



Preventing Legionellosis in Healthcare Facilities Through a Water-Management Program: Information for Infection Preventionists



Presenters

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Acute Communicable Disease Control
Los Angeles County Department of Public Health



Disclosures

- There is no commercial support for today's call.
- None of the speakers or planners for today's call have disclosed any financial interests related to the content of the meeting.
- This call is meant for healthcare facilities and is off the record, and reporters should log off now.
- Examples given throughout this presentation are for illustrative purposes only and should not be construed as official guidance from LAC DPH.



Objectives

1. Understand what **legionellosis** illness is and how people get it.
2. Recognize **warning signs** for environmental conditions favorable to the growth and spread of *Legionella*.
3. Know the basic components of a health facility **Water-Management Program (“WMP”)**.
4. Know what, when, and how to **report** to Public Health.



Outline

- I. Overview of legionellosis
- II. Prevention through water-management program
 - A. General Info
 - B. Warning Signs
 - c. WMP Components
- III. Reporting to Public Health
- IV. Q & A, Discussion



PART I. OVERVIEW OF LEGIONELLOSIS



PART I: Overview of Legionellosis

Definitions

Legionellosis = illness from *Legionella* bacteria

Legionnaires' Disease = pneumonia (PNA) from *Legionella*

Pontiac Fever = mild, usually self-limiting illness from *Legionella*, without PNA, (often in outbreaks)

Extrapulmonary = *Legionella* infection outside of lungs



PART I: Overview of Legionellosis

Definitions

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PART I: Overview of Legionellosis

- Many types, found in nature, all can cause disease
- ***Legionella pneumophila*** serogroup 1 (Lp1) is most commonly identified
- Grows in complex water systems



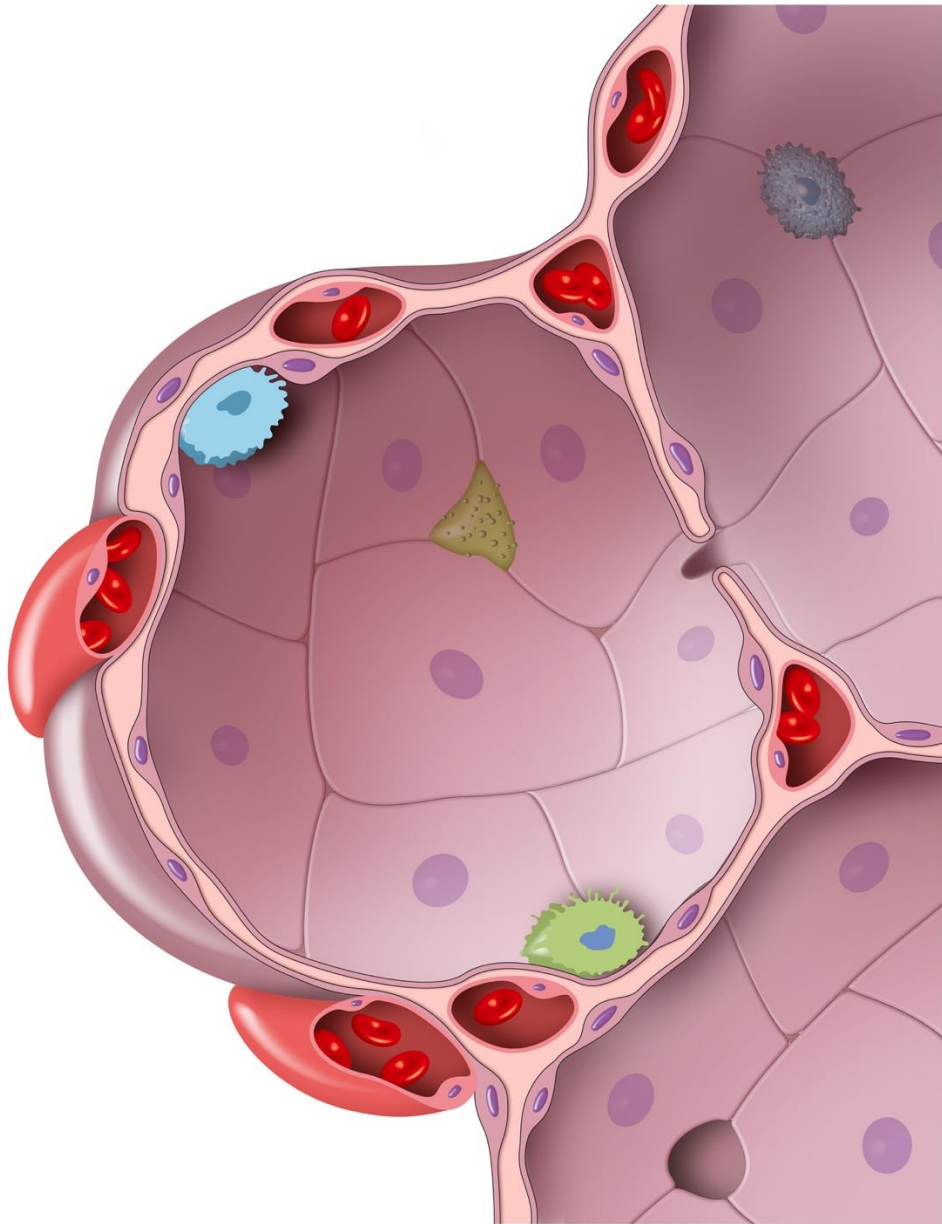
PART I: Overview of Legionellosis

- Grows to dangerous levels in large plumbing systems and heating/ventilation/air conditioning (HVAC) systems.
- *Legionella* contaminates water and water vapor (steam, mist).
- Humans get sick by breathing aerosols or aspirating contaminated water into lungs.
- Some groups of people have higher risk.









Close-up of
cells in the
smallest “air
sacs” (alveoli)
in human
lungs



PART I: Overview — People at Increased Risk

CDC notes increased risk among the following:

- **Age** 50 or greater
- **Aspiration** risk
- **Cancer**
- **Chronic** diseases (kidney, liver, pulmonary)
- **Diabetes**
- **Healthcare** exposure, recent
- **Immunocompromised / immunosuppressed**
- **Smoking** status — current or history
- **Travel**, recent



PART I: Overview — Signs and Symptoms

Per CDC:

- **Fever**
- **Cough**
- **Shortness of breath (dyspnea)**
- **Nausea, diarrhea, vomiting**
- **Body & muscle aches (arthralgia & myalgia)**
- **Headache**



PART I: Overview — Signs and Symptoms

Additional symptoms (Sx.) & clinical presentations:

- Weakness
- Confusion
- Change in level of consciousness
- Falls
- Pneumonia that doesn't respond to first-line therapy



PART I: Overview — Diagnosis

- Most common is a urine test (UAT)
- Special “*Legionella* respiratory culture” may be used
- Other, less frequent tests

PNEUMONIA



PART I: Overview — Diagnosis

Did we mention

PNEUMONIA?!

(OK, you get our point...)



