

Review

## ***Listeria monocytogenes*: an overview**

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**Abstract:** *Listeria monocytogenes* is a potentially lethal foodborne pathogen responsible for listeriosis, a serious and often invasive multisystem disease. This pathogen can infect a wide range of host tissues, leading to various clinical outcomes, from febrile gastroenteritis to severe complications such as sepsis, meningitis, and spontaneous abortions. Recognized as a human pathogen for over 80 years, *L. monocytogenes* presents an increasing public health challenge, especially in light of rising use of immunosuppressive therapies for cancer and other conditions, which has intensified infection risk among vulnerable individuals and elevated listeriosis prevalence in communities. Additionally, shifts in consumer behavior, with reduced time spent on food preparation and greater reliance on ready-to-eat and convenience foods, have heightened exposure risks. Advances in food production and preservation technologies have led to extended shelf-life products, often associated with increased *Listeria* risk. Addressing *L. monocytogenes* requires collective efforts from consumers, public health authorities, and the food industry. For effective disease monitoring, health authorities must implement a robust screening program to detect listeriosis cases, alongside regular characterization of isolates from human, food, and environmental sources. Integrating these data into shared databases is essential for tracking the pathogen and enforcing preventive measures.

**Keywords:** *Listeria monocytogenes*; foodborne pathogen; listeriosis; ready-to-eat foods; psychrotrophic bacteria

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### **1. Introduction**

*Listeria monocytogenes* is a Gram-positive, rod-shaped bacterium exhibiting psychrotrophic properties, facultative anaerobic metabolism, motility, and non-sporulating characteristics (Lourenco *et al.*, 2022; Osek *et al.*, 2022). Fresh cultures of this microorganism typically form short cellular chains. Uniquely, *L. monocytogenes* is hemolytic and ferments rhamnose without utilizing xylose (Shamloo *et al.*, 2019; Szymczak, 2023). As a psychrotroph, it grows across a broad temperature range of 1°C to 44°C, with an optimal growth temperature between 35°C and 37°C, and can proliferate rapidly at lower temperatures, particularly between 7°C and 10°C (André *et al.*, 2017; Boas *et al.*, 2025). Additionally, it ferments glucose without gas production, enabling its growth in diverse food products and environmental conditions (Sharma *et al.*, 2020; Abbaspour, 2024). *L. monocytogenes* exhibits remarkable resistance to adverse environmental conditions, including freezing, desiccation, high salinity, and pH levels above 5.0. However, it remains vulnerable to pasteurization; a temperature of 72°C for 15 seconds or 63°C for 30 minutes is generally sufficient to inactivate the organism. For pathogens located within leukocytes, inactivation requires temperatures between 76.4°C and 77.8°C for 15 seconds (Bucur *et al.*, 2018; Osek *et al.*, 2022). *L. monocytogenes* has a unique ability to reproduce

intracellularly in various mammalian cells, including enterocytes, macrophages, hepatocytes, neurons, and fibroblasts, presenting a significant risk to high-risk groups such as pregnant women, the elderly, and immunocompromised individuals. Vulnerable populations include those with immunodeficiencies, such as patients with AIDS, cancer, liver or kidney disease, substance users, alcoholics, and patients on corticosteroid therapy (Shahid *et al.*, 2021). In severe cases, *L. monocytogenes* can cause encephalitis and, in some instances, fatal outcomes. Pregnant women are at a 20-fold increased risk of developing listeriosis compared to the general population, while it is estimated that 1-10% of people harbor *L. monocytogenes* in their feces (Hoelzer *et al.*, 2012; Osek and Wiczorek, 2022). The *Listeria* genus is characterized by non-spore-forming, non-encapsulated bacteria that exhibit motility through peritrichous flagella, with maximum motility observed between 20°C and 35°C, while movement becomes static at 37°C. Optimal growth requires B-group vitamins (e.g., biotin, riboflavin, thiamine, and alpha-lipoic acid) and amino acids such as cystine, glutamine, isoleucine, leucine, and valine (Takahashi *et al.*, 2010; Doghri *et al.*, 2021). Significant species within the genus include *L. monocytogenes*, *L. innocua*, *L. seeligeri*, *L. welshimeri*, *L. grayi*, and *L. ivanovii*, with *L. monocytogenes* being the most pathogenic to humans and animals (Orsi and Wiedmann, 2016; Orsi *et al.*, 2024).

