

# Enhancing *Legionellosis* Diagnosis: The Role of the Infection Preventionists

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# Why *Legionella* is a Growing Concern

- Severe respiratory infection, high mortality
- Spreads through contaminated water systems
- Challenging diagnosis, symptoms mimic other pneumonias
- Cases up nearly 900% since 2000.
- Driven by aging population, aging water systems, climate change
- Better testing and surveillance are key



# Why Testing Matters

- Current testing practices limit diagnosis & outbreak detection
- Accurate *Legionella* testing is essential.
- Infection Preventionists (IPs) are key advocates.
- Improving testing = improving prevention.



# Testing Methods: Strengths & Limitations



Culture (Isolate)



Urine antigen testing (UAT)



Nucleic acid assay (PCR)



Paired serology



Staining assays (DFA, IHC)



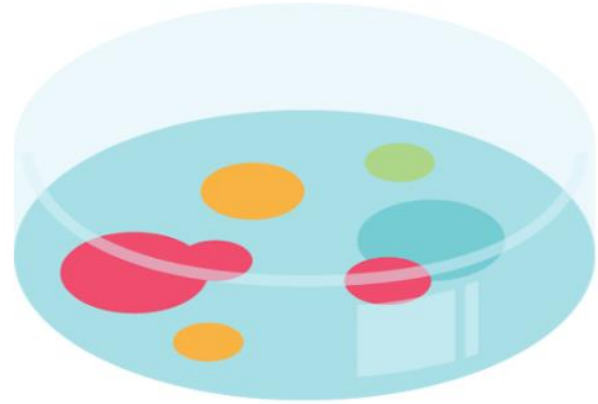
# CDC Recommends UAT + Culture



Urinary Antigen Test



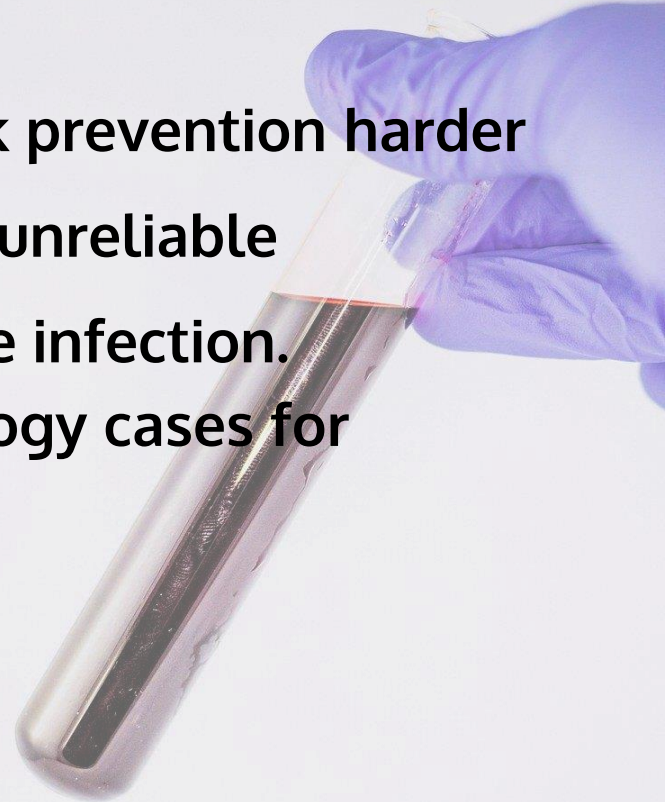
AND



Culture of Sputum

# Testing Gaps

- Testing gaps make diagnosis & outbreak prevention harder
- **Serology** alone is often incomplete and unreliable
- Unpaired serology cannot confirm active infection.
- Public health cannot use unpaired serology cases for surveillance.



# How IPs Can Help Public Health

- Promote **UAT + Culture** as the standard approach.
- **Educate** providers on why serology alone is unreliable.
- **Work with labs** to ensure proper testing is available
- Support public health by improving case detection & reporting.



# Resources & Next Steps

- CDC guidelines for Legionella testing
- Educational materials for healthcare professionals
- Tools to improving testing practices





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# THANK YOU

Any Questions?

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