State of California—Health and Human Services Agency

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

LISTERIOSIS
CASE REPORT

This form should be used for all listeriosis cases meeting the confirmed or probable case definition **except** for neonatal cases. Neonatal case-patients (live born neonate <28 days old) should be entered on the neonatal listeriosis case report form. In most instances of pregnancy-associated listeriosis, both mother and neonate should be reported.

PATIENT INFORMATION

Last Name	First Name	Middle Name	Suffix

Primary Language
☐ English
☐ Spanish
☐ Other: _____

Social Security Number (9 digits)	DOB (mm/dd/yyyy)	Age	☐ Years ☐ Months ☐ Days

Ethnicity (check one)
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Unknown

Address Number & Street – Residence	Apartment / Unit Number

City / Town	State	Zip Code

Race(s)
(check all that apply, race descriptions on page 15)

The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

Census Tract	County of Residence	Country of Residence

Country of Birth	If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)

☐ American Indian or Alaska Native

☐ Asian *(check all that apply, see list on page 15)*

Home Telephone	Cellular Phone / Pager	Work / School Telephone

☐ Asian Indian	☐ Korean
☐ Bangladeshi	☐ Laotian
☐ Cambodian	☐ Malaysian
☐ Chinese	☐ Pakistani
☐ Filipino	☐ Sri Lankan
☐ Hmong	☐ Taiwanese
☐ Indonesian	☐ Thai
☐ Japanese	☐ Vietnamese

E-mail Address	Other Electronic Contact Information

Work / School Location	Work / School Contact

☐ Other: _____

Gender
☐ Female   ☐ Trans female / transwoman   ☐ Genderqueer or non-binary   ☐ Unknown
☐ Male   ☐ Trans male / transman   ☐ Identity not listed   ☐ Declined to answer

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander
  (check all that apply, see list on page 15)

Pregnant?	If Yes, Est. Delivery Date (mm/dd/yyyy)
☐ Yes ☐ No ☐ Unknown	

☐ Native Hawaiian	☐ Samoan
☐ Fijian	☐ Tongan
☐ Guamanian	

Medical Record Number	Patient's Parent/Guardian Name

☐ Other: _____

Occupation Setting (see list on page 16)	Other Describe/Specify

Occupation (see list on page 16)	Other Describe/Specify

☐ White

☐ Other: _____

☐ Unknown

ADDITIONAL PATIENT DEMOGRAPHICS

Sex Assigned at Birth
☐ Female   ☐ Unknown
☐ Male   ☐ Declined to answer

Sexual Orientation
☐ Heterosexual or straight
☐ Gay, lesbian, or same-gender loving
☐ Bisexual
☐ Questioning, unsure, or patient doesn't know
☐ Orientation not listed
☐ Declined to answer
☐ Unknown

CLINICAL INFORMATION

Physician Name - Last Name	First Name	Telephone Number

SIGNS AND SYMPTOMS

Symptomatic? ☐ Yes ☐ No ☐ Unknown	Onset Date (mm/dd/yyyy)	Date First Sought Medical Care (mm/dd/yyyy)	Duration of Acute Symptoms (days)

Note: Please provide copy of discharge summary, if available.

Signs and Symptoms	Yes	No	Unk	If Yes, Specify as Noted
Meningitis				
Bacteremia / sepsis				
Gastroenteritis (vomiting/diarrhea)				
Fever				If Yes, highest temperature (specify °F/°C)
Amnionitis				
Miscarriage / stillbirth				

Other signs / symptoms (specify)

PREGNANCY-ASSOCIATED CASES – DETAILS

Was the patient pregnant at onset? ☐ Yes ☐ No ☐ Unknown	If Yes, Number of Weeks Gestation	
Was a neonatal case-patient reported? ☐ Yes ☐ No ☐ Unknown	Neonatal Case ID	Neonatal Case Classification ☐ Confirmed ☐ Probable ☐ Not a Case

PAST MEDICAL HISTORY (ALL CASES)

Does the patient take any medications regularly? ☐ Yes ☐ No ☐ Unknown	If Yes, specify medication(s)
Does the patient have any medical conditions? (i.e., renal disease, diabetes, immune compromising conditions) ☐ Yes ☐ No ☐ Unknown	If Yes, specify medical condition(s)

HOSPITALIZATION

Did patient visit the emergency room for illness? ☐ Yes ☐ No ☐ Unknown		
Was the patient hospitalized? ☐ Yes ☐ No ☐ Unknown	If Yes, how many total hospital nights?	During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)? ☐ Yes ☐ No ☐ Unknown

If there were any ER visits or hospital stays related to this illness, specify details in the Hospitalization – Details section on next page.