In recent years, an increase in listeriosis cases has been observed in various European countries. Primary sources include ready-to-eat foods, post-pasteurization contaminated dairy products, inadequately pasteurized pork tongue, and certain types of soft cheese. Approximately 90% of human listeriosis cases stem from ready-to-eat foods, with uncooked Frankfurter-type meats being particularly high-risk (Haque *et al.*, 2018; Alam *et al.*, 2020; Nüesch-Inderbilen *et al.*, 2021; Uddin *et al.*, 2021; Ohiduzzaman *et al.*, 2022; Al-Mamun *et al.*, 2023). Given that *Listeria monocytogenes* causes foodborne infections and can be fatal, particularly for high-risk groups, preventing the spread of this pathogen is a critical public health concern. The increasing cases of listeriosis and food safety challenges necessitate a detailed investigation of this issue. This study aims to explore the epidemiological significance of *Listeria monocytogenes* as a foodborne pathogen and the measures to control its spread. Specifically, this study seeks to address the following questions, In which food products is *Listeria monocytogenes* most prevalent? What are the most effective control methods to prevent the spread of this pathogen? This review aims to examine the prevalence of *Listeria monocytogenes*, the diseases it causes, and the strategies for its control.

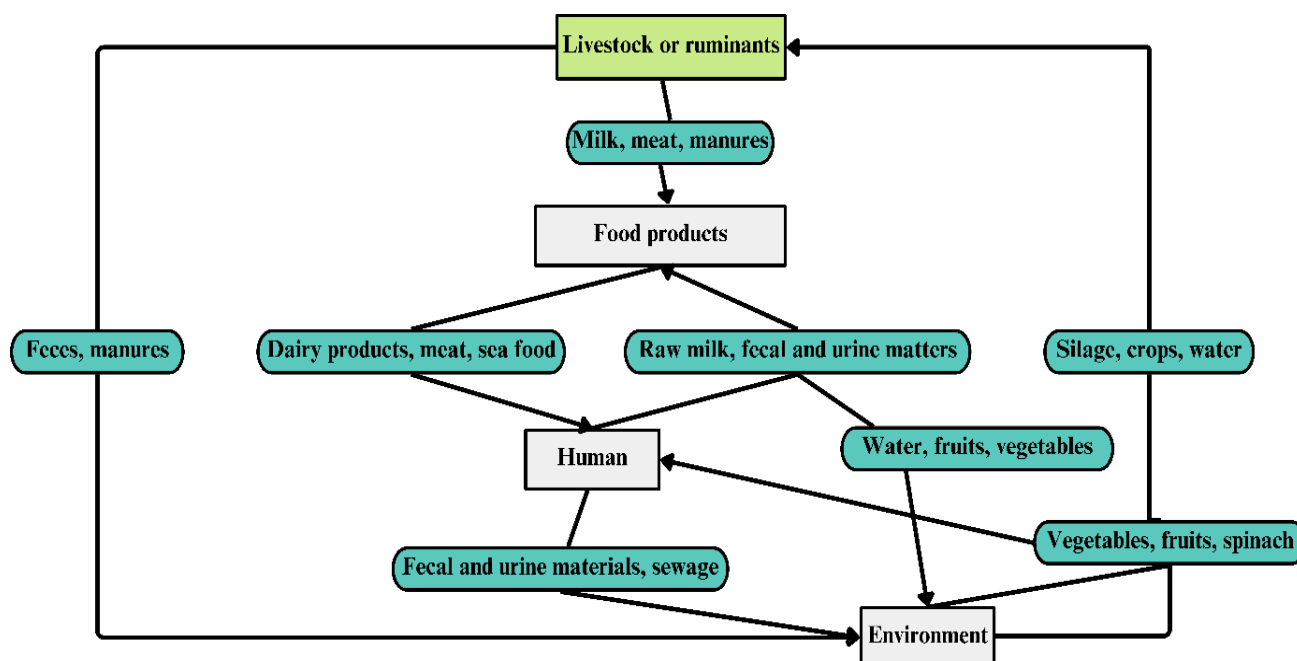
## 2. Habitat of *L. monocytogenes*

*L. monocytogenes* is highly adaptable, having been isolated from diverse environmental sources, including soil, sewage, water, and decaying vegetation. This bacterium is also present in the intestinal tracts of domesticated animals, birds, and occasionally humans, who may carry it asymptotically (Matle *et al.*, 2020; Schoder *et al.*, 2023). Numerous fresh food products, such as leafy vegetables, tubers (e.g., potatoes and radishes), raw meats, milk, eggs, seafood, and fish, have been found to harbor *L. monocytogenes*. Remarkably, even heat-treated and ready-to-eat items, such as pasteurized milk and other dairy products, can contain this microorganism. *L. monocytogenes* has also been isolated from various surfaces and equipment within food production and storage facilities (Chakma *et al.*, 2018; Hassan *et al.*, 2018; Islam *et al.*, 2018; Kljujev *et al.*, 2018; Kabir *et al.*, 2019).

The transmission pathways of *Listeria monocytogenes* are illustrated in Figure 1. The figure describes a cycle encompassing risks originating from humans, the environment, and food. It details the interactions between livestock, the environment, and humans, demonstrating how these relationships are mediated through food products and fecal/waste materials, thereby highlighting potential infection risks (Raschle *et al.*, 2021; Ravindhiran *et al.*, 2023).

