

14th August, 2002

Legionnaire's disease update: Barrow-in-Furness outbreak

All general practitioners in Morecambe Bay
All pharmacists in Morecambe Bay

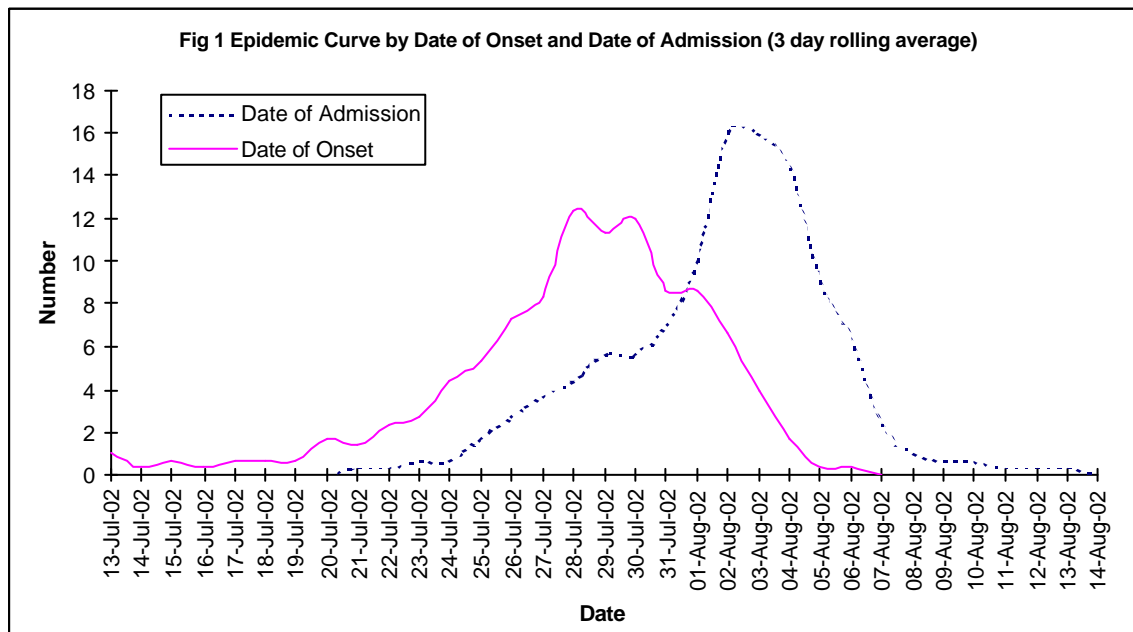
Dear colleague,

I should like to take the opportunity to provide you with an update on the course of the outbreak of legionnaire's disease in the Barrow-in-Furness area.

This note also contains important advice on the diagnosis and treatment of Legionnaire's disease in the community.

the current state of the outbreak

The epidemiological evidence that the outbreak is now at an end is compelling. The outbreak curves plotted below are based upon date of onset and date of admission information taken from the records of 115 patients with unequivocal diagnoses of Legionnaire's disease.



As previously reported the peak of the epidemic passed on or around the 29th July, with the most significant periods of demand on the health care services