HOSPITALIZATION – DETAILS

Hospital Name 1	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis
Hospital Name 2	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis

OUTCOME

Outcome? ☐ Survived ☐ Died ☐ Unknown	If Survived, Survived as of _____ (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)

If patient was pregnant, outcome of fetus?
☐ Stillborn ☐ Born alive but died within 7 days ☐ Alive and well

First three letters of
patient's last name: ☐ ☐ ☐

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY
If pregnancy-associated, enter information for maternal specimen. Enter information for neonatal specimen in the pregnancy-associated section below.

Specimen Type
☐ Blood ☐ CSF ☐ Placenta ☐ Stool ☐ Other: _____ ☐ None collected

Type of Test
☐ Culture ☐ Culture Independent Diagnostic Test (CIDT) ☐ Other: _____

Collection Date (mm/dd/yyyy)	*Result* ☐ *Listeria monocytogenes* ☐ Other *Listeria* species (specify): _____
Laboratory Name	*Telephone*
State Laboratory/Local Laboratory ID	*Whole Genome Sequencing ID*
Whole Genome Sequencing Allele Code	*Outbreak Code*

PREGNANCY-ASSOCIATED CASES ONLY

Was a neonatal specimen collected? ☐ Yes ☐ No ☐ Unknown	*If Yes, Neonatal Lab ID*
Collection Date (mm/dd/yyyy)	*Result* ☐ *Listeria monocytogenes* ☐ Other *Listeria* species (specify): _____

If mother is confirmed or probable from products of conception, the neonate is considered a probable case even if a specimen was not collected. If the mother is confirmed or probable from blood or CSF, the neonate is considered probable if clinically compatible. If neonate (<28 days) is confirmed or probable, the mother is considered a probable case even if a specimen was not collected.

EPIDEMIOLOGIC INFORMATION

INCUBATION PERIOD: 4 WEEKS PRIOR TO ILLNESS ONSET

Did the patient have any allergies that prevented him/her from eating any foods?
☐ Yes ☐ No ☐ Unknown

If Yes, specify
☐ Milk ☐ Eggs ☐ Peanuts ☐ Tree nuts ☐ Fish ☐ Soy ☐ Wheat ☐ Shellfish ☐ Other (specify): _____

Did the patient have a vegetarian or vegan diet? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify* ☐ Vegetarian ☐ Vegan
Did the patient have a special or restricted diet (medical, weight-loss, religious, cultural) or any other types of food the patient does not eat? ☐ Yes ☐ No ☐ Unknown	*If Yes, describe*

FOOD HISTORY – GROCERIES

WHERE DID PATIENT SHOP FOR GROCERIES?

1) Grocery stores or supermarkets, 2) Warehouse stores, such as Costco or Sam's Club, 3) Small markets (convenience stores, gas stations, etc.), 4) Ethnically specialty markets (e.g., Mexican, Asian), 5) Farmer's Markets, 6) Online stores or food received by mail, 7) Food eaten at home

Store / Location 1	*Address / Cross-streets*	
	City	*State*

Store / Location 2	*Address / Cross-streets*	
	City	*State*

Store / Location 3	*Address / Cross-streets*	
	City	*State*

(continued on page 4)

FOOD HISTORY – GROCERIES (continued)

Would you be willing to share your shopper card information?
☐ Yes   ☐ No   ☐ None available

If Yes, please store name and shopper card number:

Store name: _____   Shopper card # _____

Store name: _____   Shopper card # _____

Store name: _____   Shopper card # _____

FOOD HISTORY - OUTSIDE HOME

Did the patient consume food outside the home during the incubation period?
☐ Yes   ☐ No   ☐ Unknown

If Yes, specify name of place, location, date, and items consumed below. Include items eaten at any of the following:

- Buffet-style (where you serve yourself)
- Ethnic restaurants that are not fast-food, such as Mexican, Italian, Chinese
- Sandwich shops or delis
- Fast-food (drive up or pay at the counter)
- Event (wedding, party, conference)
- Any other type of restaurant/location (salad bars, food trucks, picnics, potlucks, concession stands, institutions, local farms or dairies)

Restaurant	Location	What food did patient eat?	Date(s)

FOOD CONSUMPTION HISTORY

CHEESE	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	Details (e.g., type, variety, brand, packaging, shape/ size, how prepared)	Made from raw milk?	Place of purchase or consumption
Feta	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Goat cheese	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Blue-veined cheese	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Brie or camembert	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Gouda	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Prepackaged shredded cheese	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Fresh mozzarella, sold in water	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Cottage cheese	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Ricotta cheese	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Other gourmet, fancy, or artisanal cheese	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Any cheese sliced at a deli counter	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	

FOOD CONSUMPTION HISTORY (continued)

CHEESE	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	Made from raw milk?	Place of purchase or consumption
Middle Eastern-style cheese (e.g., akawi, nebulsi)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Mexican- or Latin-style cheese	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
If ate (1) or likely ate (2) Mexican- or Latin-style cheese, what type(s)?								
Queso fresco	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Queso blanco	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Queso casero	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Cuajada	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Asadero	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Cotija	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Queso ranchero	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Requeson	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Oaxaca	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Other Mexican-Latin-style cheese (specify): _____	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Other soft cheese (not cream, cottage, ricotta) (specify): _____	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Any cheese from raw/unpasteurized milk	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	
Any other cheese (specify): _____	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		☐ Yes ☐ No ☐ DK	

OTHER DAIRY	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	Place of purchase or consumption
Milk	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
	Raw/unpasteurized? ☐ Yes ☐ No ☐ Unknown						
Whole	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
2%	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
1%	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Skim	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Other milk (e.g., chocolate, buttermilk)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Frozen yogurt	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Yogurt	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
	Raw/unpasteurized? ☐ Yes ☐ No ☐ Unknown						
Yogurt drinks	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Cream or half-and-half	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		

FOOD CONSUM PTION HISTORY (continued)							
OTHER DAIRY	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Place of purchase or consumption**
Ice cream bars, milkshakes, or frozen dairy desserts	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Ice cream	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
	Was any of the ice cream soft-serve? ☐ Yes ☐ No ☐ Unknown						
Sour cream or crema	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
SEAFOOD	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Place of purchase or consumption**
Precooked shrimp	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Precooked shellfish (e.g., crab, mussels, clams) specify: _____	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Refrigerated smoked or cured fish that was not from a can (e.g., smoked salmon)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Any raw fish or seafood, including sushi	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Frozen seafood (e.g., fish sticks or breaded fish)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
DIPS AND SPREADS	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Place of purchase or consumption**
Hummus	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Refrigerated fresh salsa or pico de gallo (not from a jar or a can)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Guacamole	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Other dips or spreads specify_____	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
FRUIT	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Place of purchase or consumption**
Apples, including apple slices	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	
	Were items purchased pre-sliced? ☐ Yes ☐ No ☐ Unknown						
Grapes	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Raisins	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Pears	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	
Peaches	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	
Nectarines	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	
Apricots	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	
Plums	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	

FOOD CONSUMPTION HISTORY (continued)

