

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

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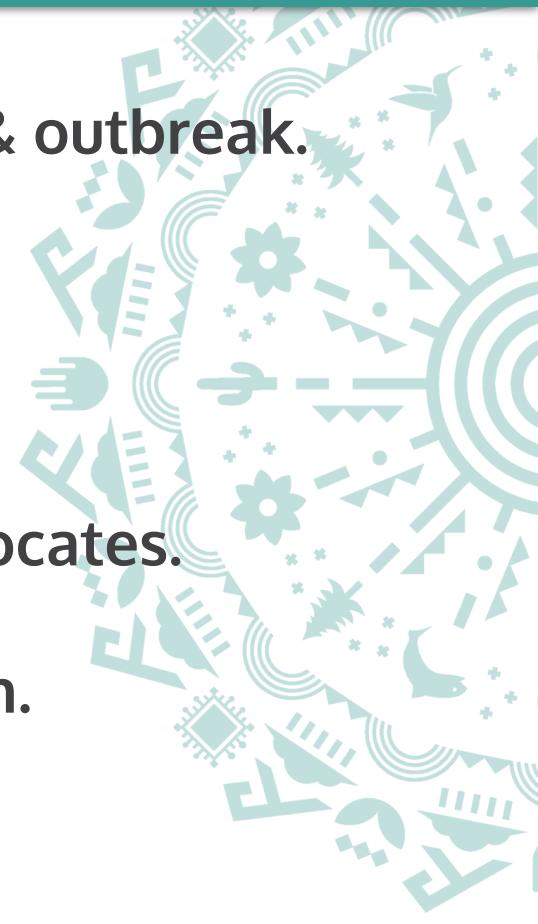
Why *Legionella* is a Growing Concern

- 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



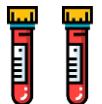
Culture (Isolate)



Urine antigen testing (UAT)



Nucleic acid assay (PCR)



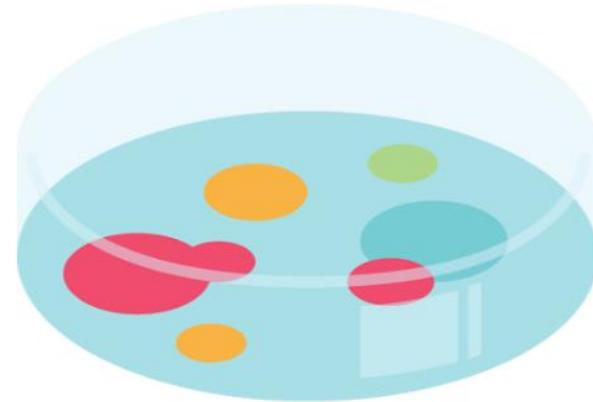
Paired serology



Staining assays (DFA, IHC)



CDC Recommends UAT + Culture



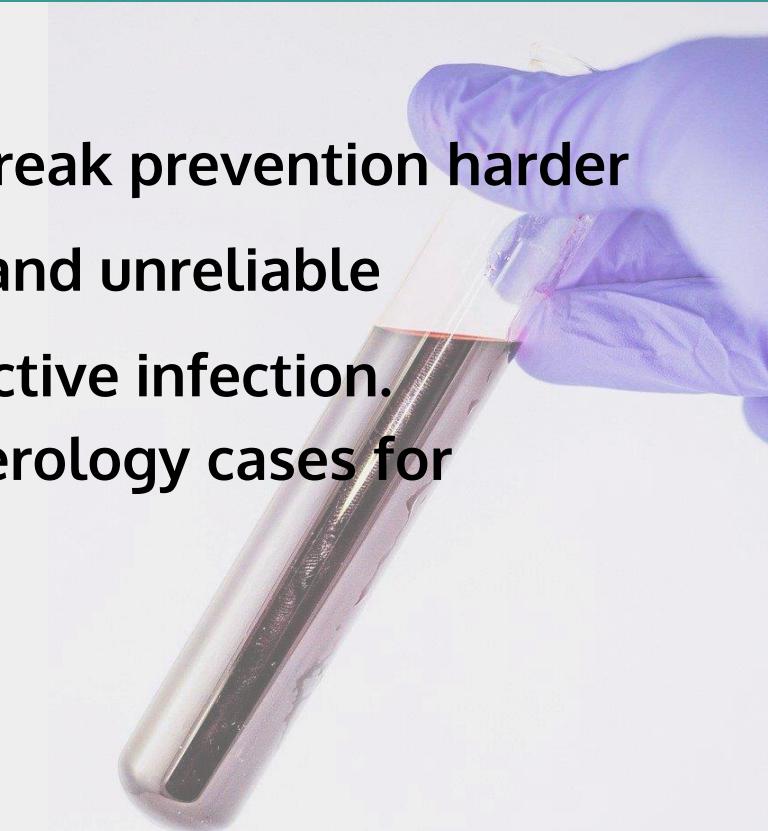
Urinary Antigen Test

AND

Culture of Sputum

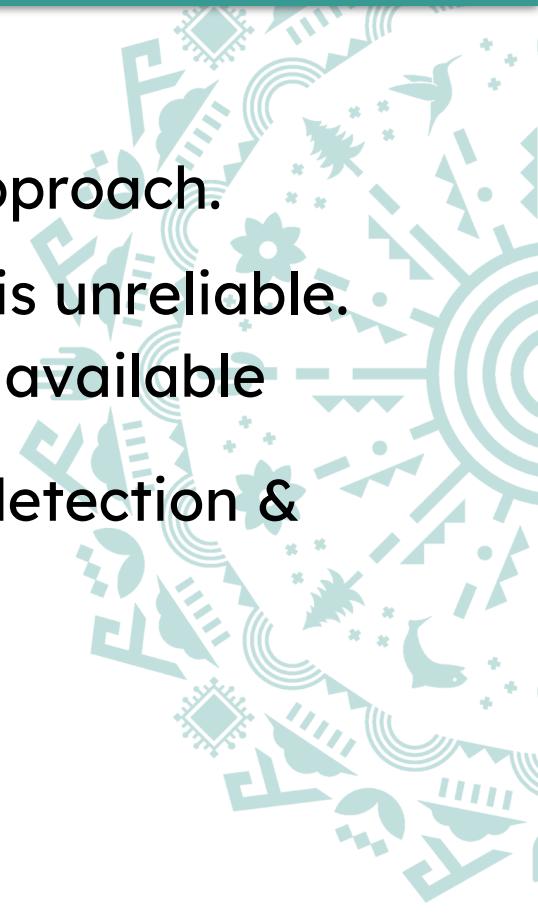
Testing Gaps

- 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**





THANK YOU

Any Questions?

ARIZONA

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