



Distribution and characterization of clinical isolates in Portugal, 1994-2007

G. Almeida, A. Morvan, R. Magalhães, I. Santos, T. Hogg, A. Leclercq, P. Teixeira

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Title: Distribution and Characterization of *Listeria monocytogenes* clinical isolates in Portugal, 1994-2007

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Corresponding Author: Dr Paula Teixeira, Ph.D.

Corresponding Author's Institution: Escola Superior de Biotecnologia

First Author: G Almeida

Order of Authors: G Almeida; A Morvan; I Santos; A Leclercq ; Paula Teixeira; Research Team

Abstract: In recent years the number of cases of listeriosis has increased worldwide. Ninety-five isolates of *Listeria monocytogenes* recovered from Portuguese human cases of listeriosis have been characterized by biotyping (cadmium and arsenic sensitivity), PCR grouping and by pulsed field gel electrophoresis (PFGE) applying the enzymes *AscI* and *Apal*. Isolates were classified into one of three PCR groups; IVb (71.6%), IIb (17.9%) and IIa (10.5%). Four biotypes were differentiated: sensitive to arsenic/cadmium (48.4%), arsenic sensitive and cadmium resistant (25.3%), resistant to arsenic and sensitive to cadmium (18.9%) and resistant to both heavy metals (7.4%). Combined analyses of *AscI* and *Apal* patterns yielded a total of 58 PFGE types with five sets (G, Jb, KKa, Me and U) of Portuguese strains each of which were indistinguishable by PFGE typing. In the present study it was demonstrated that there are recurrent pulsotypes and that some were the same pulsotypes linked to outbreaks in France. In addition, there are some pulsotypes spread throughout the country while others only appear in a restricted region. This study allowed the assembly of a first large pulsotype database of Portuguese clinical strains.

Response to Reviewers: Dear Sir or Madam:

Thank you very much for your careful review of this manuscript. In fact it was too repetitive and contained incorrect information mainly concerning surveillance. As you will realize, the paper was shortened and most of the information related to surveillance was omitted, as this is not the main goal of this manuscript. We may not have taken into consideration all your suggestions but we are willing to do them if required.

Reviewers' comments:

Reviewer #1: The manuscript describes the results obtained from typing *L. monocytogenes* isolates identified in Portugal between 1994 and 2007 (14years). It is generally very useful to report epidemiological data about human listeriosis in the European countries and the information could be of interest for the journal readers. However, the manuscript has to be subjected to major revisions thoroughly before it could meet the standards of EJCMIID.

In particular:

Introduction

-Some statements are incorrect. Pag3, lines 15. A disease can be defined underreported only when it is notifiable.

Modified accordingly to: In Portugal, listeriosis is not a notifiable disease and has thus been underestimated.

-A laboratory surveillance system can contribute to more reliably estimate listeriosis incidence, but a systematical typing - pag. 3, lines 25-26 - per se does not.

Previous lines 19-25 ("The absence of adequate....of this disease") were omitted.

-Lines 40 and following. There are a number of outbreaks that have been occurring in Europe and, in my opinion, could be more suitable to be cited.

New references were added as suggested.

- Lines 48 and following. Again, typing of *L. monocytogenes* isolates is a very useful tool to be used in the aim of a better understanding of a complex disease from both clinical and epidemiological points of view, but is not a prerequisite in the implementation of a surveillance system.

Previous lines 48-53 were omitted.

-Traditional serotyping has not been so largely replaced by PCR "grouping or geno-serotyping" as the authors affirm in lines 55 and 56.

Modified to: The characterization of *L. monocytogenes* strains can be based on its molecular subtyping by PCR grouping or geno-serotyping [9] and by macrorestriction pulsotype analysis of its DNA using the PulseNet protocol [10].

-Geno-serotyping is less discriminatory than traditional serotyping and this observation is confirmed by the data presented in the manuscript.

We agree but it is true that the use of conventional serotyping has been replaced by geno-serotyping in several laboratories.

-Pag. 4, lines 1 to 14. This paragraph has to be rewritten for clarity.

Rewritten as suggested: "The use of subtyping methods to differentiate strains (or subtypes) of *L. monocytogenes* has important epidemiological applications: rapid, precise, and efficient foodborne listeriosis surveillance can minimize outbreaks and track sources of *L. monocytogenes* contamination throughout the food system. Moreover, molecular subtyping in listeriosis surveillance would allow the detection of clusters of cases that could be erroneously considered as sporadic cases.

The association between a particular pulsotype and specific virulence traits is another possibility offered by molecular subtyping [11]."

-Pag. 4, line 24. I suggest to replace "hypothetical" with "apparently".
Modified as suggested.

-Pag. 4, lines 18 to 28. I would suggest to invert the position of the two paragraphs.

Modified as suggested.

Materials and Methods

-Pag. 4, line 58 and pag.5, lines 1-2. I don't understand how the lack of information could be justified by the non notifiable status of this disease. Unfortunately, It is true that epidemiological information is often difficult or impossible to obtain, but this information should be routinely present in the databases of the diagnostic microbiology laboratories.

We are totally in agreement but this is the Portuguese reality concerning listeriosis. Unfortunately in many institutions the information is not centralized in the diagnostic microbiology laboratories being difficult to gather. Anyway, "in recognition of the fact that this illness is still a non-notifiable disease in Portugal" was omitted.

-Pag. 5, line 60 and pag. 6, lines 1 to 11. The Simpson's index of diversity can be cited only, without further details that should be deleted.

Modified as suggested.

Results

Pag. 6, lines 43 and following. A section entitled "epidemiological data" is inconsistent with the repeated statements about the frequent lack of information. The descriptive data should not be emphasized.

Modified accordingly to: "Data collected from human episodes. "

Lines 49 and following: 90% and 10% are incorrect and have to be recalculated. Moreover, percentages should be expressed with one decimal.

-Corrected

- Pag. 6, line 57. Replace "sex" with "gender"
Modified accordingly

-Pag. 6, line 59. Delete "old"
Modified accordingly

- PFGE results. This is perhaps the most confuse part of the manuscript.
Pag. 7, line 54 and following: this is a comment and has to be displaced in the Discussion.

The sentence was omitted.