PART I: Overview — Treatment

Legionnaires' Disease is treated with antibiotics



PART I: Overview — Disease Complications

Hospitalization, possibly **death**

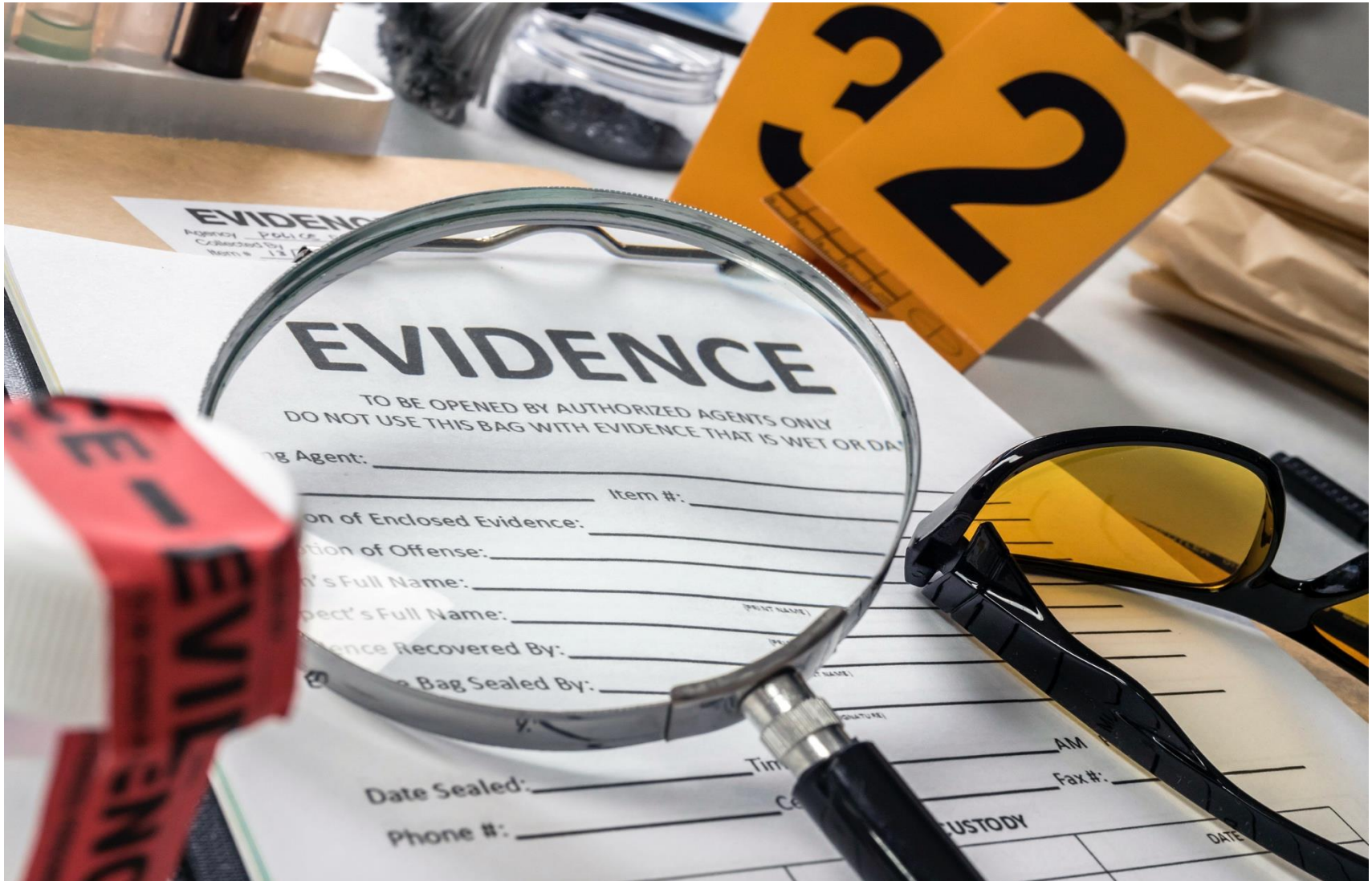
Per CDC *MMWR*, **case-fatality rate** is approximately:

- Community onset = **1 in 10**
- Healthcare onset = **1 in 4**

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2017). Vital Signs: Health Care–Associated Legionnaires' Disease Surveillance Data from 20 States and a Large Metropolitan Area — United States, 2015. *Morbidity and Mortality Weekly Report*, (66)22, initially issued as *MMWR Early Release* (6 June 2017), pp 584–589. Authors: Soda, E., Barskey, A., Shah, P., Schrag, S., Whitney, C., Arduino, M., . . . Cooley, L. Retrieved on 18 Nov. 2021 from <https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6622e1.pdf>.



PART I: Overview — Public Health Investigation



PART I: Overview — Healthcare-Onset Legionellosis

Public Health investigates **healthcare-onset** cases:

- Incubation period is 2–14 days prior to Sx. onset
- **Presumptive healthcare-associated (HA)**
≥ 10 days of incubation period in health facility
- **Possible healthcare-associated**
< 10 days of incubation period in health facility

Prevent healthcare-onset Legionnaires' Disease cases
through a **WATER-MANAGEMENT PROGRAM**



Part I — Main Takeaways

Legionella occurs naturally but may grow to dangerous levels in human-built water systems and can cause disease and death.

Anyone may get sick—but certain persons (patients) have higher risk.

Legionellosis is preventable.

Single confirmed HA legionellosis → Public Health investigation!

Best prevention is to have an active water-management program.



PART II. WATER-MANAGEMENT PROGRAM



PART II: WMP — Overview



WMP Overview

1. General Info
2. Warning Signs
3. WMP Components



PART II: WMP — General Information

- Since 2017, **WMP is mandatory** per CMS (QSO-17-30 rev. 2018) and CDPH (AFL 18-39)
 - Hospitals
 - Critical-access hospitals
 - Long-Term Care (LTC)
 - Skilled Nursing Facilities (SNF)
- WMP is **multidisciplinary** — draws upon different types of expertise
- WMP should be reviewed and updated **regularly**



PART II: WMP — CMS Mandate QSO-17-30

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety and Oversight Group

Ref: **QSO-17-30- Hospitals/CAHs/NHs**
REVISED 07.06.2018

DATE: June 02, 2017

TO: State Survey Agency Directors

FROM: Director
Quality, Safety and Oversight Group (*formerly Survey & Certification Group*)

SUBJECT: Requirement to Reduce *Legionella* Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD)

*****Revised to Clarify Expectations for Providers, Accrediting Organizations, and Surveyors*****

Memorandum Summary



PART II: WMP — CDPH All Facilities Letter 18-39



KAREN L. SMITH, MD, MPH
Director and State Public Health Officer

State of California—Health and Human
Services Agency
**California Department of
Public Health**



EDMUND G. BROWN JR.
Governor

September 17, 2018

AFL 18-39

TO: All Facilities

SUBJECT: Reducing Legionella Risks in Health Care Facility Water Systems

AUTHORITY: Title 42 Code of Federal Regulations sections 482.42, 483.80, and 485.635

All Facilities Letter (AFL) Summary.