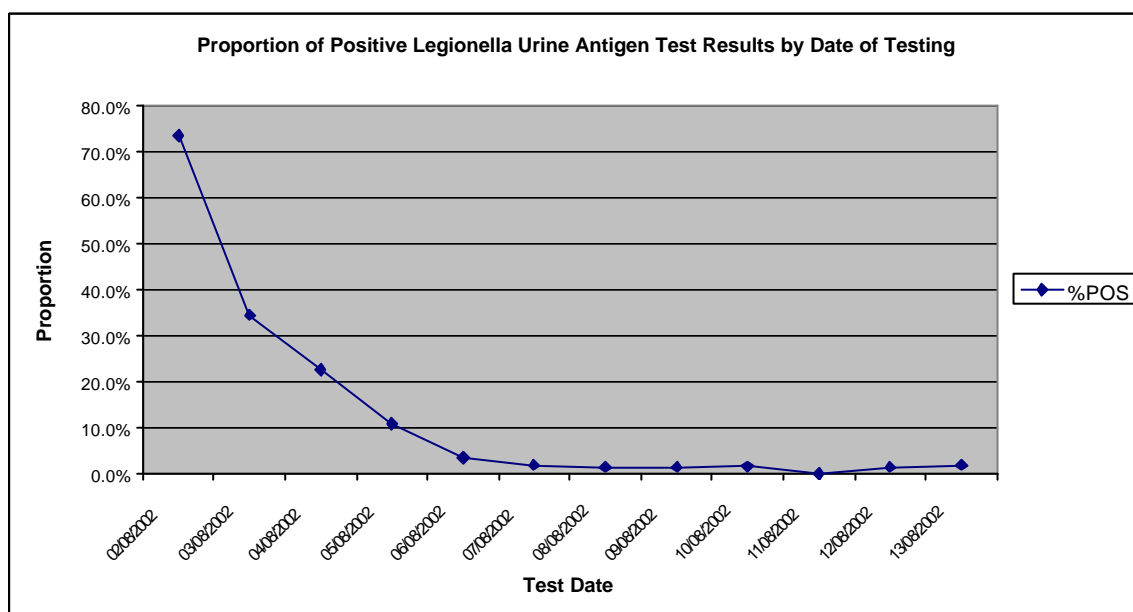
lagging behind this date by between 5 - 8 days. The very latest unequivocal confirmed exposure resulting in disease occurred on the 30th July. The longest period between exposure and onset of symptoms appears to have been 8 days.

It is theoretically possible, from the extrapolation of data related to outbreaks experienced elsewhere in the world, that some further cases with even longer incubation periods may still arise, however, this has now become very improbable.

The most likely reason for patients seeking advice in respect of Legionella infections (aside from re-assurance of the worried well) is in respect of adverse effects of treatment, including treatment failure.

changes to the treat and test policy

There has been a very steep decline in the proportion of positive urinary antigen tests as a proportion of all tests requested is very marked:



This is to be expected as the probability of new cases of Legionella disease relating to the outbreak is now very low. Therefore, following consultations with the consultant physicians and microbiologists at Furness General Hospital we are advising that the policy of treating and testing cases suspicious of Legionella disease in the community should now be discontinued.

Diagnosis of newly symptomatic Legionella disease is now so unlikely that the usual practices for diagnosing and treating community acquired pneumonias should now be recommended.

Please note therefore that urinary antigen tests will no longer be routinely accepted and performed at Furness General Hospital from Thursday 15th August, but will remain available for the diagnosis of atypical pneumonias receiving inpatient care.

Follow up of urinary antigen tests

Most urinary tests from the community are testing negative for legionella antigen – in the cases where tests are positive (either on initial testing at Furness General Hospital or on re-testing by the Public Health Laboratory Service) GPs will be notified by the hospital. **We would request that GPs do not advise patients to ring the microbiology department at FGH to request results of urinary antigen testing**

antibiotic treatment & treatment failure issues

We should like to reinforce the previous advice given that where the initial treatment in the community with erythromycin or clarithromycin results in unacceptable side effects such as gastro-intestinal disturbance, the proper management of the patient is to switch treatment to ciprofloxacin. Please do not prematurely discontinue antibiotic treatments or reduce the dosage of antibiotics being used for the treatment of urinary antigen proven disease in the community.

Please do not hesitate to contact one of the microbiologists or physicians at Furness General Hospital for further advice.

We have become aware of a small number of cases of Legionnaire's disease treated in the community, who have remained symptomatic at the end of the course of initially prescribed antibiotics. These cases should be presumed to have been only partially resolved and referred for immediate assessment by the physicians at Furness General Hospital, with a view to admission for more aggressive and possibly different antibiotic treatment, and the exclusion of other previously undiagnosed pulmonary disease.

as always ...

Thank you for all your help and assistance.

Updates and information will be maintained on our web site at www.healthprotection.org.uk

Yours sincerely,

Dr. N. Gent,
Consultant in Health Protection.

Dr. F. Atherton,
Director of Public Health.

Dr. D. Telford,
Medical Director.