-There is not an unanimous agreement among the researchers about the combined or hierarchical use of the two enzymes *Ascl* and *Apal* (please italicize). Indeed, this is an argument for the discussion. Generally speaking, the entire section is too long, detailed and, unavoidably, boring and dispersive. I would suggest to mark the clusters e.g. with Roman numbers, in the dendrogram and refer to them, instead of listing all pulsotypes.

The old but evergreen suggestion to no duplicate the same information in different forms (text, tables or figures) is to be ever taken into account. Pag. 9, lines 20-28. This statement about the Tenover criteria is a matter of Method, not of Results, and is contradictory with respect to the previously cited clustering criteria.

The entire section was rewritten.

Discussion

-The Discussion is too long and in some parts repetitive.

The discussion was rewritten in a shorter form.

-The entire paragraph from page 9, line 44 to page 10, line 16 should be rewritten in a more consistent and consequential manner.

Modified accordingly

- Pag. 10, line 36. The authors describe the characteristics of an active surveillance system, but wrongly. From a conceptual point of view, an active surveillance system is a quite different issue than this one here described. So to speak, an active surveillance system is FoodNet, that is characterized by the active search for epidemiological data that can allow for a reliable estimate of the incidence of some foodborne diseases, including listeriosis. This is a serious misunderstanding that the Authors have to clarify.

We decided not to include this information.

-Pag. 11, lines 1-20. The content of this part of the Discussion has been previously included in the Results.

This information was omitted from the Results

-Pag. 11, lines 22-47. It's very difficult and maybe poorly informative to complement the mandatory notification of each case with a questionnaire about food consumption habits. This last should be used during the epidemiological investigation driven by a suspicion about a possible outbreak arising from traditional and molecular epidemiological findings.

It was decided to omit this "information" as we consider that it is not relevant in the context of the aims of the present work.

-Page 11, lines 49 and following. Comparison with French isolates cannot be presented in the Discussion, but also in M&M and Results. Otherwise, the authors could discuss possible similarities between strains or pulsotypes from the two countries with reference to published data.

Modified accordingly:

Methods: "PFGE pulsotypes of indistinguishable Portuguese strains were compared with PFGE pulsotypes of the French PFGE database of the Centre National de Référence des Listeria using the BioNumerics software as previously described in this section."

Results: "Comparison with the PFGE pulsotypes database of French human strains, underlined that pulsotypes Me, Jb, Pb, HHb, FF, MM and LLb have been previously described in human clusters in France and are part of the main, pulsotypes from human strains observed in France. Pulsotypes MM and LLb are indistinguishable from pulsotypes associated with the main outbreak of listeriosis in France in 1992. The main pulsotypes observed in Portugal, U and KKa, have not been recorded for French human cases."

-Pag. 12, lines 4 and following. As I have previously commented, the active surveillance is not a microbiological surveillance. Accordingly, the entire paragraph should be thoroughly revised.

Modified accordingly: "The possible epidemiological links with human strains isolated in other countries, underlines the need for an active surveillance system of listeriosis in Portugal harmonized with other national systems. As the French National Surveillance system [20, 24], this should be based on the obligatory notification of human cases of listeriosis and epidemiological data collection, on the basis of European regulation EC 178/2002 (obligatory notification of unsatisfactory food according to microbiological criteria defined by European regulation) and also on the dispatch of isolates to a National reference laboratory for typing."

Figure 1. This Figure has to be removed. Indeed, it does not illustrate any finding of this work.

Removed accordingly

Table 1. This table in the present form is not reader-friendly. The Table has to be reorganized in a much more synthetic manner. Maybe less information (e.g. specimen could be removed, age and sex grouped, etc.) and inclusion of molecular subtype clusters instead of pulsotypes could help to lighten the Table.

The table was reorganized. As it is still too long it might be possible to submit it as a "supplementary file"

Distribution and Characterization of *Listeria monocytogenes* clinical isolates in Portugal, 1994-2007

G. Almeida, A. Morvan, R. Magalhães, I. Santos, T. Hogg, A. Leclercq and P. Teixeira, Research Team

G. Almeida, R. Magalhães, I. Santos, T. Hogg, and P. Teixeira

Centro de Biotecnologia e Química Fina

Escola Superior de Biotecnologia, Universidade Católica Portuguesa

Rua Dr António Bernardino de Almeida

4200 – 072 Porto

Portugal

A. Morvan, A. Leclercq

Laboratoire des Listeria, Centre National de Référence des Listeria et

Centre collaborateur de l'Organisation Mondiale de la Santé pour la

listériose d'origine alimentaire, Institut Pasteur,

25, rue du Docteur-Roux

75724 Paris cedex 15

France

Telephone: + 351 22 5580095

Fax: + 351 22 5090351

E-mail: pcteixeira@esb.ucp.pt

Abstract: In recent years the number of cases of listeriosis has increased worldwide. Ninety-five isolates of *Listeria monocytogenes* recovered from Portuguese human cases of listeriosis have been characterized by biotyping (cadmium and arsenic sensitivity), PCR grouping and by pulsed field gel electrophoresis (PFGE) applying the enzymes *Ascl* and *Apal*. Isolates were classified into one of three PCR groups; IVb (71.6%), IIb (17.9%) and IIa (10.5%). Four biotypes were differentiated: sensitive to arsenic/cadmium (48.4%), arsenic sensitive and cadmium resistant (25.3%), resistant to arsenic and sensitive to cadmium (18.9%) and resistant to both heavy metals (7.4%). Combined analyses of *Ascl* and *Apal* patterns yielded a total of 58 PFGE types with five sets (G, Jb, KKa, Me and U) of Portuguese strains each of which were indistinguishable by PFGE typing. In the present study it was demonstrated that there are recurrent pulsotypes and that some

were the same pulsotypes linked to outbreaks in France. In addition, there are some
pulsotypes spread throughout the country while others only appear in a restricted region.
This study allowed the assembly of a first large pulsotype database of Portuguese clinical
strains.

Keywords: Listeria monocytogenes, listeriosis, diversity, typing

Introduction

Listeria monocytogenes is recognized as a major, opportunistic, foodborne pathogen in humans. The condition which this species causes, listeriosis, occurs worldwide both sporadically and epidemically and has a case-fatality rate between 20 and 30%. *L. monocytogenes* has the ability to cross the intestinal, blood-brain, and fetoplacental barriers; and thus septicaemia, central nervous system (CNS) infections, miscarriages and stillbirths are risks to immunodeficient or pregnant individuals [1].

