CHAPTER 1

INTRODUCTION

## INTRODUCTION

Listeria monocytogenes - a gram positive bacterium of animal origin - is the major pathogenic species for man and animals in the genus Listeria which comprises six other species. Serologically L. monocytogenes is subdivided into 16 serovars, however most cases of human and animal disease are caused by one of three serovars, 1/2a, 1/2b or 4b. The organism is widespread in the environment and many animals and birds. It has the ability to grow over a temperature range (2-42°C) that includes refrigerator temperatures. The bacterium itself becomes intracellular and man's resistance to this bacterial infection depends on cellular immunity and T-cell function (Listeriosis, 1989).

Listeriosis frequently occurs during pregnancy and in neonates as well as in persons with decreased resistance (immunocompromised hosts and the elderly) (WHO, 1987). Infections also occur in some apparently healthy individuals of all ages. Although carrier rates are reported to be about 5% in the normal population and higher in groups at special risk (Stamm et al., 1982); yet the extent to which subclinical infection takes place is not known (McLuchlin, 1987).

Clinically , listeriosis in man may take different forms the most serious is meningitis or meningo-encephalitis , septicaemia and in the case of the pregnant female usually it appears as a mild illness but may result in intra-uterine infections of the foetus which may result in abortion , still-birth , premature labour with a disseminated infection in the neonate known as granulomatosis infantiseptica (Listeriosis,

1989). Furthermore, neonatal infections acquired during and after delivery can cause septicaemia or meningitis in the second or third week of life (Barza, 1985).

Most infections appear to be sporadic, but occasional outbreaks in adults has now led to the suggestion that listeriosis is likely to be a food borne infection. Before 1977, fewer than 40 cases a year were reported in England and Wales, but the number have sharply increased, 259 cases were reported in 1987 (Listeriosis, 1989). The infection also appears to be increasing in North America and other parts of Europe. Possible reasons for this increase, which shows no sign of abating, warrant serious consideration (Lamont et al., 1988, Gill, 1988 and Kerr & Lacey, 1988). In Egypt no case report of human listeriosis was reported till now.

Listeria species are present in vegetation, water, soil and faeces of man and animals, so it is not suppressing that they are present in food. The ingestion of modest numbers of Listeria causes no clinical problems in healthy people. Although the infective dose is unknown, yet presumably it is lower for pregnant and immunologically compromised individuals than for normal population.

Many reports attest to frequent presence of listeriosis in a great variety of foods including poultry carcasses both fresh and frozen (Pini & Gibort, 1988), commercially cooked chicken (Kerr et al., 1988), cow's and goat's milk even sometimes pasteurized milk (Flemming et al., 1985), soft cheeses (Pini & Gilbert, 1988), cabbage (Schlech et al.,

1983) and prepacked salad's (Sizmur & Walker, 1988) .

Although Listeria is a rather susceptible bacterium , most antibiotics exert a bacteriostatic effect on <u>L. monocytogenes</u> (Espaze & Reynaud, 1988) . The intracellular localization of the bacteria leads to the relative incapability of antibiotics to penetrate infected cells (Bakker-Woudenderg et al. 1988) . Patients affects with listeriosis often have poor defense mechanism e.g. neonates or immunocompromised hosts (Larsson et al., 1985) . They present meningitis or septicaemia and it is useful to treat them with bacteriocidal drugs . In addition , the inability of bacteriocidal antibiotics to quickly kill L. monocytogenes at low concentrations , indicated the study of antibiotic combinations (Espauze & Reynaud , 1988) .

A good means to evaluate the bacteriocidal effect of a drug or a combination of drugs is to perform time kill studies establishing killing curves (Espauze & Reynaud, 1988).

## AIM OF THE PRESENT WORK

The aim of this study is:

- 1- The isolation and identification of  $\underline{L}$ . monocytogenes from the different pathological specimens, in pregnant women and neonates.
- 2- Serological examination for antibodies to  $\underline{L.monoc-ytogenes}$  during pregnancy and its relation to previous abortions or still births.

- 3- To know more about the epidemiology and mode of transmission of the disease .
- 4- Furthermore, the present work aimés to study the in vitro, antibiotic susceptibility and synergy of the <u>L. monocytogenes</u> isolated strains, to the following antibiotics: Ampicillin, Gentamicin and Ceftotaxime. Killing curves of these antibiotics while single or in combination will be studied at different concentrations.

## CHAPTER 2

REVIEW OF LITERATURE