- This AFL notifies hospitals, critical access hospitals (CAHs), and skilled nursing facilities (SNFs) of the



COUNTY OF LOS ANGELES
Public Health

PART II: WMP — Multidisciplinary Team



PART II: Test Your Knowledge

Question 1

In a Long-Term Care (SNF) setting, name **four** (4) essential roles or persons with expertise who should be on your facility's WMP Team.



PART II: Test Your Knowledge

Answer 1

4 essential members of SNF WMP Team?

Minimum:

1. Infection Preventionist
2. Facilities Engineer
3. Administrator
4. Director of Nursing

Ideally also include:

1. Environmental Services
2. Licensing & Accreditation
3. Risk & Quality Management
4. Infectious disease specialist
5. Building owner
6. Outside vendors and consultants, as needed*



PART II: WMP — Warning Signs

Warning signs of high-risk phenomena = “red flags!”

- **Water stagnation**
- **Dead legs**
- **Unused fixtures**
- **Out-of-service, maintenance needed**
- **Biofilm, sediment, scale**
- **Out-of-range values (temp, pH, etc.)**
- **Areas with high-risk patients**



PART II: WMP “Red Flag” — Water Stagnation



PART II: WMP “Red Flag” — “Dead Legs” in Plumbing



35



PART II: WMP “Red Flag” — “Dead Legs” in Plumbing



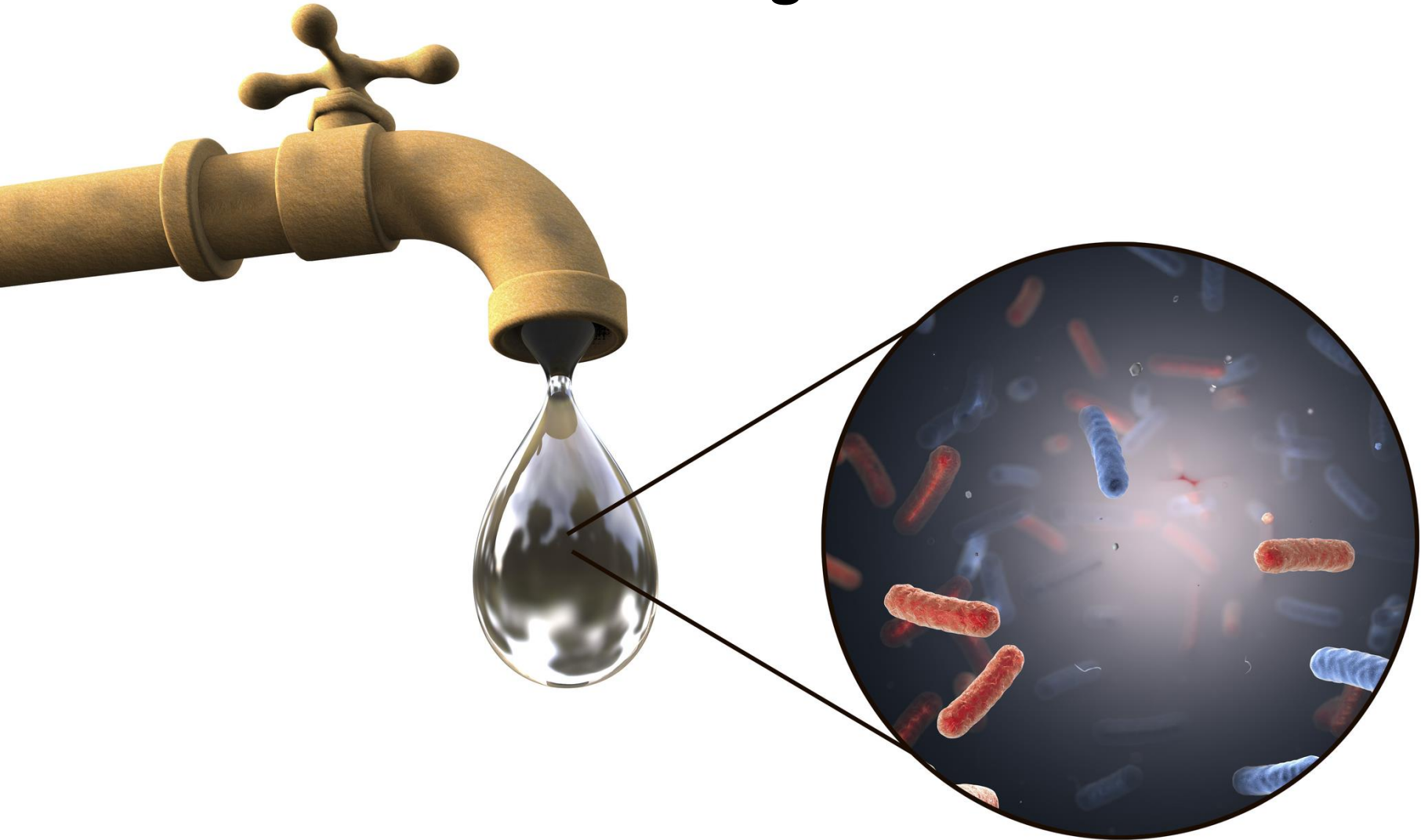
PART II: WMP “Red Flag” — “Dead Legs” in Plumbing



PART II: WMP “Red Flag” — Unused Fixtures



PART II: WMP “Red Flag” — Unused Fixtures



PART II: WMP “Red Flag” — Out-of-Service & Maintenance Needed



PART II: WMP “Red Flag” — Biofilm, Sediment, & Scale



PART II: WMP “Red Flag” — Out-of-Range Values

TEMPERATURE

pH

DISINFECTANT



PART II: WMP “Red Flag” — High-Risk Patient Areas

- Age 50 or greater
- Aspiration risk
- Cancer
- Diabetes
- Immunocompromised &
- Immunosuppressed

- Kidney disease
- Liver disease
- Pulmonary disease
- Smoking status —
current or smoking Hx
- Travel

Healthcare exposure = thus all your patients & residents!



PART II: Test Your Knowledge

Question 2

Name at least **five** (5) warning signs or “red flags” you should look out for in terms of your facility’s water and HVAC systems.