Determining the infectious dose for this bacterium is challenging due to its extended incubation period and variable disease progression. Animals, especially sheep, goats, and cattle that consume low-quality silage contaminated with *L. monocytogenes*, can serve as primary infection sources (Ahammed *et al.*, 2016). Food preparation environments, particularly those that are cool and damp, can act as reservoirs, where the bacterium's resilience and ability to multiply at low temperatures enable it to form persistent biofilms, complicating control measures (Matle *et al.*, 2020; Schoder *et al.*, 2023). *L. monocytogenes* thrives across a wide range of conditions, including temperatures from -1.5°C to 45°C, pH levels between 4.3 and 9.4, and environments with various salt and nitrite concentrations (Forauer *et al.*, 2021). Its ability to proliferate at refrigeration temperatures poses a significant risk for foods stored cold for prolonged periods without subsequent heat treatment, such as ready-to-eat items. The bacterium can survive and even grow after food processing, especially under acidic, salty, or chilled conditions (Islam *et al.*, 2016b; Coorey *et al.*, 2018; Dutta *et al.*, 2018; Hasan *et al.*, 2018). As a member of the Listeriaceae family, *L. monocytogenes* is catalase positive, oxidase negative, aerobic-facultatively anaerobic, and CAMP positive. Of the 13 known serotypes, three (4b, 1/2a, and 1/2b) are responsible for approximately 90% of clinical cases of listeriosis, with serotype 4b being the most commonly associated with

foodborne outbreaks (Jamshidi and Zeinali, 2019). Given its widespread environmental presence, *L. monocytogenes* is often described as an "environmental contaminant." It is an opportunistic pathogen with a high mortality rate of 25-30%, capable of causing multisystem diseases and thriving in the presence of lactic acid bacteria.



**Figure 1. Transmission and dissemination network map of *Listeria monocytogenes*.**

The primary sources of *L. monocytogenes* contamination include decaying organic matter, soil, animal feces, sewage runoff, silage, and water. Within the food industry, high-risk products encompass ready-to-eat items, emulsified cooked sausages (e.g., salami and sausage), and uncooked cheeses with high moisture content (Al-Ferdous *et al.*, 2013; Lakicevic *et al.*, 2015; Gobasho and Mustefa, 2022).

