

URGENT – Update 6 August 2002

Please cascade this information to all clinical staff within your practice area. The guidance is intended for Barrow in Furness so some details will differ in other localities

Further information on the management of Legionella for Primary Care Staff.

Common clinical presentations for Legionella include fever, cough and shortness of breath. Additional signs causing concern are diarrhoea, headache and confusion, in which case the patient may need referral to hospital

Laboratory diagnosis:

Urinary antigen: Urine for antigen testing should be sent in an ordinary MSSU container. A positive urinary legionella antigen result indicates the patient has legionnaires disease. In the event of a negative result, there is a small chance that this may be a false negative. This may particularly occur if the patient has been ill for seven days or more. In this case serology can confirm the diagnosis.

Legionella serology: A clotted blood sample (buff cap) should be sent for acute and convalescent antibody titres. The convalescent sample should be taken 10 to 14 days after the initial blood test. Some cases do not seroconvert for several weeks so if the ten-day sample is negative the test should be repeated at six weeks.

*Please mark the form and specimen with **Outbreak 254006** in addition to the normal clinical and patient information.*

Antibiotic treatment: Erythromycin 500 mg QDS for 10 days (or)
Clarithromycin 500mg BD for 10 days (or)
Ciprofloxacin 500mg BD for 10 days

Young patients who are well may deteriorate quickly. It is important to give a clear message that if their condition worsens they should contact the surgery immediately or to attend the local A&E department.

The following laboratory markers are suggestive of a more severe disease process, this includes abnormal liver or renal function. If unsure check liver and renal function and review within 24 hours. If abnormal consider admission to hospital.

Results: Positive results will be phoned to the practice. Outside practice hours these will be phoned to the GP emergency service.
Negative results will be phoned to the practice.

It is important to note that non-clinical staff man the hospital help line and therefore they cannot give clinical advice or arrange admission to hospital. Callers who have symptoms will be asked in the first instance to contact their GP surgery.

Specific microbiological queries can be directed to Dr S Partridge, Consultant Microbiologist, via the hospital switchboard.

Dr Nick Gent Lancashire and Cumbria Health Protection Unit

