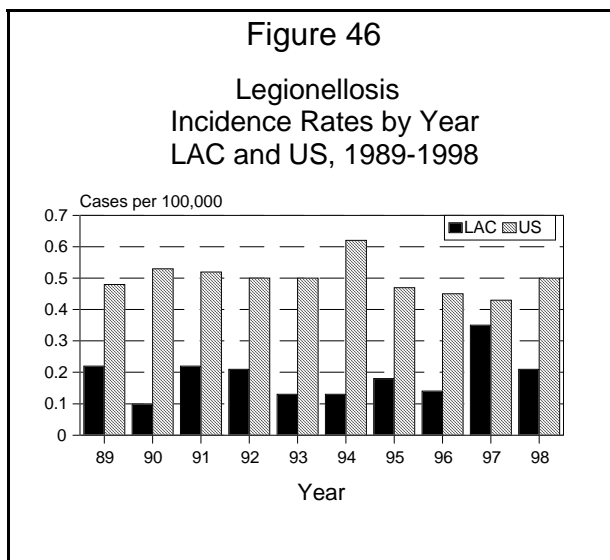


LEGIONELLOSIS

| CRUDE DATA | |
|-------------------------------|-----------|
| Number of Cases | 19 |
| Annual Incidence ^a | |
| LA County | 0.21 |
| California | 0.16 |
| United States | 0.50 |
| Age at Onset | |
| Mean | 64 |
| Median | 66 |
| Range | 25-86 yrs |
| Case Fatality | |
| LA County | 16% |
| United States | N/A |

^aCases per 100,000 population.



ETIOLOGY

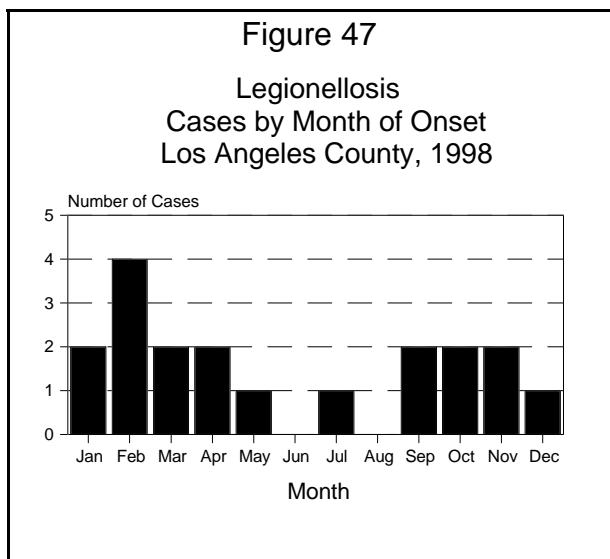
Eleven species of *Legionella* have been implicated in human disease, but most infections are caused by *Legionella pneumophila* serogroup 1 (Lp1).

DISEASE ABSTRACT

All reported cases of legionellosis in 1998 were due to sporadic, community-acquired legionella pneumonia (Legionnaires' disease); there were no cases of Pontiac fever. Reported cases decreased 41%, following an all-time high in 1997 associated with a small community cluster (Figure 46).

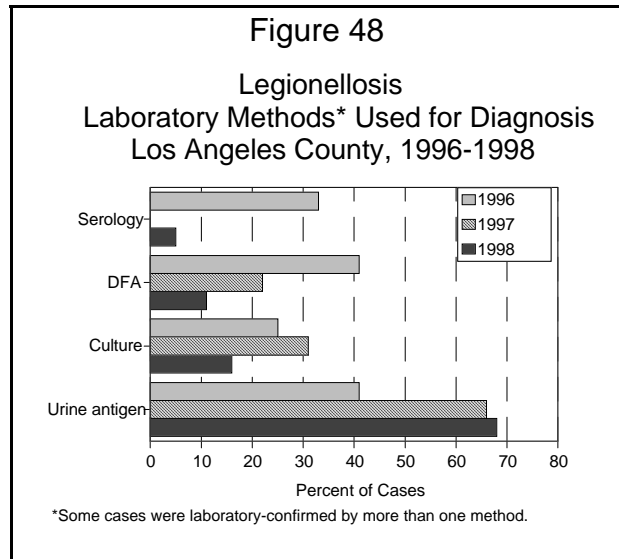
SUMMARY OF EPIDEMIOLOGIC DATA

The average age of reported cases was 64 years (range 25-86 years); 8 were males and 11 were females. The distribution of cases by race/ethnicity was 1 Asian, 3 Black, 2 Hispanic, and 13 White. The summer and autumn seasonality commonly associated with legionellosis was not observed in 1998 (Figure 47).



Laboratory confirmation of Legionnaires' disease included isolation of *Legionella* from respiratory secretions for 3 (16%) cases, detection of *Legionella* in respiratory secretions by direct fluorescent antibody testing for 2 (11%) cases, and demonstration of Lp1 antigen in urine for 13 (68%) cases (Figure 48).

Nearly all case-patients (95%) had one or more recognized risk factors for Legionnaires' disease, including heavy cigarette use and/or chronic pulmonary disease (8 cases), malignancy (2), diabetes (3), immunodeficiency syndromes (4), or advanced age (5 cases 80 years or older).



COMMENTS

The reported incidence of legionellosis in LAC remains lower than the national rate of 0.43 cases per 100,000 population. Empiric antibiotic therapy for community-acquired pneumonia and inappropriate diagnostic testing may contribute to lower than anticipated rates. In September 1996, the use of a single elevated convalescent serum antibody titer was excluded from the surveillance case definition for legionellosis because of poor specificity. In 1998, 16 potential cases were excluded because of failure to meet laboratory criteria of the revised case definition. The increase since 1996 in the use of urinary antigen testing, a sensitive, specific alternative to culture for identification of Lp1, suggests that efforts to educate health care providers in the appropriate use of diagnostic tests for legionellosis are having some effect.