In Portugal, listeriosis is not a notifiable disease and has thus been under-estimated. Nevertheless, Almeida and his colleagues in 2006 [2], in a retrospective study, reported an estimated incidence of at least 1.4 cases per million inhabitants in 2003. The result of the implementation of an active surveillance program in the Netherlands led to a 43% increase in the reported incidence of listeriosis in the first year of operation [3] might give some indication as to the current degree of underestimation in Portugal. Any such programme would certainly omit reporting some sporadic cases and spontaneous miscarriages as these are often not investigated. Since 2005, several European countries reported an increase of listeriosis and several foodborne outbreaks have been reported [4]. Some examples are the outbreaks occurred in Switzerland, associated with Tome cheese [5], in the United Kingdom associated with sandwich consumption [6], in the Czech Republic associated with soft cheese [7], and a recent multinational outbreak due to the consumption of “Quargel” cheese in Austria and Germany [8].

The characterization of *L. monocytogenes* strains can be based on its molecular subtyping by PCR grouping or geno-serotyping [9] and by macrorestriction pulsotype analysis of its DNA using the PulseNet protocol [10]. The use of subtyping methods to differentiate strains (or subtypes) of *L. monocytogenes* has important epidemiological applications: rapid, precise, and efficient foodborne listeriosis surveillance can minimize outbreaks and track sources of *L. monocytogenes* contamination throughout the food system. Moreover, molecular subtyping in listeriosis surveillance would allow the detection of clusters of cases that could be erroneously considered as sporadic cases.

The association between a particular pulsotype and specific virulence traits is another possibility offered by molecular subtyping [11].

The study presented here was initiated in 2003, with a view to support the establishment of an integrated, food-chain surveillance system in Portugal. Ninety-five clinical Portuguese isolates recovered from apparently sporadic cases of listeriosis were collected, identified, biotyped by cadmium and arsenic sensitivity, geno-serotyped, and typed by DNA macrorestriction pulsed field gel electrophoresis (PFGE). The aim was to obtain epidemiological data on cases of listeriosis in the country and to construct a molecular-type database of clinical strains of *L. monocytogenes*.

Materials and methods

Collection of *L. monocytogenes* strains and related data to listeriosis episodes

A total of 95 *L. monocytogenes* strains isolated between 1994 and 2007 were collected from major Portuguese hospitals. The case definition of listeriosis employed was that contained in Commission Decision 2002/253/CE [12]. Thus on isolation of *L. monocytogenes* from a hospitalised patient with a clinical compatible illness, each strain was considered as a single case of listeriosis. A case was defined as maternal/neonatal (MN) in the following situations: infected pregnant woman, miscarriage, stillbirth or newborn less than one month. Only one strain was kept when the pathogen was isolated from both the pregnant woman and her newborn child. If a case does not apply to any of these, it is considered as non-maternal/neonatal (non-MN). Information regarding, gender and age of the patient, the tissue or fluid origin where the bacteria was isolated and the year of isolation was reported when available.

These epidemiological characteristics are described in Table 1. Confirmed isolates of *L. monocytogenes* were stored in Tryptic Soy Broth with 30% (v/v) glycerol at -80 °C in the culture collection of the Escola Superior de Biotecnologia.

Biotyping by arsenic and cadmium sensitivity

The characterization of their differential resistance to arsenic and cadmium were performed in Isosensitest agar plates (ISA, Oxoid, Hampshire, UK), containing 500 µg/ml

sodium arsenite (Merck, Darmstad, Germany) or 75 µg/ml cadmium chloride (Merck) [13, 14].

Geno-serotyping or PCR grouping

Geno-serotyping was determined by PCR grouping with a multiplex PCR as described by Doumith *et al.* [9], using primers targeting fragments of genes *lmo0737*, *ORF2819*, *ORF2110*, *lmo1118* and *prs* (MWG-Biotech, Switzerland). PCR was performed in Eppendorf thermocycler (Eppendorf, Hamburg, Germany) and PCR products were resolved on a 2% agarose gel containing 0.5 µg/ml of ethidium bromide (Eurobio, Courtaboeuf, France) and visualized and photographed under a UV transilluminator (Bio-Rad Gel Doc 2000 TM imaging system, Bio-Rad Laboratories, Milan, Italy).

Molecular characterisation by pulsed-field gel electrophoresis (PFGE)

The DNA macrorestriction was performed at the Centre National de Référence des *Listeria* Institut Pasteur (Paris, France) with the restriction enzymes *Ascl* (New England BioLabs, Massachusetts, USA) and *Apal* (MBI Fermentas, Burlington, Canada) as previously described by Graves and Swaminathan [10].

The pulsotypes obtained were scanned, and the computerized data were analyzed using the BioNumerics software, version 5.1 (Applied Maths, Kortrijk, Belgium). Bands automatically assigned by the computer were checked visually and corrected manually when necessary. A position tolerance of 1.5 was selected for each PFGE. Cluster analysis of the individual or combined PFGE pulsotypes was done by the unweighted pair group method with average linkages (UPGMA), using the Dice coefficient to analyze the similarities of the banding pulsotypes. The discriminatory power was determined by calculating the discrimination index (*D*) based on Simpson's index of diversity as described by Hunter and Gaston [15].

Two PFGE patterns were considered indistinguishable when their similarity was higher than 98% [16] and a capital letter was ascribed to *Ascl* pulsotype; when strains were similar at more than 98% by *Ascl* but not similar at more than 98% by *Apal*, were denoted, in addition to the capital letters, by lower case letters.

PFGE pulsotypes of indistinguishable Portuguese strains were compared with PFGE pulsotypes of the French PFGE database of the Centre National de Référence des *Listeria* using the BioNumerics software as previously described in this section.

Statistical analysis

The statistical package used was STATA v10.0 (StataCorp LP, College Station TX, USA). The contingency table analysis was based on the chi-square distribution (Pearson's chi square test).