FRUIT	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	Place of purchase or consumption
Strawberries	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	
Raspberries	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	
Blueberries	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	
Blackberries	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	
Cherries	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	
Honeydew melon	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	*Were items purchased pre-sliced?* ☐ Yes ☐ No ☐ Unknown	
Cantaloupe	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	*Were items purchased pre-sliced?* ☐ Yes ☐ No ☐ Unknown	
Watermelon	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	*Were items purchased pre-sliced?* ☐ Yes ☐ No ☐ Unknown	
Pineapple	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	*Were items purchased pre-sliced?* ☐ Yes ☐ No ☐ Unknown	
Mango	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	*Were items purchased pre-sliced?* ☐ Yes ☐ No ☐ Unknown	
Papaya	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	
Avocado (including homemade guacamole)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	
Fruit salad (including pre-cut cubes of a single fruit)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	
Other fruit (specify): _____	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	
Fruit sorbet	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	☐ Fresh ☐ Frozen ☐ Dried	

DELI MEATS	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	Place of purchase or consumption
Ham	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	*Was it sliced at a deli counter?* ☐ Yes ☐ No ☐ Unknown	
Bologna	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	*Was it sliced at a deli counter?* ☐ Yes ☐ No ☐ Unknown	
Turkey Breast	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	*Was it sliced at a deli counter?* ☐ Yes ☐ No ☐ Unknown	
Chicken deli meat (NOT fresh or rotisserie)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	*Was it sliced at a deli counter?* ☐ Yes ☐ No ☐ Unknown	
Roast Beef	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99	*Was it sliced at a deli counter?* ☐ Yes ☐ No ☐ Unknown	

FOOD CONSUMPTION HISTORY (continued)							
DELI MEATS	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Place of purchase or consumption**
Pastrami or corned beef	□ 1	□ 2	□ 3	□ 4	□ 99		
	Was it sliced at a deli counter? □ Yes □ No □ Unknown						
Liverwurst or braunschweiger	□ 1	□ 2	□ 3	□ 4	□ 99		
	Was it sliced at a deli counter? □ Yes □ No □ Unknown						
Paté or meat spread that was not canned	□ 1	□ 2	□ 3	□ 4	□ 99		
Head cheese	□ 1	□ 2	□ 3	□ 4	□ 99		
	Was it sliced at a deli counter? □ Yes □ No □ Unknown						
Pepperoni	□ 1	□ 2	□ 3	□ 4	□ 99		
	Was it sliced at a deli counter? □ Yes □ No □ Unknown						
Any other Italian - style meats such as salami or prosciutto	□ 1	□ 2	□ 3	□ 4	□ 99		
	Was it sliced at a deli counter? □ Yes □ No □ Unknown						
Other deli/luncheon meat (specify): _____	□ 1	□ 2	□ 3	□ 4	□ 99		
	Was it sliced at a deli counter? □ Yes □ No □ Unknown						
Anything from a deli area where meat is sliced	□ 1	□ 2	□ 3	□ 4	□ 99		
	Was it sliced at a deli counter? □ Yes □ No □ Unknown						
OTHER MEAT/POULTRY	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	**Details** (e.g. type, variety, brand, packaging shape/size, how prepared)	**Place of purchase or consumption**
Precooked sausage	□ 1	□ 2	□ 3	□ 4	□ 99		
Precooked chicken (whole or parts, including rotisserie)	□ 1	□ 2	□ 3	□ 4	□ 99		
Other precooked meat (specify): _____	□ 1	□ 2	□ 3	□ 4	□ 99		
Cured or dried meat (e.g., jerky)	□ 1	□ 2	□ 3	□ 4	□ 99		
Hot dogs	□ 1	□ 2	□ 3	□ 4	□ 99		
	Were the hot dogs: □ Heated before being eaten □ Not heated before being eaten (eaten directly out of package) □ Unknown						
Frozen processed poultry (e.g., chicken nuggets or chicken pot pie) (specify): _____	□ 1	□ 2	□ 3	□ 4	□ 99		
Ground chicken or turkey (specify): _____	□ 1	□ 2	□ 3	□ 4	□ 99		

California Department of Public Health

First three letters of patient's last name: ☐ ☐ ☐

FOOD CONSUMPTION HISTORY (continued)

