# Recommendations for Prevention and Control of Legionnaires' Disease in Texas

A task force was assembled in December 1999 to develop a Texas Legionnaires' disease control plan to help local health officials respond to reports of legionellosis in hospitals, long-term care facilities, and the community. The following is a summary of the Texas Legionnaires' Disease Task Force recommendations, which includes comparisons to existing control plans developed by the Centers for Disease Control and Prevention (CDC), the state of Maryland, and Allegheny County, PA.

The Texas Legionnaires' Disease Task Force recommends that all acute care hospitals and all long-term care facilities either provide *Legionella* urine antigen testing in-house or contract with a laboratory that can report test results within 48 hours. These facilities should have a similar mechanism in place for *Legionella* culturing. Single serum antibody test results can not be used to confirm a diagnosis of Legionnaires' disease. The CDC, state of Maryland, and Allegheny County guidelines are very similar to these recommendations regarding diagnostic capacity.

#### **Surveillance**

According to the Texas Legionnaires' Disease Task Force, legionellosis surveillance should be conducted by all acute care and long-term care facilities, and should be followed by reporting of any cases as "definitely nosocomial," "possibly nosocomial," or "not nosocomial." Active surveillance, including urine antigen testing of other pneumonia patients and daily evaluation of all sputa and x-rays, should be implemented whenever an investigation of a suspected nosocomial case is initiated. Community-acquired cases must also be reported, but active surveillance and a thorough epidemiologic investigation are recommended only if two or more cases of legionellosis are confirmed in a small community within a 6-month period or if the rate in a large community seems to be above the state's 10-year average of 0.2 cases per 100,000 population. While 80% to 85% of Legionnaires' disease cases are estimated to be community-acquired, the Task Force recognizes the enormous difficulty of tracing possible exposures of a single case in a community. The Task Force addresses

surveillance in greater depth than the other Legionnaires' disease control guidelines do.

### **Environmental Testing**

Routine culturing of acute care hospital water distribution systems (ie, environmental testing) for *Legionella* is not recommended by the Texas Legionnaires' Disease Task Force. On the other hand, environmental testing may be appropriate if it is determined that there is a significant risk of nosocomial Legionnaires' disease transmission. The Task Force provides guidelines for assessing this risk, which is known to be affected by the water treatment method in use, water temperature, a variety of water system engineering factors, the mix of patients, and history of nosocomial legionellosis cases. In long-term care facilities, the Task Force recommends environmental culturing only if there are one or more definite or two or more possible nosocomial cases. The Task Force also provides detailed guidelines for water distribution system testing when implemented. These recommendations are similar to CDC's but differ from those of the state of Maryland and Allegheny County, which both recommend routine environmental testing in acute care facilities but do not address testing in long-term care facilities. The Texas guidelines generally recommend environmental testing in a community setting only in the event of an outbreak and an epidemiologically implicated source.

Continued on back page \$\sigma\$

Also in this issue:
Bimonthly Statistical Summary
Vaccine Preventable Disease Update

# Bimonthly Statistical Summary of Selected Reportable Diseases: Provisional Cumulative Data

## Jan-Feb 2002

	HHSC Region								Selected Texas Counties					Cumulative[1]							
Selected Diseases/Conditions	1	2	3	4	5	6	7	8	9	10	11	Bexar	Dallas	El Paso	Harris	Hidalgo	Nueces	Tarrant	Travis	2001	2002
Sexually Transmitted Diseases[2]																					
Syphilis, primary and secondary	11	0	31	3	0	11	14	6	0	5	3	6	22	5	9	0	1	9	3	74	84
Congenital Syphilis	0	0	3	0	0	1	1	0	0	0	2	0	2	0	1	2	0	0	1	8	7
Resistant Neisseria gonorrhoeae	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Enteric Diseases																					
Salmonellosis	*11	*0	*9	*0	*1	*3	*22	*20	*0	*0	*0	*16	*8	*0	*2	*0	*0	*0	*1	*109	*66
Shigellosis	*2	*0	*7	*0	*0	*3	*13	*13	*0	*0	*0	*12	*7	*0	*1	*0	*0	*0	*0	*77	*38
Hepatitis A	*10	*0	*10	*0	*1	*12	*20	*8	*2	*3	*0	*6	*9	*3	*4	*0	*0	*0	*2	*128	*66
Campylobacteriosis	*5	*0	*2	*0	*0	*0	*10	*7	*0	*0	*0	*5	*2	*0	*0	*0	*0	*0	*0	*29	*24
Bacterial Infections																					
H. influenzae type b, invasive	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0
Meningococcal, invasive	*1	*0	*1	*0	*0	*5	*0	*1	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*47	*8
Lyme disease	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0
Vibrio species	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*1	*0
Other Conditions																					
AIDS[4]	7	1	130	0	12	111	44	40	1	16	35	32	91	16	105	11	4	27	23	311	414
Hepatitis B	0	1	12	4	1	7	18	5	0	1	4	2	5	1	5	0	2	3	13	588	53
Adult elevated blood lead levels	0	0	57	2	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	171	60
Animal rabies - total	3	7	65	12	12	13	37	3	5	0	1	0	3	0	1	0	0	9	0	160	158
Animal rabies - dogs and cats	0	0	2	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0	3	4
Tuberculosis Disease (2) (4)																					
Children (0-14 years)	0	1	1	1	0	0	2	2	0	0	1	1	0	0	0	1	0	1	0	3	8
Adults (>14 years)	0	2	43	3	3	60	12	9	2	2	12	7	28	2	55	7	0	11	8	87	149
Injuries[2]																					
Spinal Cord Injuries (5)	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0

<sup>1.</sup> Cumulative to this month. 2. Data for the STD's, Tuberculosis, and spinal cord injuries are provided by date of report, rather than date of onset. 3. Voluntary reporting. 4. AIDS + TB totals include reported cases from Texas Department of Corrections, which are not included in the regional and county totals. 5. 6 reports were missing PHR identification.