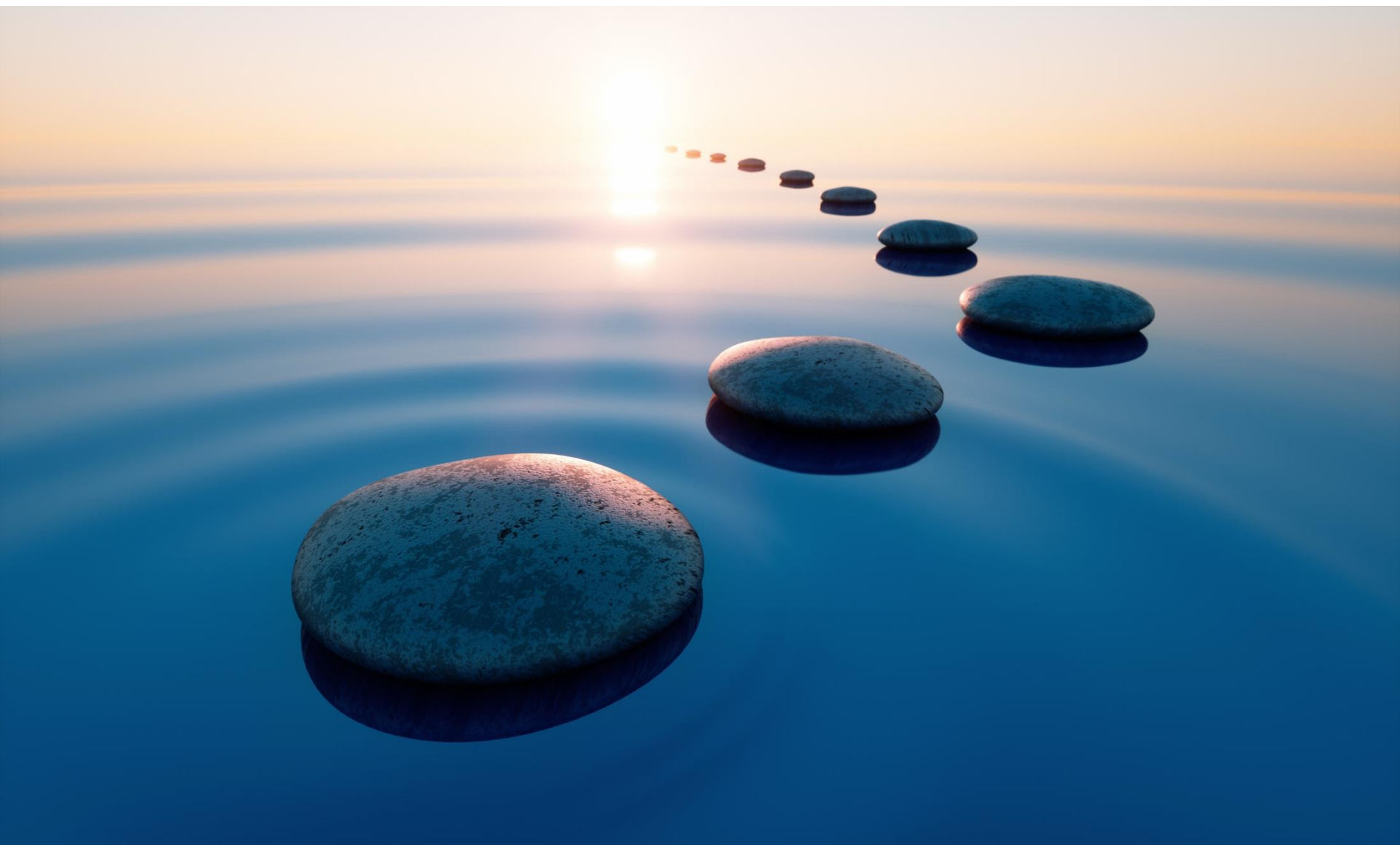
PART II: Test Your Knowledge

Answer 2

5 *Legionella* warning signs in HF water system?

1. Water stagnation
2. Dead legs
3. Unused fixtures
4. Out-of-service, maintenance needed
5. Biofilm, sediment, scale
6. Out-of-range values (temp, pH, disinfectant)
7. Areas with high-risk patients





PART II: WMP — Components of WMP

1. **Description** and **diagram** of water system
2. **Control measures** as prevention
3. **Verification** and **validation** processes
4. **Remediation** of problems
5. **Documentation** of activities
6. **Communication** with appropriate parties
7. **Cyclical, ongoing** process

Disclaimer: Each building is unique and should have its own WMP. The examples herein are used only to illustrate general principles and concepts. Follow all laws, regulations, and your facility's own water-management program.



PART II: WMP — Describe the System

Describe water & HVAC system components in **words**.

- Facility — rooms, floors, areas
- Pipes / plumbing — where are they found, accessed, materials
- Water fixtures
- HVAC fixtures
- Item information: names, description, model #, serial #, installation date
- Vendor information (if applicable) — contact info, emergency contact info, service dates



TYPES?
QUANTITY?
LOCATION?
STATUS?



PART II: WMP — Diagram the System

Describe systems in **pictures & diagrams**.

Direction of **flow** for hot & cold water, waste

- **Arrows** 

- **Colors** 



- **Symbols w/ legend**



<u>LEGEND</u>	
	STAGNATION RISK
	LOW DISINFECTANT
	MAY AEROSOLIZE



PART II: WMP — Diagram the System

Describe water & HVAC systems in **pictures & diagrams**.

Identify where ***Legionella*** might grow and spread

- Cooling tower, swamp coolers
- Therapy pool
- Water heaters, reservoirs
- Sinks, showers, toilets, bathrooms
- Decorative fountains, misters, sprinklers
- Ice machine
- Unoccupied rooms or areas of the building
- Infrequently used or broken fixtures
- Low residual disinfectant levels
- Areas of low- or no-flow, stagnation



PART II: WMP — Control Measures

Control

Managing your water system to reduce the risk of *Legionella* growing and spreading (= why + how)

Control measures

Actions taken to ensure the quality of your water and reduce the risk of *Legionella* (= what)

Control points

Locations in the water system where control measures are implemented (= where)

Control limits

Upper & lower limits (max. & min. values) of acceptable findings to
↓ *Legionella* risk



PART II: WMP — Control Measures

Implement water & HVAC system **control measures**.