Results

Data collected from human episodes

A total of 95 isolates from cases of listeriosis were collected from major Portuguese hospitals during the study period. From the information available on 81 cases (Table 1), 85.2% and 14.8% corresponded to non-MN infections and MN infections, respectively. For the 69 confirmed non-MN cases, strains were isolated from blood (58.0%), from cerebrospinal fluid (34.8%) and from other specimens (7.2%). The clinical symptoms were not recorded for the majority of cases. The gender ratio (M/F) of confirmed non-MN cases was 2.3. The mean age of non-MN cases with documented age was 60 years old with 38 cases (55.9%) equal or up to 60 years. Geographical distribution of listeriosis cases was difficult to define from our collected data in the absence of data about the residence of patient.

Biotyping results by arsenic and cadmium sensitivity

Four groupings of sensitivity to heavy metals were differentiated among the 95 isolates (Table 1), the *D* value for this biotyping method being 0.667. The predominant group – sensitive to both arsenic (As) and cadmium (Cd) - contains 46 isolates (48.4%). Twenty four isolates were arsenic sensitive and cadmium resistant (25.3%), 18 were resistant to arsenic and sensitive to cadmium (18.9%) and 7 were resistant to both heavy metals (7.4%).

PCR grouping results

Three PCR groups were identified in the 95 *L. monocytogenes* isolates recovered from sporadic human listeriosis cases in Portugal. Most isolates were of PCR group IVb (including serotypes 4b or 4d or 4e) 71.6% (n=68): 17.9% (n=17) and 10.5% (n=10) of the isolates showed PCR group IIb (including serotypes 1/2b or 3b) and PCR group IIa (including serotype 1/2a or 3a), respectively. *D* obtained from these PCR grouping results was 0.449.

Combining results from PCR grouping and sensitivity to heavy metals, it was possible to segregate the 95 isolates into nine groups (*D* = 0.831). Two groups predominate: PCR group IVb, As and Cd sensitive (30.5%); PCR group IIb, As resistant and Cd sensitive (17.9%).

PFGE results

PFGE typing revealed a total of 39 *Ascl* macrorestriction and 50 *Apal* macrorestriction types among clinical isolates, distinguished by one or more band differences ranging in molecular size from 50 to 500 kb (Fig1). Combined analyses of *Ascl* and *Apal* PFGE data yielded a total of 58 PFGE pulsotypes with *D* = 0.966 for *Ascl*, *D* = 0.979 for *Apal* and *D* = 0.986 combined *Ascl* and *Apal*.

Comparisons based on such combined patterns are reported in Table 1 and the corresponding dendrogram in Figure 1.

Pulsotypes DD, EE, FF, G, HHb, Jb, KKa, La, LLa, LLb, Me, MM, Pb, S, T, U, V, and Ya contained two or more strains which remained indistinguishable from each other. Only the pulsotypes FF, LLb, MM, Pb, T, U, V and Ya, contained indistinguishable strains by Cd and As sensitivity.

Pulsotypes DD, EE, FF, HHb, Jb, KKa, La, LLa, LLb, Me, MM, Pb, S and T were constituted of *L. monocytogenes* isolates from geno-serotype IVb, pulsotypes U, V and Ya of geno-serotype IIb, and pulsotype G of geno-serotype IIa.

While strains of pulsotypes DD, FF, HHb, La, LLa, LLb, MM, Pb, S, T, V and Ya were recovered from different years and geographical distribution, pulsotypes EE, G, Jb, KKa, Me, and U were related in time or geographical distribution. Two pulsotypes (U and KKa) have six indistinguishable strains. Three pulsotype U strains were isolated in the Lisbon

1 region, respectively in February 2004, August 2004 and October 2004, with the same Cd
2 and As sensitivity. Two pulsotype KKa strains having the same Cd and As sensitivity
3 were isolated in March and in April 2004.
4

5 Pulsotype G contained two indistinguishable strains, but with distinct Cd and As
6 sensitivity isolated in February and May 2006 in different towns.
7

8 Concerning to pulsotype EE, two indistinguishable strains, but with distinct Cd and As
9 sensitivity were isolated in different hospitals in Porto in 2007 six months apart, from a
10 women and a newborn child.
11

12 The pulsotype Jb contained three indistinguishable strains isolated in Lisbon in March
13 2006, September 2006 and June 2007. Pulsotype Me is constituted by four
14 indistinguishable strains, three isolated in the Porto region over a period of one year.
15 Comparison with the PFGE pulsotypes database of French human strains, underlined
16 that pulsotypes Me, Jb, Pb, HHb, FF, MM and LLb have been previously described in
17 human clusters in France and are part of the main, pulsotypes from human strains
18 observed in France. Pulsotypes MM and LLb are indistinguishable from pulsotypes
19 associated with the main outbreak of listeriosis in France in 1992. The main pulsotypes
20 observed in Portugal, U and KKa, have not been recorded for French human cases.
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35 **Combination of biotyping, PCR grouping and PFGE results**

36 The highest *D* value, 0.994, and thus the greatest number of distinguishable types (72)
37 was obtained when results of multiplex PCR, sensitivity to heavy metals and analysis of
38 *Ascl* and *Apal* were combined.
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45 **Discussion**

46 The 2007 Annual Community Summary Report by the European Food Safety Authority
47 (EFSA) and the European Centre for Disease Prevention and Control (ECDC),
48 established an overall incidence rate of listeriosis in Europe of 3 cases per million
49 inhabitants with a range of 0 – 11 cases per million inhabitants. The results presented
50 here estimated an incidence rate of listeriosis in Portugal, based on information from
51 voluntary reporting, of 2.3 cases per million inhabitants for the year 2007, which is
52 comparable to the reported incidence in Austria, Estonia, Latvia, Slovakia and Slovenia of
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2 cases per million inhabitants [17]. In Portugal's only neighbouring country, Spain, the incidence for 2007 was similar to that described in this study and was also based on voluntary reporting of cases to the National Reference Laboratory. However, it has been demonstrated that the implementation of an active surveillance system for listeriosis in Navarra, a region of northern Spain, led to an incidence for this region similar to that described in countries with mandatory notification of listeriosis such as France, Denmark and the Netherlands [18]. An apparent increase in numbers of cases of listeriosis in recent years, observed in some other countries, e.g. Denmark, Finland, France, Germany, the Netherlands, Switzerland and United Kingdom [3, 4], was also observed in Portugal. These results indicate that voluntary reporting under-estimates the occurrence of listeriosis in a country, and that the EC requirement for statutory reporting of listeriosis will probably lead to many more cases being uncovered. A statutory reporting and investigation system in Portugal, will inevitably take some time to establish, and it is recommended that in parallel, a surveillance system for the pathogen in typical foods should be established, with the capability for in-depth characterisation of isolates for comparisons of clinical and food strains.

