Public Health Laboratory

BC Centre for Disease Control
Provincial Health Services Authority

July 10, 2024

Notice of potential for *Listeria monocytogenes* from recalled Silk/Great Value drinks

Dear colleagues,

As you may be aware, there has been a recall of non-dairy drinks because of concerns of contamination with *L. monocytogenes*. The recall notice is found here: Various Silk and Great Value brand plant based refrigerated beverages recalled due to Listeria monocytogenes - Canada.ca.

To date there are 10 identified human cases, all but one in Ontario. The remaining case was identified in Nova Scotia in September of 2023. The outbreak is related to a specific cluster-code (2309LMWGS-1MP), which has also been identified in samples of the implicated products. Review of the cluster-code has identified patients with symptom onset as early as August 2023. As a result, the current case definition from Ontario Public Health specifies the presence of *L. monocytogenes* from the cluster code and symptom onset on or after August 1, 2023. There have been no known cases matching the cluster code in British Columbia to date, although there are two cases still undergoing WGS.

Clinicians should maintain a high index of suspicion for potential Listeria in patients who have an exposure history and are higher risk (e.g. patients who are neonates, pregnant, immune-suppressed, over age 65 or with alcohol use disorder). The incubation period for invasive listeriosis is 11 days on average but can be 28 days or longer. Listeria infection can present with flu-like illness, neonatal sepsis, meningitic signs/symptoms or evidence of chorioamnionitis. Patients may not recall consuming a contaminated product so Listeria should remain on the differential diagnosis for any high-risk patients with compatible syndromes. The presence of gram positive rods in CSF or multiple blood culture bottles merits consideration of empiric therapy for Listeria as conventional meningitis therapies may not adequately cover Listeria.

For patients with suspicion of invasive disease, blood and CSF (where appropriate) cultures should be taken, as well as investigations for any other suspected pathogens according to the differential diagnosis – as many other pathogens have similar presenting features. For Maternal/neonate pairs sampling of blood, products of conception or CSF of either patient (or both) is appropriate. For more detail, please refer to the eLab Handbook.

Since the particular strain of Listeria is readily identifiable by WGS, the PHL will prioritize sequencing of any invasive listeria isolates to identify any potential cases. Please notify us if there are highly suspect cases either from a clinical or epidemiologic assessment.

Given the ubiquitousness of listeria in the environment and its presence in the stools of 5-10% of the population we do not recommend testing stool as a means of identifying asymptomatic carriage.

Likewise, we will only conduct food product testing for L. monocytogenes from confirmed clinical cases.

If you have a strongly suspect case and want to expedite testing, or have questions or concerns, please reach out to the medical microbiologist on call at BCCDC through bccdc_microoncall@bccdc.ca or by contacting the on-call microbiologist at 604-661-7033.

Yours truly.

Jennifer M. Grant, MDCM, FRCPC, FAMMI
Program Head, Bacteriology and Mycology
Public Health Laboratory
Clinical Professor of Medicine, UBC
BC Centre for Disease Control
Provincial Health Services Authority