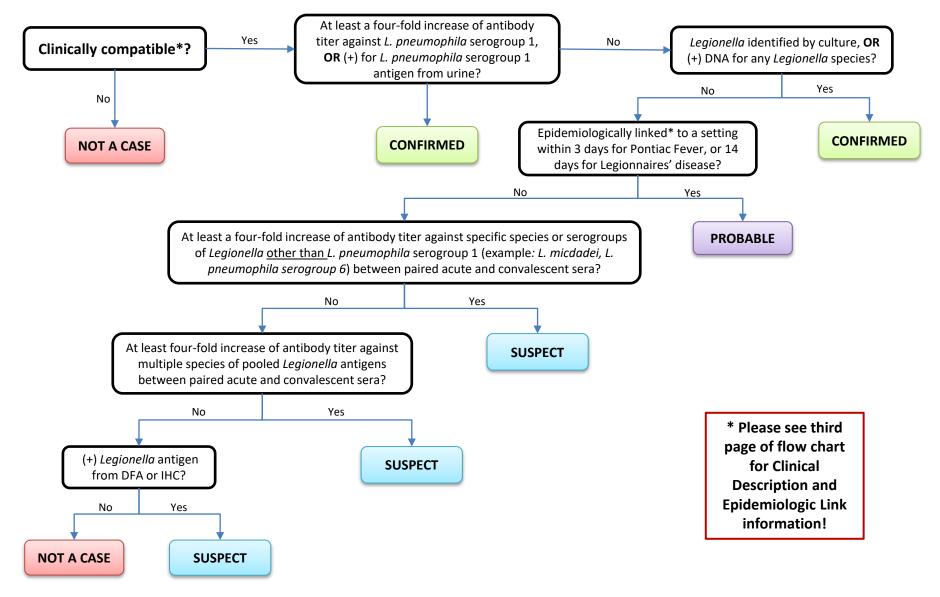


Legionellosis

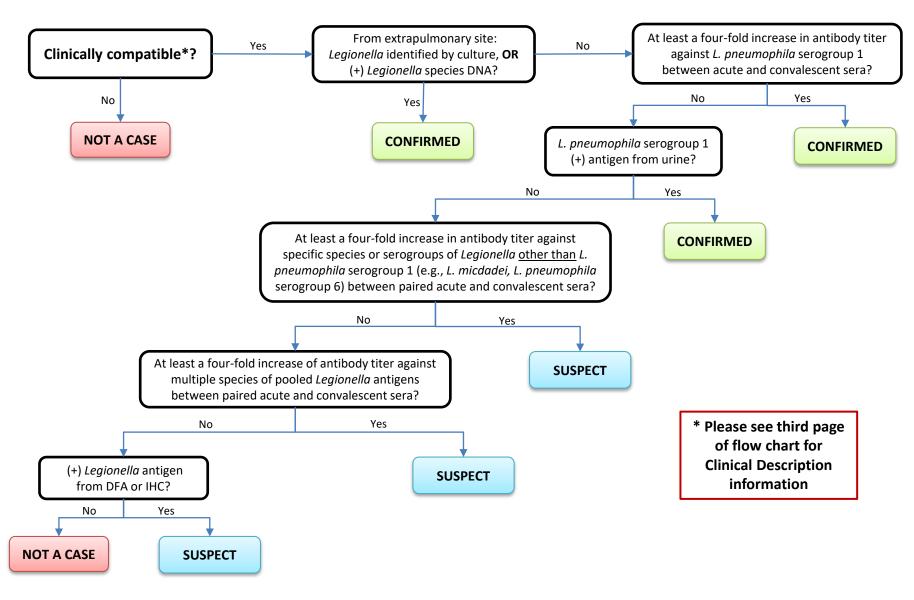
Legionnaire's Disease and Pontiac Fever





Legionellosis

Extrapulmonary Legionnaires' Disease





Legionellosis

Clinical Descriptions, Critical Reporting Elements, and Epidemiologic Linkage

Clinical Description

Legionellosis is associated with three clinically and epidemiologically distinct illnesses.

<u>Legionnaires' disease (LD)</u>: An illness that presents as pneumonia with clinically compatible evidence defined as ONE of the following:

- A clinical or radiographic diagnosis of pneumonia in the medical record, OR
- Clinical symptoms consistent with a diagnosis of pneumonia that must include acute onset of lower respiratory illness with fever and/or cough, and may include myalgia, shortness of breath, malaise, chest discomfort, confusion, nausea, diarrhea, or abdominal pain.

<u>Pontiac fever (PF)</u>: A milder illness without pneumonia. Symptoms may vary but must include acute symptom onset of one or more of the following: fever, chills, myalgia, malaise, fatigue, headaches, nausea, and/or vomiting.

Extrapulmonary Legionellosis (XPL): Legionella can cause disease at sites outside the lungs (e.g., associated with endocarditis, wound infection, joint infection, graft infection).

Critical Reporting Elements:

- Specify the clinical form of the disease.
- Document relevant travel and deployment history occurring within the incubation period.
 - The incubation period is 2-14 days for Legionnaires' Disease (often 5-6 days).
 - The incubation period is 5-72 hours for Pontiac Fever (often 24-48 hours).

Epidemiological linkage

This includes the following prior to symptom onset:

- Exposure to a setting with a confirmed source of Legionella (e.g., positive environmental sampling result associated with a cruise ship, public accommodation, cooling tower, etc.), or
- Exposure to a setting with a suspected source of Legionella that is associated with at least one confirmed case.