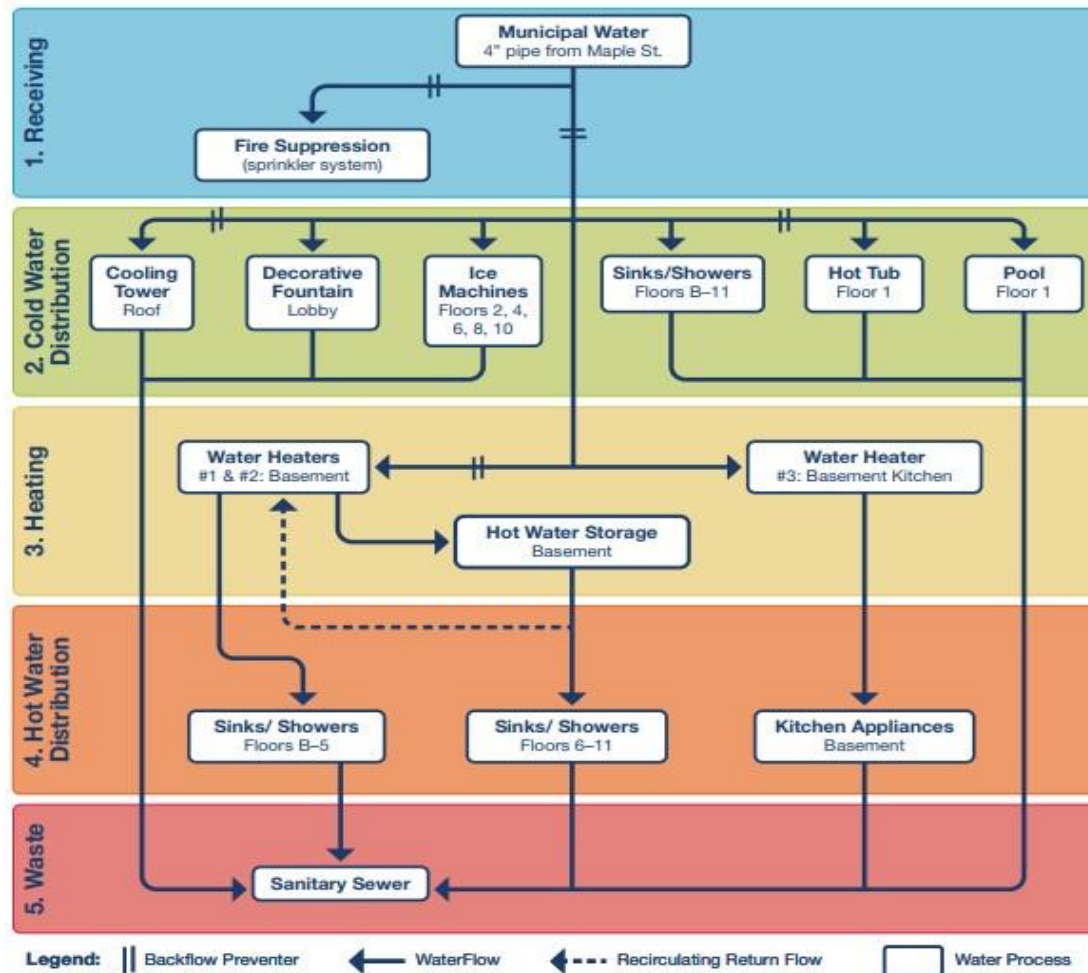
- **Control measures** = actions you take to **lower the risk** of *Legionella* and other waterborne pathogens
- **Have ≥ 1 control measure for each control point**
 - Cooling tower, swamp coolers
 - Therapy pool
 - Water heater
 - Sinks, showers, toilets, bathrooms
 - Decorative fountain
 - Ice machine
 - Infrequently used or broken fixtures
 - Low / no disinfectant
 - Areas of low- or no-flow, stagnation
 - Other control points specific to your facility



**CONTROL MEASURES
NEEDED FOR EACH
CONTROL POINT.**



PART II: WMP — Water System Diagram: Step 1, Flow



Disclaimer: Example content is provided for illustrative purposes only and is not intended to be relevant to all buildings.

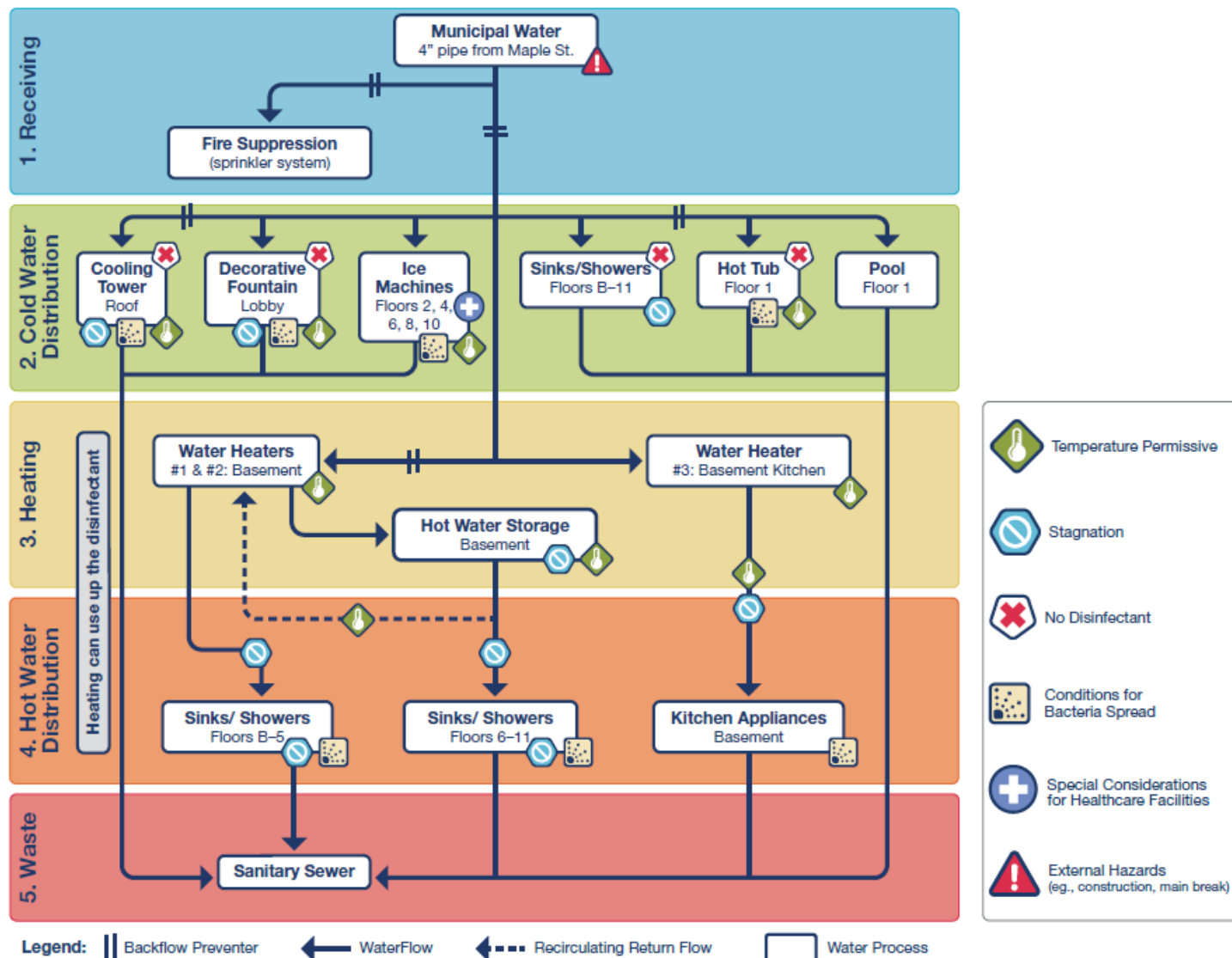
Reference: ASHRAE 188: *Legionellosis: Risk Management for Building Water Systems* June 26, 2015. ASHRAE: Atlanta. www.ashrae.org

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PART II: WMP — Water System Diagram: Step 2, Identify Areas of Potential *Legionella* Growth



