

Listeriosis

2006 Case Total 5
2005 Case Total 4

2006 Rate 0.14 per 100,000
2005 Rate 0.12 per 100,000

Listeriosis, although not a common disease, is often severe. Specific high risk groups such as individuals who are immunocompromised, pregnant or elderly are more likely to develop disease. The severity of the disease increases with the infection spreading to the nervous system causing symptoms ranging from headache and stiff neck to confusion and convulsions. In a pregnant woman, listeriosis can cause stillbirth, miscarriage, premature delivery or infection of the infant.

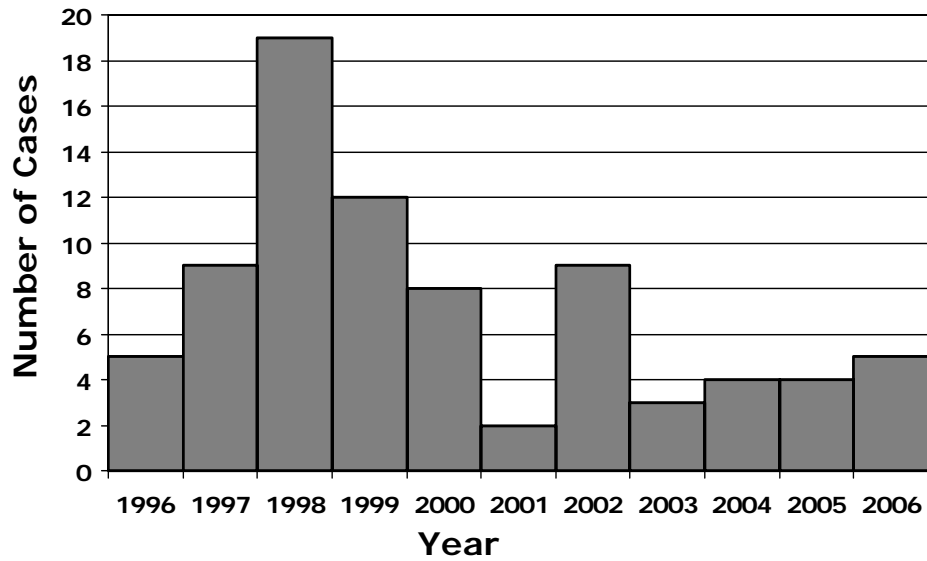
In Oklahoma, Listeriosis became notifiable in 2000. Since that time, there has been a range of two to nine cases reported each year. For the last three years, four to five cases have been reported each year. Oklahoma's incidence rate of listeriosis since 2000 has consistently remained below the national rate except for an increase in 2002 when the Oklahoma and U.S. rates were comparable at 0.26 and 0.24 per 100,000 respectively.

Of the five reported cases of listeriosis in Oklahoma in 2006, the median age was 58 years with a range of 43 to 69 years of age. Four of the five individuals were male (80%). Two cases reported their race as white with an unknown Hispanic ethnicity (40%), two cases (40%) reported their race as white for race and no Hispanic ethnicity, with the final case reporting Hispanic ethnicity and unknown race (20%). The geographic distribution of the cases was broad with two cases in Oklahoma county and one case each in Cleveland, Craig and Rogers counties.

Three of the five cases were hospitalized (60%), although not all specifically due to this disease. No cases expired during the course of their disease. The clinical symptoms of the cases were broad, four cases exhibited fever (80%) and one reported headache (20%). Four cases developed bacteremia (80%), while no cases developed meningitis or neurological symptoms. Additionally, no cases were pregnant, a common risk factor for listeriosis.

Prompt diagnosis of listeriosis is essential for effective treatment. Treatment with antibiotics given quickly to an infected mother can prevent infection of the fetus or newborn. All 2006 listeriosis cases reported in Oklahoma were sporadic cases. Outbreaks can occur due to a contaminated food item and suspicion of a common source should be quickly reported to the OSDH CDD to identify the source and prevent further infection. Identification of *Listeria monocytogenes* must be made from a normally sterile site such as blood or cerebrospinal fluid (or less commonly, joint, pleural, or pericardial fluid) and confirmed by the OSDH PHL.

**Reported Number of Listeriosis Cases by Year,
Oklahoma, 1996-2006**



**Listeriosis Incidence Rate by Year,
Oklahoma and U.S., 2000 - 2006**