VEGETABLES AND OTHER PRODUCE	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	Details (e.g. type, variety, brand, packaging, shape/size, how prepared)	Place of purchase or consumption
Sprouts (including in a sandwich, salad, soup, sushi, or other food)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
If 1 or 2, Which of the following types of sprouts did you eat?							
Alfalfa	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Bean (e.g., mung, soybean)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Clover	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Radish	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Broccoli	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Mixed	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Other sprouts (specify): _____	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Cucumbers	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Pea pod/snap peas/snow peas	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Sweet peppers (green, red, orange, or yellow bell peppers)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Hot chili peppers such as jalapeños or serranos	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Green onions or scallions	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Celery	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Mini-carrots	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Fresh mushrooms	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Pre-cut raw vegetable mixes (e.g., celery, onions) specify: _____	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Fresh basil	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Fresh cilantro	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Fresh parsley	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Other fresh herbs (sage, thyme, dill etc.) Specify: _____	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Fresh tomatoes	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
If 1 or 2, what type(s) of tomatoes?							
Red round	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Roma	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Cherry/grape	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Other (specify): _____	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		

FOOD CONSUMPTION HISTORY (continued)

VEGETABLES AND OTHER PRODUCE	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	Details (e.g. type, variety, brand, packaging, shape/size, how prepared)	Place of purchase or consumption
Any lettuce	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
	If 1 or 2, Was any of the lettuce prepackaged? ☐ Yes (specify type and brand) ☐ No ☐ DK _____ **If 1 or 2, what types of lettuce?**						
Iceberg	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Romaine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Mesclun (spring mix)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Radish	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Any other leaf lettuce specify: _____	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Other prepackaged leafy green (e.g. kale, spinach specify): _____	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Premade green salad that includes other ingredients besides greens (e.g., cobb, Caesar salad)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Other produce (specify): _____	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		

DELI SALADS	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	Details (e.g. type, variety, brand, packaging, shape/size, how prepared)	Place of purchase or consumption
Potato salad	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
	Was it purchased from a deli counter? ☐ Yes ☐ No ☐ Unknown						
Pasta salad	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
	Was it purchased from a deli counter? ☐ Yes ☐ No ☐ Unknown						
Egg salad	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
	Was it purchased from a deli counter? ☐ Yes ☐ No ☐ Unknown						
Tuna salad	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
	Was it purchased from a deli counter? ☐ Yes ☐ No ☐ Unknown						
Chicken salad	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
	Was it purchased from a deli counter? ☐ Yes ☐ No ☐ Unknown						
Bean salad	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
	Was it purchased from a deli counter? ☐ Yes ☐ No ☐ Unknown						
Seafood salad	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
	Was it purchased from a deli counter? ☐ Yes ☐ No ☐ Unknown						
Cole slaw	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
	Was it purchased from a deli counter? ☐ Yes ☐ No ☐ Unknown						

First three letters of patient's last name: | | | |

FOOD CONSUMPTION HISTORY (continued)

DELI SALADS	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	Details (e.g. type, variety, brand, packaging, shape/size, how prepared)	Place of purchase or consumption
Other ready-to-eat meat or vegetable salad not made at home	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
	Was it purchased from a deli counter? ☐ Yes ☐ No ☐ Unknown						
Anything from a salad bar	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
	Was it purchased from a deli counter? ☐ Yes ☐ No ☐ Unknown						

OTHER FOODS	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	Details (e.g. type, variety, brand, packaging, shape/size, how prepared)	Place of purchase or consumption
Freshly-made smoothie with fresh or frozen fruit or produce	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Tahini	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Tofu, tempeh, or seitan	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Rice noodles	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Sandwiches from a refrigerated case or vending	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Peanut butter or other nut butters or nut cheeses	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Nuts including peanuts, almonds, cashews	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Seeds including chia, hemp, flax or sunflower	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Food brought from another country	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		

ANIMAL CONTACT	Spent time or fed (=1)	Likely spent time or fed (=2)	Likely did NOT spend time or feed (=3)	Did NOT spend time or feed (=4)	Don't know (=99)	Type of animal or pet food	Place of contact or purchase
Spent time at a petting zoo, farm, or other venue with livestock, such as cattle, sheep, goats etc.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Fed a cat or dog raw pet food (i.e. pet food marked as raw)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		
Fed a cat or dog refrigerated or freeze dried pet treats	☐ 1	☐ 2	☐ 3	☐ 4	☐ 99		

First three letters of patient's last name: | | | |
--- | --- | ---

TRAVEL HISTORY

Did the patient travel **outside county of residence** during the **incubation period**?
☐ Yes   ☐ No   ☐ Unknown

If Yes, specify all locations and dates below.

