours (if <24) or ___ days;
- 3.2 Feeding: Breast ___ Formula ___ Nothing per os (NPO) ___
- 3.3 Clinical signs of sepsis
- | | Yes | No | Unknown |
|---|-----|-----|---------|
| • Rash | ___ | ___ | ___ |
| • Poor Feeding / Feeding intolerance / Diarrhea | ___ | ___ | ___ |
| • Respiratory distress / Apnea / Cyanosis | ___ | ___ | ___ |
| • Hyperthermia / Hypothermia | ___ | ___ | ___ |
| • Lethargy / Irritability / Seizures / Hypotonia / Hypertonia | ___ | ___ | ___ |
| • Disseminated intravascular coagulopathy (DIC) | ___ | ___ | ___ |
| • Hypoperfusion / Shock | ___ | ___ | ___ |

SECTION 4 – LABORATORY INVESTIGATIONS ON INFANT

- 4.1 Date patient was first diagnosed: ___ / ___ / ___
DD MM YYYY
- 4.2 Province/territory where diagnosis was made: _____
- 4.3 Microbiology – in the results columns, place Positive for Listeria (+), Negative (-), Unknown (?) or Not done (ND):

	Culture results	PCR results	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:
HB _____ HCT _____ WBC _____ Total neutrophils _____ Bands _____ Platelets _____
- 4.6. 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 _____

SECTION 5 – CLINICAL COURSE AND OUTCOME

- 5.1 What antibiotic(s) was(were) used to treat listeriosis? _____
Length of antibiotic therapy (in days): _____
- 5.2 Was the child already in hospital at onset of symptoms? Yes ___ No ___
If readmitted, date of readmission: ___ / ___ / ___
DD MM YYYY
Weight on readmission: _____ grams