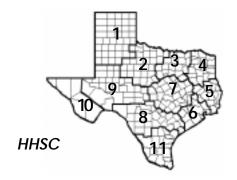
\* Data Incomplete

# Call 1-800-705-8868 to report

#### 1999 POPULATION ESTIMATES

	HHSC REGIONS										
1	770,440	4	971,877	7	1,989,767	10	784,287				
			690,501								
3	5,366,008	6	4,557,450	9	567,058						
_	STATEWIDE TOTAL 19,995,428										

	SELECTED C	SELECTED COUNTIES					
Bexar	1,360,411	Hidalgo	528,300				
Dallas	2,172,486	Nueces	315,965				
El Paso	755,339	Tarrant	1,506,790				
Harris	3,268,099	Travis	647,366				



# Vaccine-Preventable Disease Update Reported Cases with Onset From January 1 thru February 28, 2002

Condition	County	Number of Cases	Date of Onset	Condition	County	Date of Cases	Date of Onset
Mumps	Bexar	1	1/26	Pertusis	Nueces	1	1/10
•		1	2/26		Refugio	1	1/01
	Harris	1	1/07		Rusk	1	1/07
	Potter	1	2/08			1	1/11
Pertussis	Bexar	1	1/01		Tarrant	1	1/03
		1	1/10			1	1/07
		2	1/11			1	1/11
		1	1/18			1	2/02
		1	1/22		Travis	3	1/02
	Collin	1	1/01			1	1/03
	Dallas	1	1/01			1	1/04
		1	1/05			1	1/06
		1	1/07			1	1/07
		1	1/08			1	1/09
		1	1/13			1	1/11
		1	1/15			1	1/12
		1	1/18			1	1/13
		1	1/28			2	1/14
		1	2/01			1	1/15
	El Paso	1	1/08			1	1/16
	Harris	1	2/20			1	1/22
	Hays	1	1/09			1	1/25
	Hidalgo	1	1/28			1	2/01
	Houston	1	1/19			1	2/04
	Johnson	1	1/01			3	2/05
		1	1/08			1	2/16
	Limestone	1	2/11			1	2/18
	Llano	1	1/07		Williamson	1 1	1/02
	Madison	1	1/18			1	1/12
		1	1/19			1	1/16
		1	1/23			1	1/1 <i>7</i>
		1	1/29			1	1/19
		1	1/30			1	1/20
		1	2/01			1	1/21
		1	2/02			1	1/23
		1	2/16			1	1/31
	Milam	1	1/01				
YTE	D Measl	es	Mumps	Pertussis	Rube	ella	Tetanus
	0		4	<b>75</b>	0		0



Disease Prevention News (DPN) Texas Department of Health 1100 West 49th Street Austin, TX 78756-3199

Phone: (512) 458-7677 Fax: (512) 458-7340 Email: dpn@tdh.state.tx.us

The electronic version of *Disease Prevention News*, the subscription form, and a searchable index of issues from 1995 are available at the followingwebsite: www.tdh.state.tx.us/phpep/

Mario R. Andalzua, MD, Chair, Texas Board of Health Eduardo J. Sanchez, MD, MPH, Commissioner of Health Charles E. Bell, MD, Executive Deputy Commissioner Leslie Mansolo, MSN, RN, CSN, Acting Director, Office of Public Health Practice Dennis M. Perrotta, PhD, CIC, State Epidemiologist Mark V. Gregg, MA, Director, Public Health Professional Education

#### **DPN Staff**

Kate Hendricks, MD, MPH&TM, Medical Editor Susan Hammack, MEd, Managing Editor Linda Darlington, Production Assistant

#### **DPN Editorial Board**

Suzanne S. Barth, PhD Peter Langlois, PhD Susan U. Neill, MBA, PhD Sharilyn K. Stanley, MD Lucina Suarez, PhD

TDH Publication #E59-10940

Legionnaires' Disease, Continued from Page 1

#### Prevention

The Texas Legionnaires' Disease Task Force recommendations for legionellosis prevention include education of physicians and other hospital/facility personnel, equipment maintenance, and general facility control measures in acute care and long-term care facilities that do not have identified Legionnaires' disease cases. Facilities with cases or with a substantial number (>30%) of water distribution system sites that are culture-positive for *Legionella* upon background testing should further implement enhanced surveillance, immediate remediation, and protection of high risk patients. The CDC, Maryland, and Allegheny County guidelines for Legionnaires' disease control contain similar recommendations.

**Prepared by** Linda Gaul, PhD, MPH, and Holly Smith, RN, TDH Infectious Disease Epidemiology and Surveillance Division.

For the complete Report of the Texas Legionnaires' Disease Task Force, go to this Website: webtest.tdh.state.tx.us/ideas/legion/.