

# Communicable Disease Branch

## 2015 Program Alert # 2

"Ice Cream Recall Issued by Blue Bell due to Possible *Listeria monocytogenes* Contamination"

Date: April 23, 2015



To: Communicable Disease Staff in Local Health Departments

From: Nicole Lee, MPH, Foodborne Epidemiologist  
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On April 20, 2015, Blue Bell Creameries of Brenham, Texas, voluntarily expanded its recall to include all of its products currently on the market because they have the potential to be contaminated with *Listeria monocytogenes*. The status of the investigation can be found here: <http://www.fda.gov/food/recallsoutbreaksemergencies/outbreaks/ucm438104.htm>.

### DISTRIBUTION

We do not have specific information regarding distribution of the recalled products within North Carolina at the moment, but based on the recall announcement, North Carolina distribution is expected.

### LISTERIOSIS

A person with listeriosis usually has fever and muscle aches, sometimes preceded by diarrhea or other gastrointestinal symptoms. Almost everyone who is diagnosed with listeriosis has "invasive" infection, in which the bacteria spread beyond the gastrointestinal tract. *Listeria monocytogenes* is commonly found in soil and water. Animals can carry the bacterium without appearing ill and can contaminate foods of animal origin, such as meats and dairy products. Unlike most bacteria, *Listeria* can grow and multiply in some foods in the refrigerator. **The risk of invasive listeriosis after exposure to *Listeria monocytogenes* is very low; although exposure is common, disease is rare.**

### TESTING AND TREATMENT

The question from the public has been whether or not exposed persons should be tested and what type of specimen should be collected. The attached guidance, CDC Memo – Suggested framework for medical management listeria exposure, was established by an expert panel during the *Listeria monocytogenes* outbreak linked to cantaloupe in 2011 and is being used by CDC for this current response. It can be shared with health care providers. In summary, **those who are high risk (i.e. pregnant women, immunocompromised persons, the elderly) who have been exposed AND have fever (>100.6° F, >38.1° C) and signs and symptoms consistent with invasive listeriosis, for whom no other cause of illness is known should be tested and treated for presumptive listeriosis.** See attached memorandum from CDC with suggested framework for medical management of persons at elevated risk for invasive listeriosis.

Testing is not recommended for persons who have been exposed and are asymptomatic. Testing and treatment can be considered for those who have been exposed, have mild symptoms, and are afebrile. See attached document for additional details regarding various scenarios.

Although it is mentioned in the attached framework, **stool cultures are not recommended for testing.** Per CDC, "...it is important to note that stool testing for *Listeria* has not been evaluated as a screening tool for listeriosis and, in general, is not recommended for the diagnosis of listeriosis. Ingestion of *Listeria* occurs frequently because the bacterium is commonly present in the environment. Therefore, intermittent fecal carriage and shedding of *Listeria* is frequent (about 5% in unselected populations, but substantial variation exists) and rarely indicative of infection. Stool culture for *Listeria* may also have low sensitivity and, is not available in the vast majority of clinical laboratories."

### DATA COLLECTION

CDC is not requesting additional information regarding cases believed to be part of this outbreak. Note that all listeria cases that meet case definition must have a supplemental Listeria Initiative survey completed in addition to the NCEDSS form.

Feel free to contact Nicole Lee (nicole.lee@dhhs.nc.gov or 919-715-1162), Vanessa Greene (vanessa.greene@dhhs.nc.gov or 919-715-3685) or the epidemiologist on-call (919-733-3419) if you have additional questions.