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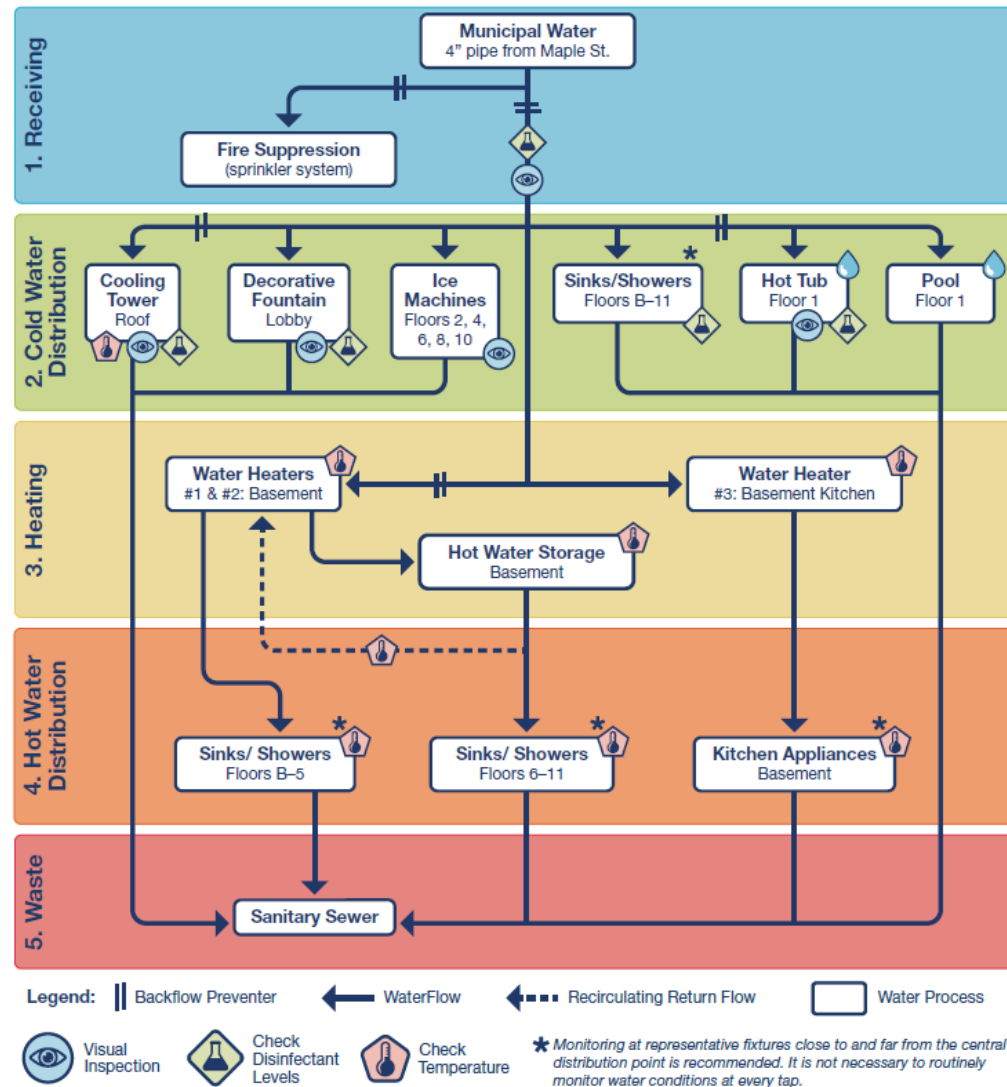
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PART II: WMP — Water System Diagram: Step 3, Control Measures



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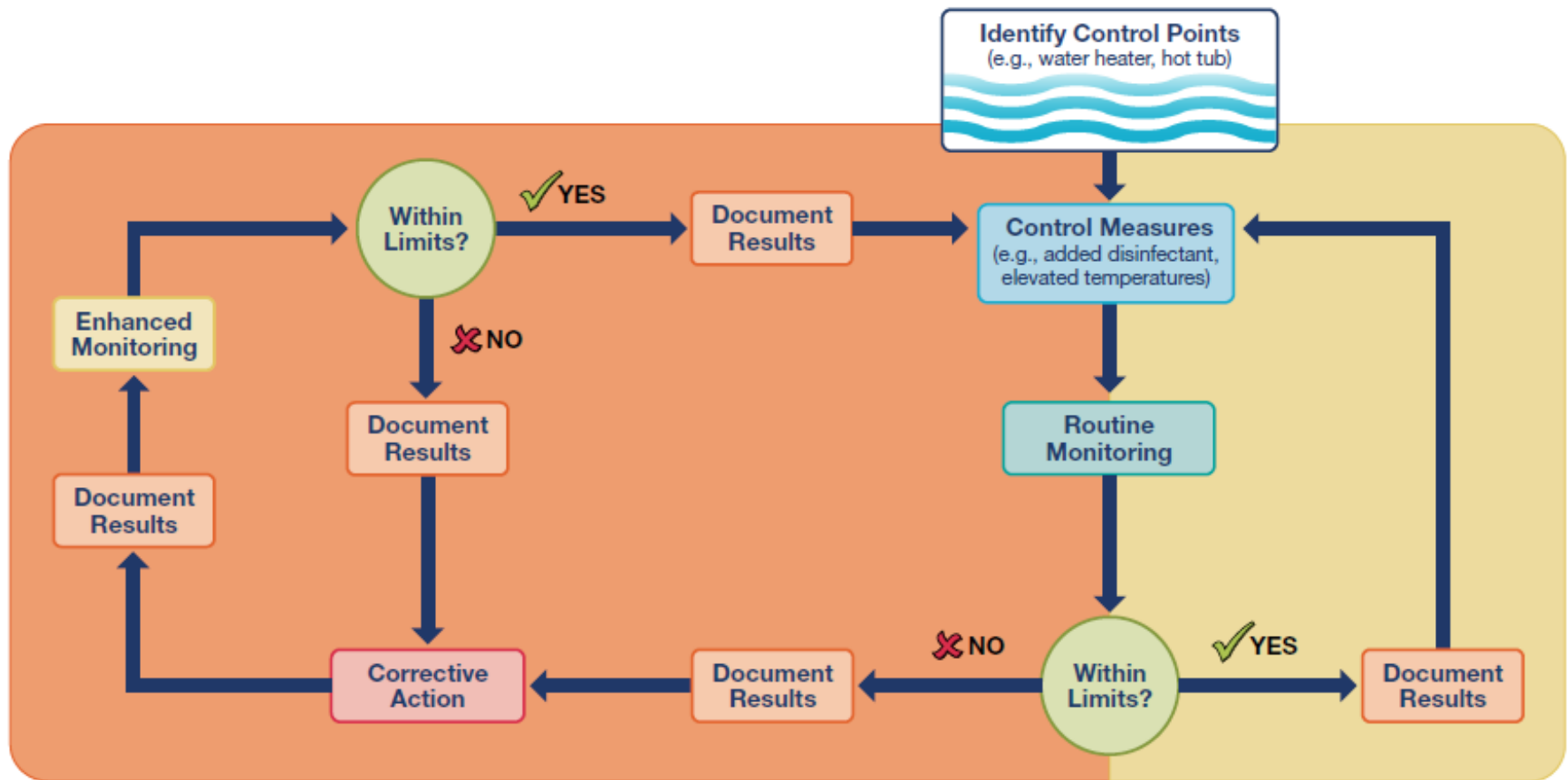
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PART II: WMP — Diagram: Step 3, Control Measures Decision Tree



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PART II: WMP — Control Measures

Active monitoring & reducing risk:

- Take **regular measurements**
- Know the **control limits** (target values)
Examples: ideal hot vs. cold water temps, pH, residual disinfectant levels, etc.
- Plan **specific interventions** for out-of-range findings
- Reference **industry standards** and guidelines, laws and regulations



PART II: WMP — Control Measures

Enhanced control measures for higher-risk situations

- Facilities & environmental emergencies
- System start-up or shut-down
- Ruptures of nearby water mains
- Construction projects on site or in vicinity
- Equipment upgrade, repair, removal
- *Legionella*-positive environmental specimens
- Healthcare-associated LD in or linked to the facility

Enhanced patient surveillance

- Monitor for new healthcare-onset pneumonia
- Communicate with providers about testing for legionellosis



PART II: WMP — Verification & Validation Process



PART II: WMP — Verification & Validation Process

Verification

Per CDC, “Are we doing what we said we would do?”

