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Comparison of listeriosis notifications and Hospital Dismissal Records in Piedmont, Northern Italy (2010-2013): how many cases are we really detecting?

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Introduction
Listeriosis is a foodborne disease caused by Listeria monocytogenes, with high hospitalization (up to 90%) and mortality rates (20-50%). Listeriosis cases are to be notified to the European Community (EC) through a chain of communication from hospital medical staff to the Health Ministry of each member state [2]. Notification and typing of L. monocytogenes isolates is obligatory for all EC member states [1].

Materials and methods
Retrospective database analysis
Notifications and HDRs data for 2010-2013 were retrieved from the database of the Regional Infective Disease Service and analyzed. The two databases were merged and data for the same single clinical case were paired.

Results
Retrospective database analysis
Our analysis showed that 28 cases that listed listeriosis as a diagnosis in the HDRs had not been notified. When only the notification data were considered, the observed yearly incidence in Piedmont ranged from 0.13-0.54 cases/100,000 inhabitants when HDRs data were accounted (Table 1). Overall, 62% of total listeriosis cases were observed in patients above 65 years of age, 2% of cases were pregnancy related.

Conclusions
Our results showed that overall, every year nearly 40% of human listeriosis cases diagnosed in Piedmont are not notified. Moreover, the percentage of pregnancy related cases is lower compared to other countries (reporting 10-20%), probably because causes of miscarriage are seldom investigated.

Currently there is no systematic clinical Listeria monocytogenes strain collection in Piedmont, so the collection of even relatively few human isolates and their further characterization could be important to start implementing listeriosis surveillance strategies. Combining MVLSST of human cases with data of strains isolated in food might be useful in the identification of ongoing outbreaks.

These findings highlight the general need to raise awareness of the presence of listeriosis on the regional territory among the medical staff, through a better understanding of the epidemiology of L. monocytogenes in our region we collected and typed clinical strains isolated in the hospitals.

References
4. Literature cited

Further information
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