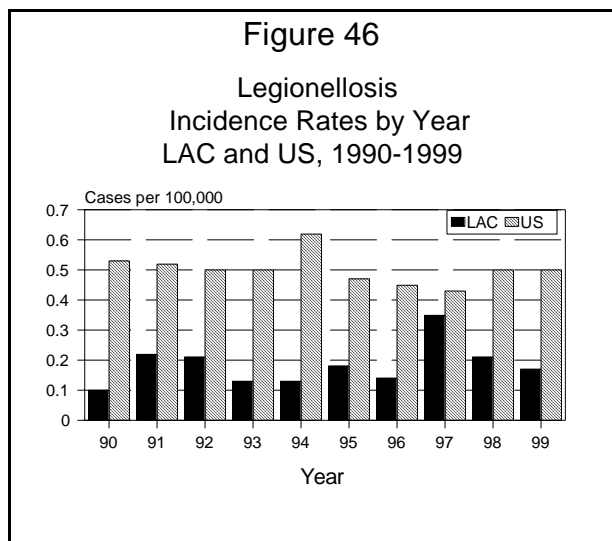


LEGIONELLOSIS

CRUDE DATA	
Number of Cases	15
Annual Incidence ^a	
LA County	0.17
California	0.16
United States	0.50
Age at Onset	
Mean	62
Median	62
Range	28-89 yrs
Case Fatality	
LA County	13%
United States	N/A

^aCases per 100,000 population.



ETIOLOGY

Eleven *Legionella* species are known to cause illness in humans; however, *Legionella pneumophila* serogroup 1 (Lp1) is most commonly associated with disease.

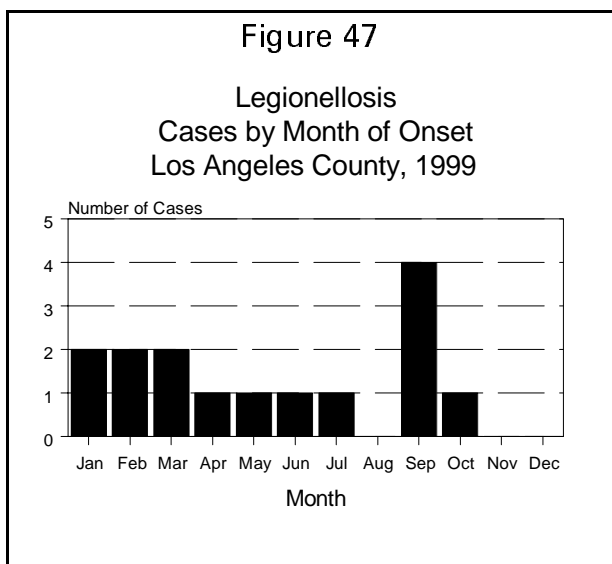
DISEASE ABSTRACT

All reported cases of legionellosis in 1999 were due to sporadic, community-acquired *Legionella pneumoniae*; there were no cases of Pontiac fever. Reported cases continued to decline for the second year from an all-time high in 1997 associated with a small community outbreak (Figure 46).

SUMMARY OF EPIDEMIOLOGIC DATA

The average age of reported cases was 62 years (range 28-89 years); 10 were male and five were female. The distribution of cases by race/ethnicity was one Asian, one Black, four Hispanic, and nine White. Cases occurred throughout the year with a peak in the month of September (Figure 47).

Cases were geographically distributed throughout the county; districts of residence included West (4 cases), Northeast (3 cases) Torrance (2 cases), East Valley (2 cases), and Antelope Valley, Hollywood Wilshire, San Antonio, and Southwest (1 case each).



One or more recognized risk factors for legionnaires' disease was present in 13 (87%) case-patients, including heavy cigarette use and/or chronic pulmonary disease (7 cases), malignancy or immunodeficiency syndromes (3 cases), diabetes (5 cases), or advanced age (3 cases 80 years or older).

Laboratory confirmation of legionnaires' disease for all cases consisted of demonstration of Lp1 antigen in urine; *Legionella* were also detected in respiratory secretions by direct fluorescent antibody testing for 1 case. None of the cases in 1999 was confirmed by culture.

COMMENTS

The reported incidence of legionellosis in LAC remains lower than the national rate of 0.50 cases per 100,000 population. Empiric antibiotic therapy for community-acquired pneumonia without appropriate diagnostic testing may contribute to lower than anticipated rates. In 1999, the use of urinary antigen testing has largely replaced culture, serology, and DFA testing. While the urinary antigen test is highly sensitive, it is specific for serogroup 1, and cannot be used to detect cases of legionellosis caused by other species and serogroups, thereby potentially contributing to underdiagnosis.