The majority of patients with listeriosis in Portugal were people older than 60 years with bacteraemia, as recorded in some other countries including France and United Kingdom [19, 20]. Most of these cases were caused by PCR group IVb strains, generally associated with epidemic clones [21]. As in other countries [18, 20], serogroup 1/2a became more common than serogroup 1/2b in 2006 and 2007.

The results of our study confirm that PCR grouping alone has the lowest discriminatory power but, when combined with PFGE *Ascl* and *Apal* it becomes the most powerful of all [22]. Nevertheless, during outbreaks, the screening method of strains based on PCR grouping rather than classical serotyping is useful. Biotyping by *As* and *Cd* sensitivity gave additional information data but not enough to consider the use of this method in a routine system of microbiological surveillance. As observed in Belgium [23] an increase in strains resistant to *Cd* but sensitive to *As* was verified.

In our study, it was possible to link sporadic cases on six occasions related in time and geographical distributions; thus a common source of contamination could be suspected. This suspicion underlined the need to characterise food and environmental strains at the

1 same time as human strains at a national level in order to trace sources of contamination
2 and to detect and confirm related cases.

3
4 The finding that combined pulsotypes of Portuguese clinical isolates have already been
5 described in human clusters, and even outbreaks, in France can be explained by both
6 human travel and food commerce. It can be argued that there is, at least, a European
7 distribution of clinical strains that necessitates European tracing such as a PulseNet
8 initiative for the continent. Nevertheless, combined pulsotypes U and KKa have been
9 detected in Portugal but not in France, which suggests that indigenous clones of *L.*
10 *monocytogenes* may exist in the country which might, at some time, become epidemic
11 clones.
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13
14 The possible epidemiological links with human strains isolated in other countries,
15 underlines the need for an active surveillance system of listeriosis in Portugal harmonized
16 with other national systems. As the French National Surveillance system [20, 24], this
17 should be based on the obligatory notification of human cases of listeriosis and
18 epidemiological data collection, on the basis of European regulation EC 178/2002
19 (obligatory notification of unsatisfactory food according to microbiological criteria defined
20 by European regulation) and also on the dispatch of isolates to a National reference
21 laboratory for typing.
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62
63
64
65

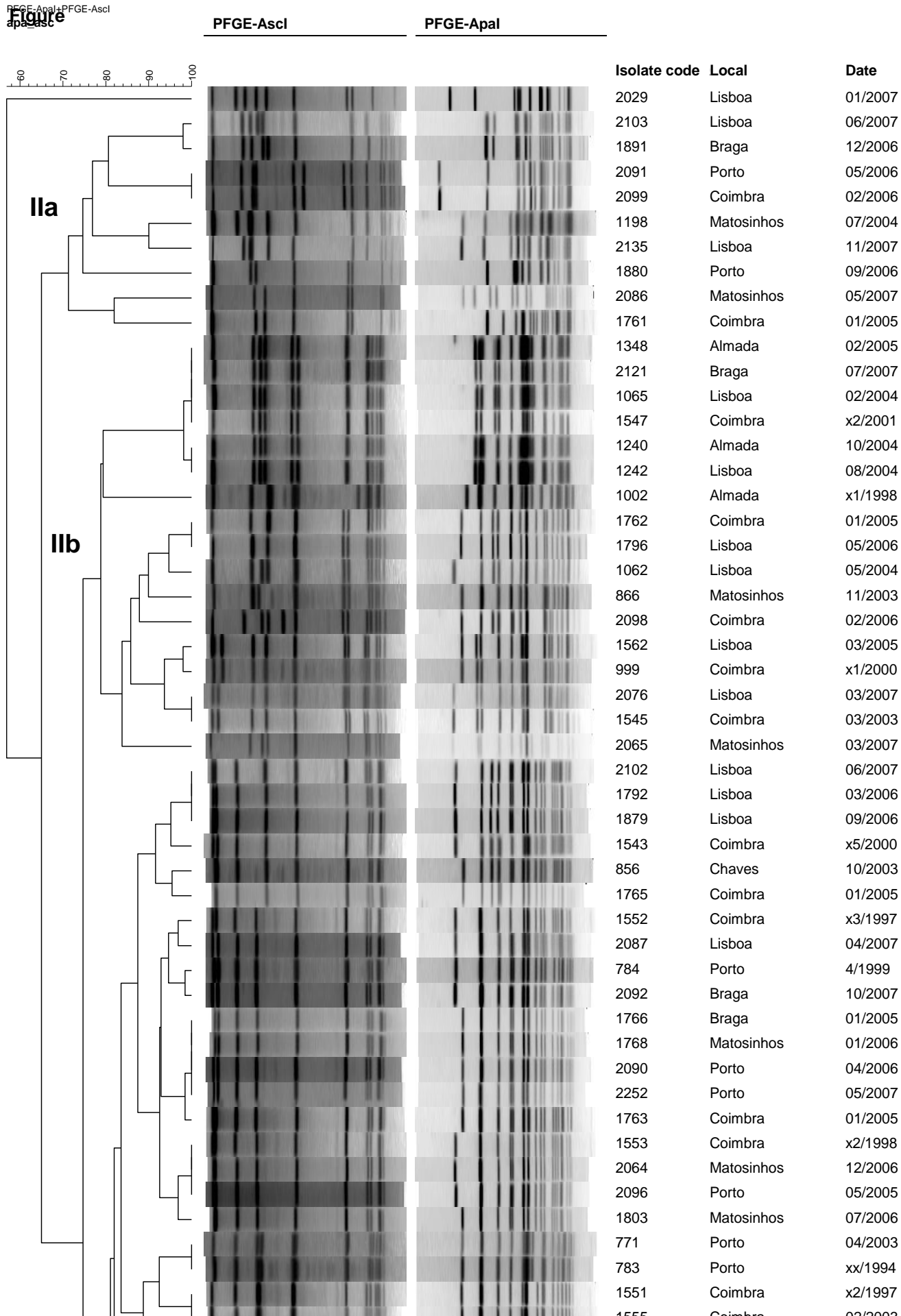
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References

