Listeriosis

What is Listeria?

Listeria monocytogenes are gram-positive rods that cause infection primarily in pregnant women, newborns, the elderly and immunocompromised persons. Both sporadic cases and outbreaks have occurred among immunocompetent persons associated with very highly contaminated food products. Routine stool cultures do not detect Listeria so non-invasive cases may be missed. The incubation period is not known with certainty but probably ranges from 3–70 days with an estimated median incubation period of 3 weeks.

L. monocytogenes are common in the environment. The organism is easily recovered from soil, water, sewage, vegetation, silage, commercial meat, and dairy products. Domestic and wild mammals, birds, and man may be asymptomatic carriers of Listeria in their intestinal flora. Up to 5% of humans may be excreting L. monocytogenes in their stools at any given time, although person-to-person transmission is rare.

What are the primary mode of transmission?

Listeriosis is primarily a foodborne infection. Consuming contaminated food items has been identified as the source of infection in both sporadic and outbreak-associated cases. Listeria can be found in a variety of foods, including soft cheeses (e.g. Brie, Camembert, Mexican-style fresh cheeses, Roquefort, Bleu), hot dogs and other ready to eat meats, smoked fish, lettuce, coleslaw, other salad items, ready-to-eat foods purchased from store deli cases, and raw milk. Home-made raw milk soft cheeses are a particular risk. Cross-contamination of ready-to-eat foods may also play a role in transmission. Listeria contamination frequently causes food product recalls. National listeriosis outbreaks have been associated with commercial domestic cheese (2013), commercial imported cheese (2012) and whole cantaloupes (2011).

Women infected during pregnancy may pass L. monocytogenes to the fetus, either transplacentally or at birth. Infection in a fetus may result in stillbirth or preterm delivery while infection in a neonate may present as meningitis or septicemia. Rare outbreaks in neonatal nurseries have been attributed to contaminated equipment or materials.

What is the communicability?

Person-to-person transmission, other than from mother to fetus or newborn, is rare. Mothers of infected newborns can shed the agent in vaginal discharges and urine for 7–10 days after delivery. Asymptomatic carriage of L. monocytogenes is well documented and infected individuals can shed the organism in stools for several months.

Resources:

- [Washington State Dept. of Health Listeriosis Guidelines](http://www.cdhd.wa.gov)

Visit our Facebook page
Expedited Partner Therapy—EPT
Sex Partner Treatment of CT and GC Infections

Expedited Partner Therapy provides for the treatment of sex partners of infected individuals at no cost. This treatment can be offered without requiring partners to be tested or seen by health care providers.

All partners of patients who test positive for Chlamydia or Gonorrhea should be treated as if they are infected. If a physician takes responsibility to ensure partner treatment, the provider should examine and treat all of the persons the patient had sex with in the 60 days prior to the date the patient was tested. If this is not possible, patients may be given medication to give to their sex partners.

PARTNER MANAGEMENT PLAN INSTRUCTIONS

Gonorrhea or Chlamydial Infection: Partner Treatment

All partners should be treated as if they are infected.

If the provider takes responsibility to ensure partner treatment, the provider should examine and treat all patients sex partners from the previous 60 days.

If this is not possible, patients should be offered medication to give to as many of their sex partners as they are able to contact and/or should be referred to Chelan-Douglas Health District for partner notification assistance.

Free medication is available for your patient’s partner(s).

To obtain FREE medication for your patient’s partner(s), call or fax a prescription to one of the pharmacies participating in your area.

For a prescription FAX form and list of participating pharmacies, call Chelan-Douglas Health District: 509-886-6417.

Note: Only participating pharmacies have stocks of FREE Public Health medication to dispense to patients for their partner(s).

Chelan-Douglas Health District may also provide free medication to your patient to give to his or her partner(s).

The Chelan-Douglas Health District recommends that you refer patients with any one or more of the following risks to the health department for help notifying their partners:
• Patient with 2 or more sex partners in the last 60 days, or
• Patient does not think he/she will have sex again with sex partners from the last 60 days, or
• Patient is unable/unwilling to contact one or more partner(s), or
• Patient is a man who has sex with other men

Although the Health Department requests that you refer patients with these risks to us, we also ask that you make every effort to help patients with these risks assure that their partners are treated, either by seeing the partners yourself or by offering patients free medication to give to their partners.

Complete the partner management plan on the Confidential Sexually Transmitted Disease Case Report FAX form to define a partner management plan.

For copies of this case report or questions on how to fill it out, call the Chelan-Douglas Health District: 509-886-6417.

Other STDs: Partner Treatment

All patients with infectious syphilis, chancreoid, LGV or granuloma inguinale are routinely contacted by Chelan-Douglas Health District. Patients diagnosed with genital herpes should be advised to notify their sex partners and should be informed that their partners should contact their provider for testing.

Resources
• Washington State Dept. of Health EPT Page
• STD Reporting Form and EPT Rx Form
Updated Human Rabies Prevention Guidelines-
Washington State Dept. of Health

Over the past year, a joint Washington State Department of Health (DPH) and local health jurisdiction (LHJ) work group reviewed and revised our guidance on rabies exposure assessment and post-exposure prophylaxis (PEP) recommendations with the intention of promoting consistent guidance from public health authorities throughout Washington State. The final version of this guidance document will be posted on the DOH website in the rabies resources section. The first page of the guideline algorithm is pictured below.

Resources:
- Washington State Dept. of Health Rabies Page
- Washington State Dept. of Health Rabies Guidelines
- Washington State Dept. of Health Suspect Rabies Exposure Guidelines
- Washington State Dept. of Health Suspect Rabies Exposure Reporting Form

Algorithm

<table>
<thead>
<tr>
<th>Animal type</th>
<th>Geographic location of exposure</th>
<th>NIIMT</th>
<th>PEP recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any rabid animal</td>
<td>Anywhere</td>
<td>Yes</td>
<td>Text if available</td>
</tr>
<tr>
<td>Dog, cat, or ferret</td>
<td>In or imported in past 6 months</td>
<td>Yes</td>
<td>Confine and observe for 10 days. If signs of rabies develop during observation, call LHJ for immediate testing (see rabies-testing section).</td>
</tr>
<tr>
<td>Wild carnivore</td>
<td>In an area with endemic rabies</td>
<td>Yes</td>
<td>- If tests positive, give PEP.</td>
</tr>
<tr>
<td>Wild animal hybrids</td>
<td>In Washington</td>
<td>Yes</td>
<td>- See special considerations for hybrids (wild carnivores section).</td>
</tr>
<tr>
<td>Raccoons</td>
<td>In Washington</td>
<td>Yes</td>
<td>Test if available.</td>
</tr>
<tr>
<td>Other wild carnivores</td>
<td>In Washington</td>
<td>Yes</td>
<td>Test if available.</td>
</tr>
<tr>
<td>Dog, cat, or ferret (DCO)</td>
<td>In the U.S. (or a country</td>
<td>No*</td>
<td>- If observing, PEP not necessary if animal healthy for 10 days.</td>
</tr>
<tr>
<td>Rodent, lagomorph, rabbit, or opossum</td>
<td>Anywhere</td>
<td>No*</td>
<td>PEP not recommended unless animal tests positive or unable to test a rabid animal (consult LHJ in such cases).</td>
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</tbody>
</table>

NOTE: See definitions and explanations on next page.