

# LEGIONNAIRES' DISEASE ALERT

## Information for GPs, respiratory & ID physicians & EDs

*Please distribute to all clinicians in your practice*

### Key points

- Visitors to Sydney Olympic Park in August may be at risk of Legionnaires' disease
- Consider Legionnaires' disease in people presenting with pneumonia
- If the diagnosis is suspected, collect urine for *Legionella* urinary antigen testing

An investigation following two recent cases of Legionnaires' disease who had visited Sydney Olympic Park has found an air conditioning cooling tower in the area was contaminated with *Legionella pneumophila* serogroup 1. This raises suspicion that it could have been the source of infection. The tower has been shut down and disinfected today. These cases may be unrelated and have occurred coincidentally. However if the tower was the source, it is possible that other people have been exposed and could develop Legionnaires' disease.

Note that Legionnaires' disease is also sometimes diagnosed in overseas travellers and a small number of interstate cases have recently been identified in people who visited Bali.

### Who is at risk?

- The incubation period of Legionnaires' disease is 2 to 10 days.
- Particularly suspect the diagnosis in anyone with pneumonia who reports visiting Sydney Olympic Park in August or who has recently returned from Bali.
- Older adults who smoke or have chronic diseases or immunosuppression are most at risk of Legionnaires' disease.

### How does Legionnaires' disease present?

- Common symptoms are fever, chills, cough and breathlessness. Some people have systemic symptoms such as myalgia, headache, abdominal pain, diarrhoea and fatigue.
- Significant respiratory compromise occurs with some cases.
- CXR may show focal or patchy areas of consolidation that can be bilateral.

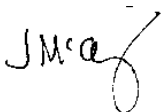
### How should I manage suspected Legionnaires' disease cases?

- In people with consistent clinical and radiological findings obtain urine for *Legionella* urinary antigen testing. This detects infection due to *Legionella pneumophila* serogroup 1 only. Other *Legionella* infections are usually diagnosed serologically.
- Hospitalised cases should have sputum collected for *Legionella* culture, DFA or PCR. This should be requested on the pathology form.
- The antibiotic of first choice for Legionnaires' disease includes one of azithromycin, doxycycline or erythromycin. See *Therapeutic Guidelines: Antibiotic* for more information.
- Legionnaires' disease is not transmitted person-to-person.
- Please ring your local public health unit to notify patients who present with pneumonia and who visited Sydney Olympic Park during August.

### For more information, please call your local public health unit

Camperdown	02 9515 9420	Penrith	02 4734 2022	Broken Hill	08 8080 1499	Newcastle	02 4924 6477
Gosford	02 4349 4845	Randwick	02 9382 8333	Dubbo	02 6841 5569	Port Macquarie	02 6588 2750
Hornsby	02 9477 9400	Albury	02 6080 8900	Goulburn	02 4824 1837	Tamworth	02 6767 8630
Parramatta	02 9840 3603	Bathurst	02 6339 5601	Lismore	02 6620 7500	Wollongong	02 4221 6700

Please visit our website: [www.health.nsw.gov.au/infect/diseases.html](http://www.health.nsw.gov.au/infect/diseases.html)



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