### 3. Implications of *Listeria monocytogenes* presence in ready-to-eat foods

*L. monocytogenes* contamination in ready-to-eat foods presents significant public health concerns due to operational errors and post-processing cross-contamination. Improper handling and co-storage of raw and heat-treated products at points of sale often lead to contamination, particularly in ready-to-eat items (Kabir *et al.*, 2015; Seel *et al.*, 2016; Lakicevic and Nastasijevic, 2017; Monir *et al.*, 2017; Sarker *et al.*, 2020). The incidence of *L. monocytogenes* in various food categories has been documented extensively: dairy products (1-23%), meat and meat products (5-92%), poultry (12-60%), seafood (4-18%), and vegetables (1-21%) (Kabir *et al.*, 2014; Al-Salauddin *et al.*, 2016; Sharma *et al.*, 2024).

### 4. Virulence factors of *Listeria monocytogenes*

Virulence in *L. monocytogenes* is facilitated by specific factors, including internalin (required for cellular internalization, with mutants showing reduced invasiveness), listeriolysin O (LLO), a hemolysin critical for virulence, and actA, which is associated with intracellular motility and actin polymerization. Listeriolysin O is the primary hemolytic toxin produced during bacterial growth, allowing *L. monocytogenes* to invade and proliferate within host cells, causing cell death (Pizarro-Cerdá and Cossart, 2018; Coelho *et al.*, 2019).

## 5. Disease and symptoms

### 5.1. General symptoms

Consumption of contaminated food may result in mild or asymptomatic infection in healthy individuals, with symptoms such as flu-like signs, mild fever, abdominal cramps, and diarrhea appearing 1 to 7 days post-ingestion. While symptoms are often transient, bacteria may continue to be shed in stool. High-risk groups, including pregnant women, fetuses, infants, and immunocompromised individuals, can experience severe symptoms, starting with gastrointestinal signs (e.g., nausea, vomiting) followed by fever and headache (Sudarsan *et al.*, 2018; Rahman *et al.*, 2021). The pathogen can further disseminate to essential organs and the

central nervous system, posing significant risks to pregnant women as it crosses the placenta, leading to potential complications for the fetus (Graves, 2013).

## 5.2. Clinical manifestations of listeriosis

Clinical listeriosis presents in various forms, including the acute septic/abortive form, commonly occurring in the third trimester of pregnancy and associated with maternal symptoms like chills, throat pain, and altered urine color, often resulting in severe infant complications such as stillbirth or mental disabilities. The central nervous system form manifests with high fever, severe headache, neck stiffness, and neurological symptoms, with a mortality rate of approximately 30% (Neogi *et al.*, 2020; Islam *et al.*, 2023). The glandular form involves cervical lymphadenitis, while the localized form may present as skin infections, conjunctivitis, gastrointestinal issues, and flu-like symptoms. Chronic-septic listeriosis can cause endocarditis and abscesses, and other manifestations range from brain abscesses and arterial infections to joint and gastrointestinal symptoms. *L. monocytogenes*, a key causative agent, has been linked to a broad spectrum of foodborne diseases due to its ability to thrive at refrigeration temperatures, emphasizing the critical role of proper food storage and reheating practices. The growing consumption of ready-to-eat foods and technological advancements in food production have increased contamination risks, establishing *L. monocytogenes* as a significant emerging foodborne pathogen with a fatality rate of 30–40% (Leung and Davies, 2009; Sharmin *et al.*, 2013; Bagatella *et al.*, 2022).

## 5.3. Transmission sources

Listeriosis typically occurs sporadically but has been linked to outbreaks from foods such as cabbage salads, pasteurized milk, soft cheeses, and meat products. Insufficient heat treatment or post-processing contamination are primary factors. The disease predominantly affects vulnerable populations, with severe cases often resulting in mortality (Kabir *et al.*, 2005; Islam *et al.*, 2016a, 2024; Farber *et al.*, 2021).

