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Health Hazard Alert issued by the Canadian Food Inspection Agency

On August 3, 2009, the Canadian Food Inspection Agency (CFIA) issued a Health Hazard Alert warning the public not to consume certain Maple Leaf /Shopsy's and Hygrade frankfurter/wiener products that may be contaminated with *Listeria monocytogenes*. Maple Leaf Foods has voluntarily recalled nine products from the marketplace. A complete listing of affected products is available at:

<http://www.inspection.gc.ca/english/corpaffr/recarapp/2009/20090803e.shtml>. Consumers are advised to check their fridges and freezers and dispose of any affected products.

The Important Health Notice (IHN) can be accessed on the MOHLTC website at: <http://www.health.gov.on.ca/english/providers/program/emu/ihn.html>

There has been no increase in Listeriosis cases or any detected cases linked to the investigation. Listeriosis, however, has a long incubation period (median incubation period is 30 days) and therefore requires ongoing surveillance.

Listeriosis

Clinical cases of Listeriosis usually present with:

- Fever
- Muscle aches
- Gastrointestinal symptoms such as nausea or diarrhea (sometimes)

If infection spreads to the nervous system, headache, stiff neck, confusion, loss of balance, or convulsions can occur.

Pregnant women may experience only a mild, flu-like illness; however, infections during pregnancy can lead to miscarriage or stillbirth, premature delivery, or infection of the newborn.

Those considered to be in a **high-risk group** include pregnant women, the elderly, neonates and the immunocompromised.

Diagnosis and Management:

The following are key points from the clinical practice guidelines developed by the Ministry of Health and Long-Term Care (MOHLTC), in collaboration with the Ontario Agency for Health Protection and Promotion (OAHPP).

For asymptomatic persons, whether or not they are in a high-risk group:

- No testing is recommended, even if there is a history of ingestion of foods known to be contaminated with *L. monocytogenes*

For low-risk persons who present with gastroenteritis with or without fever:

- Illness is generally self-limiting and requires only supportive therapy.

For high-risk individuals who present with symptoms

- Seek consultation with an infectious diseases specialist
- Blood and stool cultures may be considered

The full clinical practice guideline is available on the "Health Bulletins" section of the OAHPP website at www.oahpp.ca

Listeriosis is a reportable disease. All suspect and confirmed cases of Listeriosis should be reported immediately to Peel Public Health at 905-799-7700.

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West Nile Virus (WNV) Update

- There are three clinical manifestations of WNV: asymptomatic, non-neurological and neurological. **The majority of WNV cases are asymptomatic.**
- **WNV non-neurological syndrome** (formerly WNV Fever) occurs in about 20% of infected persons. This presents as a mild flu-like illness with fever, headache and body aches, occasionally with a skin rash and swollen lymph nodes or other non-specific symptoms that last several days. Other symptoms may include nausea, vomiting, eye pain or photophobia.
- **WNV neurological syndrome** can present with symptoms of encephalitis, acute flaccid paralysis, and/or Parkinson disease and occurs in approximately 1 in 150 WNV infections. The most significant risk factor is advanced age.

The incubation period for WNV ranges from 3 to 14 days.

Additional Diagnostic Information

- History of exposure in an area where WNV activity is occurring
- History of exposure to an alternative mode of transmission i.e. receipt of blood components, organ/tissue transplant, and, possibly via breast milk
- History of prior immunization against Japanese encephalitis and/or Yellow Fever
- Recent activities which could lead to increased exposure e.g. camping, outdoor work, gardening, etc.

The period of greatest risk for human WNV acquisition is from mid-July to the end of September depending on the weather.

There have been no reported WNV human cases in Peel or Ontario in 2009.

Diagnostic Testing of Acute Cases (IgM)

The requisition for all initial WNV blood tests should indicate: “Testing is for suspect WNV”. Under “Test(s) requested”: enter code V 02 for arbovirus testing. Clinical information should also be documented on the lab requisition.

- Collect blood in a red cap tube (5-10ml).
- Negative or equivocal results from samples taken <10 days after symptom onset should be repeated in 10 days as it can take this long for a detectable antibody response to develop.
- To request PCR testing, call the Provincial Lab at 416-235-6071.

PCR testing of CSF has a sensitivity of only 50%. It is valuable, however, in the immunocompromised who may not mount a full antibody response.

Diagnostic Testing of Immunity (IgG)

A physician may want to request an IgG for certain patients, such as outdoor workers, who have previously experienced a WNV-like illness.

The serology requisition should clearly state, “This is a test for immunity”; otherwise an IgM will be done which could be negative in an immune individual.

WNV is a reportable disease. All suspect and confirmed WNV human cases should be reported to Peel Public Health at 905-799-7700.

For further information on West Nile Virus, contact Peel Public Health at 905-799-7700 or visit our West Nile Virus website at:
<http://www.peel-bugbite.ca>

References:
[MOHLTC West Nile Virus Laboratory Diagnostic Guidelines](#)