1. Wing EJ, Gregory SH (2002) *Listeria monocytogenes*: clinical and experimental update. J Infect Dis 185:S18-S24
2. Almeida G, Gibbs P, Hogg T, Teixeira P (2006) Listeriosis in Portugal: an existing but under reported infection. BMC Infect Dis 6:153.
3. Doorduyn Y, de Jager C, van der Zwaluw W, Wannet W, van der Ende A, Spanjaard L et al (2006) First results of the active surveillance of *Listeria monocytogenes* infections in the Netherlands reveal higher than expected incidence. Euro Surveill 11(4).
4. Goulet V, Hedberg C, Le Monnier A, de Valk H (2008) Increasing incidence of listeriosis in France and other European countries. Emerg Infect Dis 14(5).
5. Bille J, Blanc DS, Schmid H, Boubaker K, Baumgartner A, Siegrist HH, Tritten ML, Lienhard R, Berner D, Anderau R, Treboux M, Ducommun JM, Malinverni R, Genné D, Erard P, Waespi U (2006) Outbreak of human listeriosis associated with tomme cheese in northwest Switzerland, 2005. Euro Surveill 11(6).
6. Dawson SJ, Evans MR, Willby D, Bardwell J, Chamberlain N, Lewis DA (2006) Listeria outbreak associated with sandwich consumption from a hospital retail shop, United Kingdom. Euro Surveill 11(6).
7. Vít M, Olejník R, Dlhý J, Karpíšková R, Cástková J, Příkazský V, Příkazská M, Beneš C, Petráš P (2007) Outbreak of listeriosis in the Czech Republic, late 2006 – preliminary report. Euro Surveill 12(6).
8. Fretz R, Sagel U, Ruppitsch W, Pietzka AT, Stöger A, Huhulescu S, Heuberger S, Pichler J, Much P, Pfaff G, Stark K, Prager R, Flieger A, Feenstra O, Allerberger F (2010) Listeriosis outbreak caused by acid curd cheese 'Quargel', Austria and Germany 2009. Euro Surveill 15(5).
9. Doumith M, Buchrieser C, Glaser P, Jacquet C, Martin P (2004) Differentiation of the major *Listeria monocytogenes* serovars by multiplex PCR. J Clin Microbiol 42:3819-3822.
10. Graves LM, Swaminathan B (2001) PulseNet standardized protocol for subtyping *Listeria monocytogenes* by macrorestriction and pulsed-field gel electrophoresis. Int J Food Microbiol 65:55-62.

11. Franciosa G, Tartaro S, Wedell-Neergaard C, Aureli P (2001) Characterization of *Listeria monocytogenes* strains involved in invasive and noninvasive listeriosis outbreaks by PCR-based fingerprinting techniques. *Appl Environ Microbiol* 67:1793-1799.
12. Anonymous (2002). Case definitions for reporting communicable disease to the Community network. Commission Decision No. 2119/98/EC of the European Parliament and of the Council. *Official Journal of the European Communities* L86/44 (3.04.2002): 52.
13. Vaz-Velho M, Duarte G, McLauchlin J, Gibbs P (2001) Characterization of *Listeria monocytogenes* isolated from production lines of fresh and cold-smoked fish. *J Appl Microbiol* 91:556-562.
14. McLauchlin J, Hampton MD, Shah S, Threlfall EJ, Wieneke AA, Curtis GDW (1997) Subtyping of *Listeria monocytogenes* on the basis of plasmid profiles and arsenic and cadmium susceptibility. *J Appl Microbiol* 83:381-388.
15. Hunter, PR and Gaston MA (1988) Numerical index of the discriminatory ability of typing systems: an application of Simpson's index of diversity. *J Clin Microbiol* 26: 2465-2466.
16. Tenover FC, Arbeit RD, Goering RV, Mickelsen PA, Murray BE, Persing DH et al (1995) Interpreting chromosomal DNA restriction pulsotypes produced by pulsed-field gel electrophoresis: criteria for bacterial strain typing. *J Clin Microbiol* 33:2233-2239.
17. Anonymous (2009) The Community Summary Report on trends and sources of zoonoses and zoonotic agents in the European Union in 2007. *The EFSA Journal* 223. Available at http://www.efsa.europa.eu/EFSA/efsa_locale-1178620753812_1211902269834.htm
18. Garrido V, Torroba L, García-Jalón I, Vitas A (2008) Surveillance of listeriosis in Navarre, Spain, 1995-2005 - epidemiological pulsotypes and characterisation of clinical and food isolates. *Euro Surveill* 13(49).
19. Gillespie IA, McLauchlin J, Grant KA, Little CL, Mithani V, Penman C et al. (2006) Changing pattern of human listeriosis, England and Wales, 2001-2004. *Emerg Infect Dis* 12(9).
20. Goulet V, Jacquet C, Martin P, Vaillant V, Laurent E, de Valk H (2006) Surveillance of human listeriosis in France, 2001-2003. *Euro Surveill* 11:79-81.
21. Swaminathan B, Gerner-Smidt P (2007) The epidemiology of human listeriosis. *Microbes Infect* 9:1236-1243.
22. Jacquet C, Catimel B, Brosch R, Buchrieser C, Dehaumont P, Goulet V et al (1995) Investigations related to the epidemic strain involved in the french listeriosis outbreak in 1992. *Appl Environ Microbiol* 61:2242-2246.
23. Anonymous (2004) Centre National de Reference des Listeria. Rapport annuel souches de *Listeria* isolées en Belgique en 2004.
24. Le Monnier A, Leclercq A (2009) *Listeria* et listériose : des animaux d'élevage à nos assiettes. *Pathol Biol* 57:17-22.

