Listeria isolates possibly attributable to contaminated blood agar - Update

Target audience: Clinical laboratories

Monday, March 18, 2013 (#2)

This is an update to the previous notification (March 4, 2013) regarding *Listeria* isolates that appeared to be attributable to contamination of sheep blood agar plates. Several states, including Michigan, had received reports of *Listeria* isolates recovered from unusual clinical specimens. The source patients also reportedly had no symptoms typical of listeriosis.

Uninoculated plates with visible growth had been noted by several hospital laboratories. Subsequently, one manufacturer (BD Diagnostic Systems, Sparks, MD) notified customers that the contamination was linked to media containing sheep blood that were manufactured between 12/10/2012 and 1/2/2013. The implicated sheep blood was used in multiple types of media, all of which have expiration dates between 3/6/2013 and 4/19/2013. The manufacturer identified 12 lots of blood-containing media with the potential for low-level contamination (1 to 3 CFUs per plate) on a very small number of plates. It is possible that other lots of sheep blood containing media manufactured between 12/10/2012 and 1/2/2013 may also be contaminated, but there have not been any reports of contamination.

Important reminder: Listeriosis is a reportable disease (usually foodborne). All isolates of *Listeria* must be reported to the local health department, AND a pure culture on agar slant must be submitted to the MDCH lab in Lansing for molecular characterization to determine if the *Listeria* isolate is associated with an outbreak, or some other unusual situation.

Procedural steps for laboratories to review:

- BD recommends that customers who recover *Listeria* from plates manufactured during the time frame (expiring on or before 4/19/2013) consult the clinician to make sure the result is consistent with the patient's presentation.
- It should be routine practice to visually inspect **all** prepared media *regardless of manufacturer* before use and at time of inoculation; and to notify the manufacturer if any contaminated plates are discovered.
- Remember to report all *Listeria* isolates to the local health department AND to send all *Listeria* isolates to MDCH laboratory. If possible, add an instrument flag on *Listeria monocytogenes* as an automatic reminder.

Questions and Additional Information:

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