- Have **someone else** (other than the assigned staff) verify that a particular WMP activity is being performed regularly and correctly.
- Verify: If there had been an out-of-range finding, was a corrective measure taken?

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PART II: WMP — Verification & Validation Process

Validation Per CDC, “Is our program actually working?”

Routinely check the **quality** of your water & HVAC systems to ensure your WMP is working effectively.

- If testing for *Legionella* growth, are the samples negative?
- What additional modifications to the WMP can be made to further reduce the risk of *Legionella* growth & spread?
- Anticipate hazardous situations
- WMP Team stays actively engaged in WMP activities

U.S. Department for Health and Human Services, Centers for Disease Control and Prevention (2021). *Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings: A Practical Guide to Implementing Industry Standards* (Version 1.1, June 24, 2021). Retrieved on 09/23/2025 from <https://www.cdc.gov/control-legionella/media/pdfs/toolkit.pdf>.

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PART II: WMP — Remediation & Corrective Actions

Remediation: *Legionella* found → must take corrective action.

Contingency response — It may take several interventions to control *Legionella* growth.

- **Remediation successful?**
- Must validate! If unsuccessful, then:
 - Expand control points and measures, re-validate
 - Enhanced environmental surveillance
 - As IPs: enhanced patient surveillance
 - Facility may wish to consult outside experts*
- Keep a log of all corrective actions taken and the results

VERIFY AFTER REMEDIATION ATTEMPTS



PART II: WMP — Documentation



PART II: WMP — Documentation

Tips for timely documentation:

- Have a ready-made **checklist** and **log**
- Record **details**: date, who did what, values, observations, etc.
- Include the **normal range** or expected state for reference
- Include whether any **corrective actions** were taken (date, etc.)
- Have **someone else verify** the control measures are being performed.



PART II: WMP — Communication

Communicate with WMP Team about unusual events:

- Residents w/ **healthcare-onset PNA** (≥ 48 hrs after admission)
Especially if negative for more common respiratory pathogens!
- Unplanned and **unforeseen** events
- **Emergencies**, emergent shut-downs
- **Malfunctioning** equipment / in need of repair
- **Disruptions** to water and/or HVAC systems
- Nearby **water main breaks**
- **Construction** on site or nearby
- Any **unusual occurrences**



PART II: WMP — Communication

WMP Team should regularly report out to:

- **Infection Control Committee (ICC) meetings**
- **Environment of Care (EOC) meetings**

WMP report = standing item on meeting agenda



PART II: WMP — Cyclical, Ongoing Process



PART II: WMP — Cyclical, Ongoing Process

WMP are **living programs**, not “plans” to be stuck on a bookshelf.

They should be an active part of your **regular responsibilities**.

IPs, Facilities Engineers, and HF Administration should be in **regular communication** about all issues pertaining to the HF’s water & HVAC systems to keep patients, staff, and visitors safe.

Assign & train specific staff to perform specific duties within their scope of knowledge, expertise, and licenses (if applicable).



PART II: WMP — CDC WMP Toolkit

Download the Toolkit



[Developing a Water Management Program to Reduce *Legionella* Growth and Spread in Buildings: A Practical Guide to Implementing Industry Standards](#)^{13.2}  [9 MB, 36 pages] —

June 24, 2021



Part II — Main Takeaways

Know warning signs of *Legionella* in the environment

Multidisciplinary team plans what, where, & how often to monitor

Know control limits; corrective actions if out of range. Validate results.

Contingency response & enhanced surveillance for high-risk situations.

Document, communicate, anticipate, and repeat.



PART III. REPORTING TO PUBLIC HEALTH



PART III: Reporting to Local Public Health (LAC DPH)

REPORTABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR), § 2500

It is the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. "Health care provider" encompasses physicians (surgeons, osteopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case. **All reports must include hospitalization status if known.**

Note: This list is specific to Los Angeles County and differs from state and federal reporting requirements ★

- ☎ Report **immediately** by telephone for both confirmed and suspected cases.
 - ❶ Report by telephone **within 1 working day** from identification.
 - ❶ Report by telephone **within 24 hours** for both confirmed and suspected cases.
 - ✉ Report by electronic transmission (including FAX or email), telephone or mail **within 1 working day** from identification.
 - ⑦ Report by electronic transmission (including FAX or email), telephone or mail **within 7 calendar days** from identification.
 - ★ **Mandated by and reportable to the Los Angeles County Department of Public Health.**
 - ± If enrolled, report electronically via the **National Healthcare Safety Network** (www.cdc.gov/nhsn/index.html). If not enrolled, use the **LAC DPH CRE Case Report Form** (publichealth.lacounty.gov/acd/Diseases/EpiForms/CRERepSNF.pdf)
 - For TB reporting: contact the TB Control Program (213) 745-0800 or visit www.publichealth.lacounty.gov/tb/healthpro.htm
 - For HIV/STD reporting: contact the Division of HIV and STD Programs. HIV (213) 351-8516, STDs (213) 368-7441 www.publichealth.lacounty.gov/dhsp/ReportCase.htm
- For laboratory reporting:** www.publichealth.lacounty.gov/lab/index.htm **For veterinary reporting:** www.publichealth.lacounty.gov/vet/index.htm

detailed
view



- ☎ Influenza, due to novel strains, human
- ✉ Legionellosis
- ⑦ Leprosy (Hansen's Disease)
- ⑦ Leptospirosis
- ✉ Listeriosis
- ⑦ Lyme Disease
- ✉ Malaria
- ☎ Measles (Rubeola)

PART III: Reporting to Local Public Health (LAC DPH)

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 - ± If enrolled, report electronically via the **National Healthcare Safety Network** (www.cdc.gov/nhsn/index.html). If not enrolled, use the **LAC DPH CRE Case Report Form** (publichealth.lacounty.gov/acd/Diseases/EpiForms/CRERepSNF.pdf)
 - For TB reporting: contact the TB Control Program (213) 745-0800 or visit www.publichealth.lacounty.gov/tb/healthpro.htm
 - For HIV/STD reporting: contact the Division of HIV and STD Programs. HIV (213) 351-8516, STDs (213) 368-7441 www.publichealth.lacounty.gov/dhsp/ReportCase.htm
- For laboratory reporting:** www.publichealth.lacounty.gov/lab/index.htm **For veterinary reporting:** www.publichealth.lacounty.gov/vet/index.htm

detailed
view



- ☎ **OCCURRENCE OF ANY UNUSUAL DISEASE**
- ☎ **OUTBREAKS OF ANY DISEASE**, including diseases not listed above. Specify if in an institution and/or the open community.