Figure 1. Dendrogram for *Listeria monocytogenes* pulsotypes of all 95 isolates obtained from clinical cases, Portugal, 1994-2007



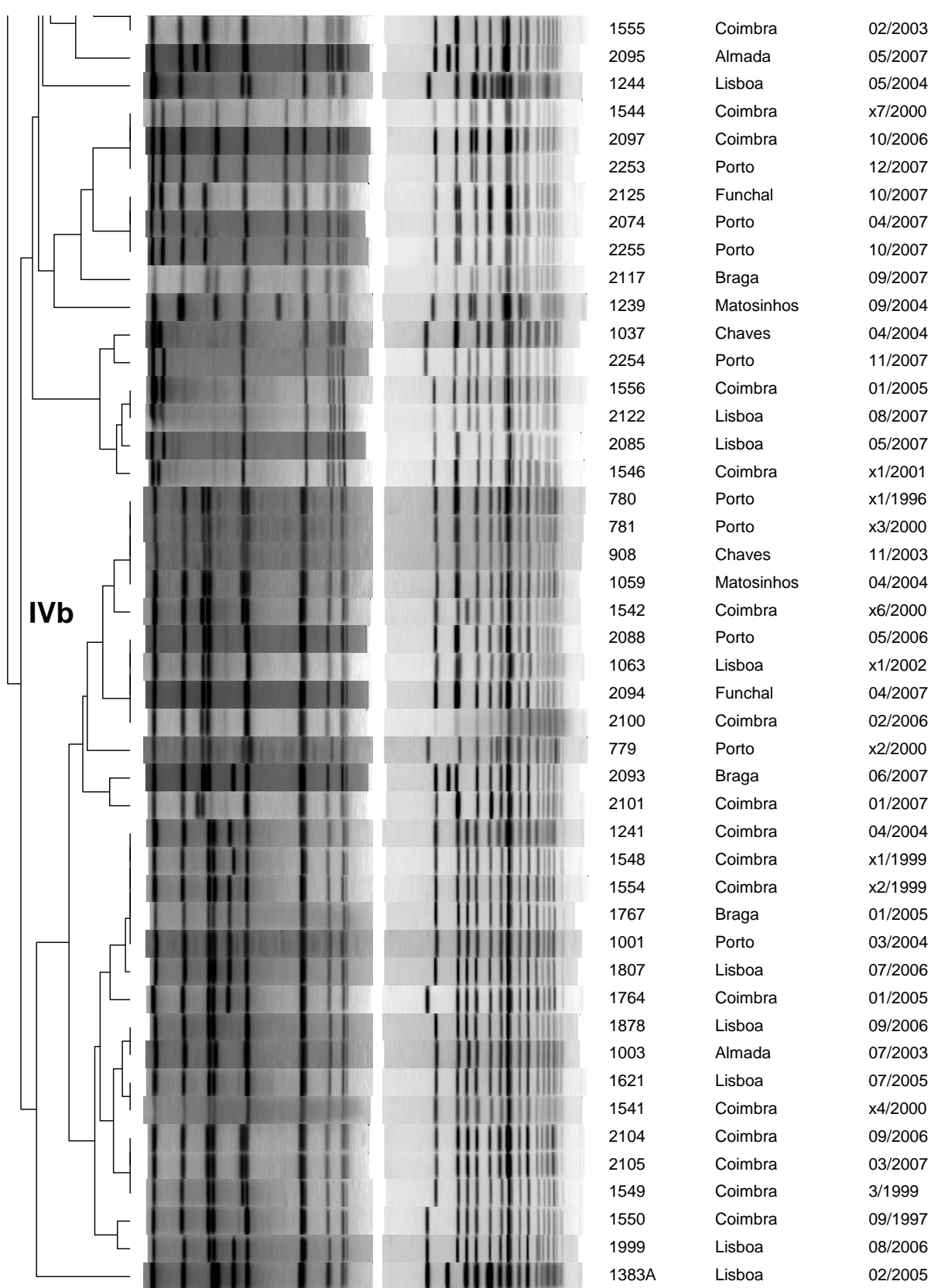


Table 1. *L. monocytogenes* strains used in this study and collected epidemiological data concerning the cases with which they were associated.

Isolate	Hospital localization	Year of isolation	Clinical form ^a	Patient Gender / Age ^b	PCR group (Geno-serotype)	Susceptibility to As / Cd ^c	PFGE Combined type	
							U	I
771	Porto	2003	M	Un / < 1 month	IVb	S/S		S
779	Porto	2000	NM	F / 25	IVb	S/R	HHa	
780	Porto	1996	NM	M / Un	IVb	S/S		HHb
781	Porto	2000	M	Un / < 1 month	IVb	S/R		HHb
783	Porto	1994	M	Un / < 1 month	IVb	R/S		S
784	Porto	1999	M	Un / < 1 month	IVb	R/R	Ma	
856	Chaves	2003	NM	M / 50	IVb	R/S	Ka	
866	Matosinhos	2003	NM	M / 67	IVb	S/S	R	
908	Chaves	2003	NM	M / 48	IVb	R/R		HHb
999	Coimbra	2000	NM	M / 48	IIb	S/S	Z	
1001	Porto	2004	NM	M / 65	IVb	R/R		KKa
1002	Almada	1998	NM	M / 54	IIb	S/S	NN	
1003	Almada	2003	NM	F / 85	IVb	S/S		LLa
1037	Chaves	2004	NM	F / 74	IVb	S/S	Pd	
1059	Matosinhos	2004	NM	F / 73	IVb	S/R		HHb
1062	Lisbon	2004	NM	M / 54	IIb	S/S	W	
1063	Lisbon	2002	NM	M / Un	IVb	S/S		FF
1065	Lisbon	2004	NM	M / Un	IIb	S/S		U
1198	Matosinhos	2004	NM	M / 74	IIa	S/S	H	