TRAVEL HISTORY – DETAILS

Travel Type	State	Country	Other location details (city, resort, etc.)	Date Travel Started (mm/dd/yyyy)	Date Travel Ended (mm/dd/yyyy)
☐ Domestic ☐ Unknown ☐ International					
☐ Domestic ☐ Unknown ☐ International					
☐ Domestic ☐ Unknown ☐ International					

ILL CONTACTS

Any contacts with similar illness (including household contacts)?
☐ Yes   ☐ No   ☐ Unknown

If Yes, specify details below.

ILL CONTACTS – DETAILS

Name 1	Age	Gender	Telephone Number	Type of Contact / Relationship	
	Street Address			Date of Contact (mm/dd/yyyy)	Illness Onset Date (mm/dd/yyyy)
	City	State	Zip Code	Exposure Event	

Name 2	Age	Gender	Telephone Number	Type of Contact / Relationship	
	Street Address			Date of Contact (mm/dd/yyyy)	Illness Onset Date (mm/dd/yyyy)
	City	State	Zip Code	Exposure Event	

NOTES / REMARKS

REPORTING AGENCY

Investigator Name	Local Health Jurisdiction	Telephone Number	Date (mm/dd/yyyy)

First Reported By
☐ Clinician   ☐ Laboratory   ☐ Other (specify):_____

EPIDEMIOLOGICAL LINKAGE

Epi-linked to known case? ☐ Yes ☐ No ☐ Unknown	Contact Name / Case Number

First three letters of
patient's last name:

DISEASE CASE CLASSIFICATION

Case Classification (see case definition on page 14)

☐ Confirmed   ☐ Probable   ☐ Suspect

Neonatal or Non-Neonatal*

☐ Neonatal   ☐ Non-Neonatal

*Note that infected pregnant women and/or their infected offspring are to be designated as "Neonatal" cases.

Nosocomial or Community Acquired

☐ Nosocomial   ☐ Community acquired

Specify if Foodborne

☐ Foodborne

OUTBREAK

Part of known outbreak?

☐ Yes   ☐ No   ☐ Unknown

If Yes, extent of outbreak

☐ One CA jurisdiction ☐ Multiple CA jurisdictions ☐ Multistate ☐ International ☐ Unknown ☐ Other (specify): _____

Mode of Transmission

☐ Point source   ☐Person-to-person   ☐ Unknown   ☐ Other:_____

Vehicle of Outbreak

Allele Code(s)

STATE USE ONLY

State Case Classification

☐ Confirmed   ☐ Probable   ☐ Suspect   ☐ Not a case

First three letters of
patient's last name:

CASE DEFINITION

LISTERIOSIS (2019)

CLINICAL DESCRIPTION

Systemic illness caused by *L. monocytogenes* manifests most commonly as bacteremia or central nervous system infection. Other manifestations can include pneumonia, peritonitis, endocarditis, and focal infections of joints and bones.

Pregnancy-associated listeriosis has generally been classified as illness occurring in a pregnant woman or in an infant aged < 28 days. Listeriosis may result in pregnancy loss (fetal loss before 20 weeks gestation), intrauterine fetal demise (>20 weeks gestation), pre-term labor, or neonatal infection, while causing minimal or no systemic symptoms in the mother. Pregnancy loss and intrauterine fetal demise are considered to be maternal outcomes.

Neonatal listeriosis commonly manifests as bacteremia, central nervous system infection, and pneumonia, and is associated with high fatality rates. Transmission of Listeria from mother to baby transplacentally or during delivery is almost always the source of early-onset neonatal infections (diagnosed between birth and 6 days), and the most likely source of late-onset neonatal listeriosis (diagnosed between 7–28 days).