PART III: Reporting to Local Public Health (LAC DPH)

- Confirmed and suspect legionellosis cases must be reported to LAC DPH within **1 day**.
- Reporting after 1 days constitutes a **failure to report in a timely fashion** and may be referred to Licensing & Certification for follow-up.
- LAC DPH may request **medical records**.
- **Provider should notify the patient** (or DPOA, conservator, etc.) about the “reportable condition” of which LAC DPH has been or will be notified, and that Public Health may reach out.



PART III: Reporting to California Dept. of Public Health



KAREN L. SMITH, MD, MPH
State Public Health Officer & Director

State of California—Health and Human Services Agency California Department of Public Health



GAVIN NEWSOM
Governor

May 13, 2019

AFL 19-18

TO: General Acute Care Hospitals (GACH)
Skilled Nursing Facilities (SNF)

SUBJECT: Requirements to Report Outbreaks and Unusual Infectious Disease Occurrences

AUTHORITY: Title 42 Code of Federal Regulations (CFR) section 482.42,
Title 17 California Code of Regulations (CCR) sections 2500-2502,
Title 22 CCR sections 70737, 70739, 72523, 72539, and 72541

All Facilities Letter (AFL) Summary

This AFL reminds providers of the requirements to report outbreaks and unusual infectious disease occurrences to the local public health officer and the California Department of Public Health (CDPH), and provides definitions and examples of reportable incidents.



COUNTY OF LOS ANGELES
Public Health

PART III: Reporting to California Dept. of Public Health

Examples of Reportable Incidents:

CDPH is aware that licensed facilities are interpreting these requirements differently. To improve understanding of the requirements, CDPH provides the following examples of outbreaks or unusual infectious disease occurrences that should be reported:

- Single case of colonization or infection with a novel multi-drug resistant organism (MDRO) that was never previously or only rarely encountered in California, such as:
 - *Candida auris*
 - mcr-1-producing bacteria
 - Vancomycin-resistant *Staphylococcus aureus* (VRSA)
 - pan-resistant MDRO
- Single case of measles in a patient not placed into airborne isolation precautions upon facility entry, or a healthcare worker or other employee
- Single cases of healthcare-associated legionellosis
- Single case of healthcare-associated invasive group A beta hemolytic *Streptococcus*



PART III: Test Your Knowledge

Question 3

What is the maximum amount of time that you have to report a legionellosis case to LAC DPH in order to avoid *failure to report in a timely fashion*?



PART III: Test Your Knowledge

Answer 3

How long to report all legionellosis cases to LAC DPH?

1 calendar day.

When in doubt, report.



Part III — Main Takeaways

Report on time.

Report confirmed and suspected legionellosis cases to LAC DPH 1 calendar day.

LAC DPH may request medical records.

Provider should communicate to patient or patient's representative that Public Health may follow up with them.

Report a single confirmed case of healthcare-associated legionellosis to CDPH Licensing and Certification.

When in doubt, report!



Resources and Helpful Links

- **CDC. Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings: A Practical Guide to Implementing Industry Standards. June 24, 2021.**
<https://www.cdc.gov/control-legionella/media/pdfs/toolkit.pdf>
- **CDC. Controlling *Legionella* in Potable Water Systems:**
https://www.cdc.gov/control-legionella/php/toolkit/potable-water-systems-module.html?CDC_AAref_Val=https://www.cdc.gov/Legionella/wmp/control-toolkit/potable-water-systems.html
- **CDC. Guidelines for Environmental Infection Control in Health-Care Facilities (2003). Appendix C. Water**
https://www.cdc.gov/infection-control/hcp/environmental-control/appendix-c-water.html?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/water.html
- **CDC water management toolkit: Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings:**
<https://www.cdc.gov/control-legionella/php/toolkit/wmp-toolkit.html>



Resources and Helpful Links, Cont.

- CDC ELITE Program for labs — Environmental Legionella Isolation Techniques Evaluation (ELITE) Program: <https://wwwn.cdc.gov/elite/public/elitehome.aspx>
- CMS: Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD):
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO17-30-HospitalCAH-NH-REVISED-.pdf>
- CDPH AFL 18-39 Reducing Legionella Risks in Health Care Facility Water Systems: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-18-39.aspx>
- AFL 19-18: Requirements to Report Outbreaks and Unusual Infectious Disease Occurrences:
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-18.pdf>



Resources and Helpful Links, Cont.

- **California Department of Public Health: Healthcare-Associated Legionnaires' Disease Investigation Quick sheet:**
https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/HA_LegionnairesDiseaseQuicksheet_12.20.19_final.pdf
- **Los Angeles County Department of Public Health: Legionellosis FAQ's:**
<http://www.publichealth.lacounty.gov/CHEL/library/topics/legionellosis/CDCP-ACDC-0069-01.pdf>



Additional Resources and Helpful Links

- **Department of Public Health: Health Facilities Inspection Division:**
<http://publichealth.lacounty.gov/hfd/>
- **CDPH Licensing and Certification Program:**
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LandCProgramHome.aspx>
- **California Division of Occupational Safety and Health (Cal Osha):**
<https://www.dir.ca.gov/dosh/>
- **California Department of Health Care Access and Information (HCAI): formerly the Office of Statewide Health Planning and Development (OSHPD):** <https://hcai.ca.gov/>



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- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2017). Vital Signs: Health Care–Associated Legionnaires’ Disease Surveillance Data from 20 States and a Large Metropolitan Area — United States, 2015. *Morbidity and Mortality Weekly Report*, (66)22, initially issued as *MMWR Early Release* (6 June 2017), pp 584–589. Authors: Soda, E., Barskey, A., Shah, P., Schrag, S., Whitney, C., Arduino, M., . . . Cooley, L. Retrieved on 26 Sept. 2025 from <https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6622e1.pdf>.
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- Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*. Retrieved from <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf>. Accessed 09/26/2025.
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Contacting LAC DPH Healthcare Outreach Unit

Please reach out to our Long-Term Care and Infection Preventionist teams with any further questions or requests for additional information.

Email: LACSNF@ph.lacounty.gov

URL:

<http://publichealth.lacounty.gov/acd/LTCF/index.htm>





Please remember to complete the 2025-2026 SNF Vaccination Planning Survey!

As we prepare for the upcoming winter respiratory season, **we request that you please complete this [survey](#) as soon as possible** regarding your fall respiratory vaccination plans for residents and staff for the 2025-2026 season.



<https://forms.cloud.microsoft/g/AQ7MzaASFt>

The survey is being sent out weekly every Wednesday from LACIPInfo@ph.lacounty.gov until your facility submits a response. Only **one response per facility** is needed, when requested. Responses should be current as of the time the survey is filled out. One of our Vaccine Preventable Disease Control Program (VPDCP) team members will follow up with facilities by phone call to help address any barriers shared regarding administering the updated 2025-2026 COVID-19 vaccine.

Your response is valuable and will assist us in ensuring we can provide your facility with resources and support during this critical time.

» Thank You! «

Questions?

