



**Call for Enhanced Surveillance and Testing
for Travel-Associated Cases of Legionnaires' Disease -- Atlantic City**

Date: June 22, 2023

Public Health Message Type: ☐ Alert ☒ Advisory ☐ Update ☐ Information

Intended Audience: ☒ All public health partners ☒ Healthcare providers ☒ Infection preventionists
 ☒ Local health departments ☐ Schools/child care centers ☐ ACOs
 ☐ Animal health professionals ☐ Other:

Key Points or Updates:

- The New Jersey Department of Health (NJDOH) is currently investigating three Legionnaires' disease cases associated with a hotel/casino in Atlantic City, NJ.
- Local health departments are being asked to inquire about recent travel, including day trips, to Atlantic City when interviewing case-patients diagnosed with Legionnaires' disease. Please inform NJDOH by email or phone if a case-patient reports visiting a hotel/casino in Atlantic City. Include the name of the travel accommodation, complete address, dates of arrival/departure, room number (if patient stayed overnight), and any known exposures to aerosolized water (e.g., hot tub use, decorative fountains, showering).
- Healthcare providers are being asked to have a high index of suspicion for *Legionella* when evaluating patients for community-acquired pneumonia, particularly when the patient reports travel to Atlantic City in the 14 days prior to becoming ill.
 - NJDOH requests that healthcare providers consider collecting and holding respiratory specimens from patients who test positive for *Legionella* by a urinary antigen test and reported recent travel to Atlantic City.
- NJDOH is reminding healthcare providers and local health departments that travel-associated Legionnaires' disease outbreaks can occur in a variety of settings such as cruise ships, hotels, resorts, vacation/home rentals, RV parks and reports, campgrounds, and truck stops. Please notify NJDOH within one business day if a case-patient with Legionnaires' disease reports overnight travel to any of the above settings within the 14 days prior to becoming ill.

INFORMATION FOR HEALTHCARE PROVIDERS, FACILITIES, AND CLINICAL LABORATORIES

Healthcare providers should consider the diagnosis of Legionnaires' disease in patients presenting with clinical features of pneumonia, fever, and cough. NJDOH requests that lower respiratory specimens (sputum, bronchoalveolar lavage, tracheal aspirate, or lung tissue) are collected and held for patients who tested positive for *Legionella* by a urinary antigen test and who report travel to Atlantic City in the 14 days prior to becoming ill.

- These respiratory specimens should ideally be obtained prior to antibiotic administration, but antibiotic treatment should not be delayed to facilitate this process (and culture can be attempted even after antibiotic therapy has been initiated).
- Respiratory specimens should be frozen immediately after collection at $\leq -20^{\circ}\text{C}$.
- Please inform your laboratory to not reject respiratory specimens based on specimen quality (e.g., due to lack of white blood cells in the sample, contamination with other bacteria).

Inform NJDOH's *Legionella* Team (PreventLD@doh.nj.gov) if any respiratory specimens are collected. After further public health investigation, NJDOH may request that these specimens are sent to a public health laboratory for *Legionella* culture and molecular sequencing free-of-charge.

Diagnostic Testing

The urinary antigen test is the most widely available rapid method of diagnosis and detects *Legionella pneumophila* serogroup 1. A negative urinary antigen test, however, does not rule out infection from other *Legionella* species and serotypes.

Culture of *Legionella* from a respiratory specimen (e.g., sputum, tracheal aspirate, or bronchoalveolar lavage fluid) is the gold standard diagnostic test and should be used in conjunction with rapid non-culture diagnostics like the *Legionella* urinary antigen test. Culture has the added benefits of identifying non-*pneumophila* *Legionella* that may cause infection and of generating isolates that can be further analyzed using molecular techniques. Molecular techniques can be used to compare clinical isolates to environmental isolates and confirm an outbreak source. The urinary antigen test alone does not allow for molecular comparison to environmental isolates.

Reporting

Health care providers and administrators are required to report cases of legionellosis (Legionnaires' disease and Pontiac fever) to the local health department where the patient resides within 24 hours of diagnosis (N.J.A.C. 8:57 – 1.4). If the patient residence is unknown, report to your own local health department. Contact information is available at: localhealth.nj.gov. Timely identification and reporting of cases of legionellosis is important, as this allows public health officials to quickly identify and stop potential clusters and outbreaks by linking new cases to previously reported ones.

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