



This is an official **DHEC Health Advisory**

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Increase in Legionellosis Cases in Upstate Region

Summary

A recent increase in legionellosis cases has been detected in Spartanburg county. Although no potential common exposure has been identified for these cases at this time, this increase in time and space raises the concern for an unrecognized source of contaminated water. To help identify additional cases and possibly a source of infection, recommendations are being provided regarding testing of individuals with community-acquired pneumonia or other severe respiratory illness.

Background

Legionella bacteria can cause Legionnaire's disease (LD), a type of pneumonia, and Pontiac Fever, a milder respiratory illness, in people. Individuals may be exposed to *Legionella* bacteria through aerosolized water droplets from potable and non-potable sources. In the United States, reported cases of LD have grown by nearly nine times since 2000. More illness occurs in the summer and early fall, but LD can happen any time of year. In South Carolina, a recent increase of LD cases in Spartanburg county has been identified. In this county, 12 cases of LD were reported from late May through July 2021, and a total of 24 cases have been identified since January 2021. This is in comparison to 16 reported cases total from 2016 to 2020 in Spartanburg county. Clusters of cases in time and space raise the concern for an unrecognized source of contaminated water through a common exposure or point source. However, at this time, a potential common exposure has not been identified for the cases in Spartanburg county.

Enhanced surveillance through increased testing of persons with pneumonia can help identify additional cases and possibly a source of infection. Clinical features of LD include cough, fever, and radiographic pneumonia. Signs and symptoms for LD are similar to pneumonia caused by other pathogens; the only way to tell if a pneumonia patient has LD is by getting a specific diagnostic test. Testing for *Legionella* through urine antigen testing and culture of lower respiratory tract specimens is recommended for individuals with pneumonia and severe respiratory illness. It may also be appropriate to test for SARS-CoV-2 and other respiratory pathogens as co-infections can occur and these diseases present similarly; Individuals determined to have legionellosis require prompt treatment with antibiotics. *Legionella* does not transmit from person to person. More information regarding the diagnosis and testing for LD can be found at: https://www.cdc.gov/legionella/downloads/fs-legionella-clinicians.pdf

Recommendations

- Obtain urine antigen testing for *Legionella* in all cases of community-acquired pneumonia, healthcare-associated pneumonia, or other severe lower respiratory disease without clear etiology.
- Obtain lower respiratory specimens (e.g., sputum, bronchoalveolar lavage) for culture on selective media prior to starting antibiotics.
- Report positive cases to DHEC as soon as possible, but no later than 3 days, after identification by contacting the Regional Public Health Office where the patient resides (see contact information for Regional Public Health Offices below).

Resources for Additional Information

- CDC- Legionella Home
- CDC- Legionnaires' Disease Fact Sheet for Clinicians
- DHEC- Legionellosis

DHEC contact information for reportable diseases and reporting requirements

Reporting of **legionellosis** is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2021 List of Reportable Conditions available at: https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2021 Mail or call reports to the Epidemiology Office in each Public Health Region MAIL TO:			
4050 Bridge View Drive, Suite 600	2000 Hampton Street	1931 Industrial Park Road	200 University Ridge
N. Charleston, SC 29405	Columbia, SC 29204	Conway, SC 29526	Greenville, SC 29602
Fax: (843) 953-0051	Fax: (803) 576-2993	Fax: (843) 915-6506	Fax: (864) 282-4373
CALL TO:			
Lowcountry Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg	Midlands Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York	Pee Dee Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg	Upstate Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union
Office: (843) 441-1091 Nights/Weekends: (843) 441-1091	Office: (888) 801-1046 Nights/Weekends: (888) 801-1046	Office: (843) 915-8886 Nights/Weekends: (843) 409-0695	Office: (864) 372-3133 Nights/Weekends: (864) 423-6648
For information on reportable conditions, see <u>https://www.scdhec.gov/ReportableConditions</u>		DHEC Bureau of Communicable Disease Prevention & Control Division of Acute Disease Epidemiology 2100 Bull St · Columbia, SC 29201 Phone: (803) 898-0861 · Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902	

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Health Update

Info Service

Conveys the highest level of importance; warrants immediate action or attention. Health Advisory Provides important information for a specific incident or situation; may not require immediate action. Provides updated information regarding an incident or situation; unlikely to require immediate action. Provides general information that is not necessarily considered to be of an emergent nature.