1239	Matosinhos	2004	M	Un / < 1 month	IVb	R/S	BB	
1240	Almada	2004	M	F / < 1 month	IIb	S/S		U
1241	Coimbra	2004	NM	M / 44	IVb	R/R		KKa
1242	Lisbon	2004	NM	M / 57	IIb	S/S		U
1244	Lisbon	2004	NM	M / 46	IVb	R/S	N	
1348	Almada	2005	NM	F / 77	IIb	S/S		U
1383A	Lisbon	2005	NM	M / 40	IVb	R/R	JJ	
1541	Coimbra	2000	NM	Un / Un	IVb	S/S		LLb
1542	Coimbra	2000	NM	Un / Un	IVb	S/R	HHc	
1543	Coimbra	2000	NM	Un / Un	IVb	S/S	Ja	
1544	Coimbra	2000	NM	Un / Un	IVb	S/S		DD
1545	Coimbra	2003	M	F / 31	IIb	S/S		Ya
1546	Coimbra	2001	NM	M / 41	IVb	S/S	Pc	
1547	Coimbra	2001	NM	M / 85	IIb	S/S		U
1548	Coimbra	1999	NM	Un / Un	IVb	S/S		KKa
1549	Coimbra	1999	NM	Un / Un	IVb	S/R		MM
1550	Coimbra	1997	NM	Un / Un	IVb	S/S		LLc
1551	Coimbra	1997	NM	Un / Un	IVb	S/S		T
1552	Coimbra	1997	NM	Un / Un	IVb	S/S	Md	
1553	Coimbra	1998	NM	Un / Un	IVb	R/S		La
1554	Coimbra	1999	NM	Un / Un	IVb	S/R		KKa
1555	Coimbra	2003	NM	F / 74	IVb	S/S		T
1556	Coimbra	2005	NM	F / 56	IVb	S/S		Pb
1562/1	Lisbon	2005	NM	M / 81	IIb	S/R	Yb	
1621/1	Lisbon	2005	NM	F / 72	IVb	S/S		LLb

1761	Coimbra	2005	NM	M / 57	Ila	S/R	A	
1762	Coimbra	2005	M	F / 33	IIb	S/R		V
1763	Coimbra	2005	NM	M / 51	IVb	R/S	Mf	
1764	Coimbra	2005	M	Un / < 1 month	IVb	S/R	KKc	
1765	Coimbra	2005	M	F / 31	IVb	S/S	Kb	
1766	Braga	2005	NM	F / 4 months	IVb	S/R		Me
1767	Braga	2005	NM	F / 46	IVb	S/R		KKa
1768	Matosinhos	2006	M	F / 31	IVb	R/S		Me
1792	Lisbon	2006	NM	M / 34	IVb	R/S		Jb
1796	Lisbon	2006	NM	F / 80	IIb	S/R		V
1803	Matosinhos	2006	NM	M / 77	IVb	R/S	Lb	
1807/1	Lisboan	2006	NM	F / 68	IVb	S/R		KKa
1878	Lisbon	2006	NM	M / 70	IVb	S/S		LLa
1879	Lisbon	2006	NM	M / 58	IVb	R/R		Jb
1880	Porto	2006	NM	M / 78	Ila	S/S	C	
1891	Braga	2006	NM	M / 60	Ila	S/S	F	
1999	Lisbon	2006	NM	M / 70	IVb	S/S		KKb
2029	Lisbon	2007	NM	F / 81	Ila	S/R	D	
2064	Matosinhos	2006	NM	M / 63	IVb	R/S		La
2065	Matosinhos	2007	NM	F / 79	IIb	S/R	X	
2074	Porto	2007	M	Un / < 1 month	IVb	S/S		EE
2076	Lisbon	2007	NM	F / 50	IIb	S/S		Ya
2085	Lisbon	2007	NM	F / 73	IVb	S/S	Pa	
2086	Matosinhos	2007	NM	M / 84	Ila	S/S	B	
2087	Lisbon	2007	NM	M / 50	IVb	S/R	Mc	

2088	Porto	2006	NM	M / 77	IVb	S/S		FF
2090	Porto	2006	NM	M / 54	IVb	S/R		Me
2091	Porto	2006	NM	M / 61	IIa	R/S		G
2092	Braga	2007	NM	M / 78	IVb	R/S	Mb	
2093	Braga	2007	NM	M / 77	IVb	R/R	GG	
2094	Funchal	2007	NM	F / 53	IVb	S/S		FF
2095	Almada	2007	NM	F / 88	IIb	S/S	Q	
2096	Porto	2005	NM	M / 40	IVb	S/S		La
2097	Coimbra	2006	NM	F / 81	IVb	R/S		DD
2098	Coimbra	2006	NM	M / 83	IIb	S/R	AA	
2099	Coimbra	2006	NM	M / 53	IIa	S/S		G
2100	Coimbra	2006	NM	F / 70	IVb	S/S		FF
2101	Coimbra	2007	NM	M / 66	IVb	S/S	II	
2102	Lisbon	2007	NM	M / 74	IVb	R/S	Jb	
2103	Lisbon	2007	NM	M / 19	IIa	S/S	E	
2104	Coimbra	2006	NM	F / 68	IVb	S/R		MM
2105	Coimbra	2007	NM	M / 43	IVb	S/R		MM
2117	Braga	2007	NM	M / 76	IVb	S/S	CC	
2121	Braga	2007	NM	M / 34	IIb	S/S		U
2122	Lisbon	2007	NM	M / 88	IVb	S/S		Pb
2125	Funchal	2007	NM	M / 58	IVb	R/S		EE
2135	Lisbon	2007	NM	M / 52	IIa	S/R	I	
2252	Porto	2007	NM	M / 50	IVb	R/S		Me
2253	Porto	2007	NM	M / 60	IVb	R/S		DD

2254	Porto	2007	NM	M / 69	IVb	S/S	O	
2255	Porto	2007	NM	F / 26	IVb	R/S		EE

Strains not similar at more than 98% by PFGE typing with *AscI* were addressed as unique, ascribed a capital letter and in the column U (unique). Strains similar at equal to or more than 98% from at least one other isolate were listed in column I (indistinguishable) and were further typed with *ApaI*. Strains similar at more than 98% by *AscI* but not similar at more than 98% by *ApaI* were denoted, in addition to the capital letters, by lower case letters. So, a combined type from PCR grouping as well as from PFGE typing was determined. Strains distinguishable by their PCR grouping or strains not similar at more than 98% by PFGE typing with *AscI* and *ApaI* were again listed as unique (U). Strains not distinguishable by their PCR grouping or strains similar at equal or more than 98% by PFGE typing with *AscI* and/or *ApaI* were again listed as indistinguishable (I)

a, M: maternoneonatal; NM, non maternoneonatal.

b, Un: Unknown

c, R: Resistant; S: sensitive