## 6. Prevention and control of listeriosis

The pervasive nature of *L. monocytogenes* makes the production of pathogen-free food particularly challenging. Nevertheless, several countries have implemented robust *Listeria* control programs within commercial facilities, contributing to a marked decline in listeriosis cases since 1991. Upon identifying contamination, rigorous inspections are conducted, followed by the implementation of sanitation protocols, such as the Hazard Analysis Critical Control Point (HACCP) system, until products are confirmed free from *L. monocytogenes* (Islam *et al.*, 2013; Jahan *et al.*, 2013; Farber *et al.*, 2021). Additionally, consumer education is essential to reduce foodborne listeriosis cases, as informed practices can mitigate the risks associated with *L. monocytogenes* in food products.

### 6.1. Key consumer education recommendations

To minimize the risk of listeriosis, it is essential for consumers to adopt proper food safety practices. The table below outlines key recommendations for cooking, hygiene, food storage, and specific precautions for high-risk groups, such as pregnant women and immunocompromised individuals (Table 1). By following these guidelines, the likelihood of *Listeria monocytogenes* contamination and infection can be significantly reduced (Cokes *et al.*, 2011; Langiano *et al.*, 2012; Al Mamun *et al.*, 2017).

**Table 1. Key guidelines for preventing listeriosis.**

Category	Recommendations
Cooking	Cook animal-derived foods thoroughly to ensure safe internal temperatures.
Washing	Wash vegetables rigorously under running water to remove contaminants.
Cross-contamination prevention	Keep raw meat, poultry, and seafood separate from vegetables and ready-to-eat foods during preparation and storage.
Food storage	Store cooked and ready-to-eat foods separately in sealed containers.
Dairy products	Avoid consuming raw milk and raw milk products; opt for pasteurized alternatives.
Hygiene practices	Wash hands, utensils, cutting boards, and surfaces thoroughly after handling raw foods. Avoid high-risk foods like soft cheeses (e.g., feta, brie, blue cheese) unless labeled as pasteurized.
High-risk groups	Reheat refrigerated and ready-to-eat items (e.g., deli meats, leftovers) to steaming hot temperatures before consumption.

## 6.2. Primary guidelines for listeriosis prevention

- **Food preparation:** Ensure thorough cooking of animal-derived foods, wash raw vegetables, and prevent cross-contact between raw meats and other food items. Efficient heating methods (e.g., microwaves) should be used with caution as they may not uniformly heat food, and reheating should be limited to once. Implement business hygiene practices, including the HACCP and Good Manufacturing Practice (GMP) protocols. Effective pasteurization and heat treatments, particularly above 72°C for meat products, are essential, as well as maintaining milking hygiene (Redmond *et al.*, 2004; Haque *et al.*, 2018; Islam *et al.*, 2018, 2024; Al-Mamun *et al.*, 2023).
- **Storage and shelf life:** Ensure refrigerators operate at optimal temperatures (0-4°C) by regularly checking with a thermometer and maintaining the cold chain for perishable items. Adhere to expiration dates on food packaging.
- **Industry best practices:** Food production facilities should implement regular monitoring for *Listeria* presence and adopt novel anti-listerial technologies. Practices such as using bacteriocin-producing starter cultures, ensuring hygienic silage production, and opting for protective packaging materials are recommended (Piet *et al.*, 2016).
- **Specific recommendations for vulnerable populations:** Pregnant women and immunocompromised individuals should avoid ready-to-eat deli meats and exercise caution with high-risk food products (Einarson *et al.*, 2010).

## 7. Conclusions

*L. monocytogenes* is a significant foodborne pathogen, particularly dangerous for immunocompromised individuals, due to its ability to thrive under diverse conditions, including low temperatures. The rise in ready-to-eat foods and extended shelf-life products has increased the risk of listeriosis. Effective control requires robust screening, centralized data tracking, and public education on safe food handling. Coordinated efforts between public health authorities, food producers, and consumers are essential to reduce its incidence and manage foodborne health risks effectively.

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## Data availability

Not applicable.

## Conflict of interest

None to declare.

## Author's contribution

This manuscript was solely prepared by the author, Mustafa Atasever, who conducted the research, wrote the manuscript, and reviewed all sections for accuracy and coherence.

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