Non-invasive Listeria Infections: Listeria infection manifesting as an isolate from a non-invasive clinical specimen suggestive of a non-invasive infection; includes febrile gastroenteritis, urinary tract infection, and wound infection.

LABORATORY CRITERIA FOR DIAGNOSIS

Confirmatory

Isolation of *L. monocytogenes* from a normally sterile site reflective of an invasive infection (e.g. blood, cerebrospinal fluid, pleural, peritoneal, pericardial, hepatobiliary, or vitreous fluid; orthopedic site such as bone, bone marrow or joint)

OR

For maternal isolates in the setting of pregnancy, pregnancy loss, intrauterine fetal demise, or birth, isolation of *L. monocytogenes* from products of conception (e.g. chorionic villi, placenta, fetal tissue, umbilical cord blood, amniotic fluid) collected at the time of delivery;

OR

For neonatal isolates in the setting of live births, isolation of *L. monocytogenes* from a non-sterile neonatal specimen (e.g. meconium, tracheal aspirate, but not products of conception) collected within 48 hours of delivery.

Presumptive

Detection of *L. monocytogenes* by CIDT from a normally sterile site reflective of an invasive infection (e.g. blood, cerebrospinal fluid, pleural, peritoneal, pericardial, hepatobiliary, or vitreous fluid; orthopedic site such as bone, bone marrow or joint)

OR

For maternal isolates in the setting of pregnancy, pregnancy loss, intrauterine fetal demise, or birth, detection of *L. monocytogenes* by CIDT from products of conception (e.g. chorionic villi, placenta, fetal tissue, umbilical cord blood, amniotic fluid) collected at the time of delivery;

OR

For neonatal isolates in the setting of live births, detection of *L. monocytogenes* by CIDT from a non-sterile neonatal specimen (e.g. meconium, tracheal aspirate, but not products of conception) collected within 48 hours of delivery.

Supportive

Isolation of *L. monocytogenes* from a clinical specimen collected from a non-invasive specimen source (e.g. stool, urine, wound) other than those specified under maternal and neonatal specimens

CASE DEFINITION (continued)

EPI-LINKAGE

For probable maternal cases:

A mother who does not meet the confirmed case criteria, **BUT** Who gave birth to a neonate who meets confirmatory or presumptive laboratory evidence for diagnosis, **AND** Neonatal specimen was collected up to 28 days of birth.

For probable neonatal cases:

Neonate(s) who do not meet the confirmed case criteria, **AND** Whose mother meets confirmatory or presumptive laboratory evidence for diagnosis from products of conception, **OR** A clinically compatible neonate whose mother meets confirmatory or presumptive laboratory evidence for diagnosis from a normally sterile site.

CASE CLASSIFICATION

Confirmed: A person who meets confirmatory laboratory evidence.

Probable: A person who meets the presumptive laboratory evidence; **OR**

A mother or neonate who meets the epidemiologic linkage but who does not have confirmatory laboratory evidence.

Suspect: A person with supportive laboratory evidence.

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

ASIAN GROUPS

- Bangladeshi
- Bhutanese
- Burmese
- Cambodian
- Chinese
- Filipino
- Hmong
- Indian
- Indonesian
- Iwo Jiman
- Japanese
- Korean
- Laotian
- Madagascar
- Malaysian
- Maldivian
- Nepalese
- Okinawan
- Pakistani
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Vietnamese

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS

- Carolinian
- Chamorro
- Chuukese
- Fijian
- Guamanian
- Kiribati
- Kosraean
- Mariana Islander
- Marshallese
- Melanesian
- Micronesian
- Native Hawaiian
- New Hebrides
- Palauan
- Papua New Guinean
- Pohnpeian
- Polynesian
- Saipanese
- Samoan
- Solomon Islander
- Tahitian
- Tokelauan
- Tongan
- Yapese

First three letters of
patient's last name: | | | |

OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other

- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - waiter or waitress
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker

- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - registered nurse
- Medical - other/unknown
- Military - officer
- Military - recruit or trainee
- Protective service - police officer
- Protective service - other
- Professional, technical, or related profession
- Retired
- Sex worker
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high (secondary) school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high (secondary) school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Other
- Refused
- Unknown