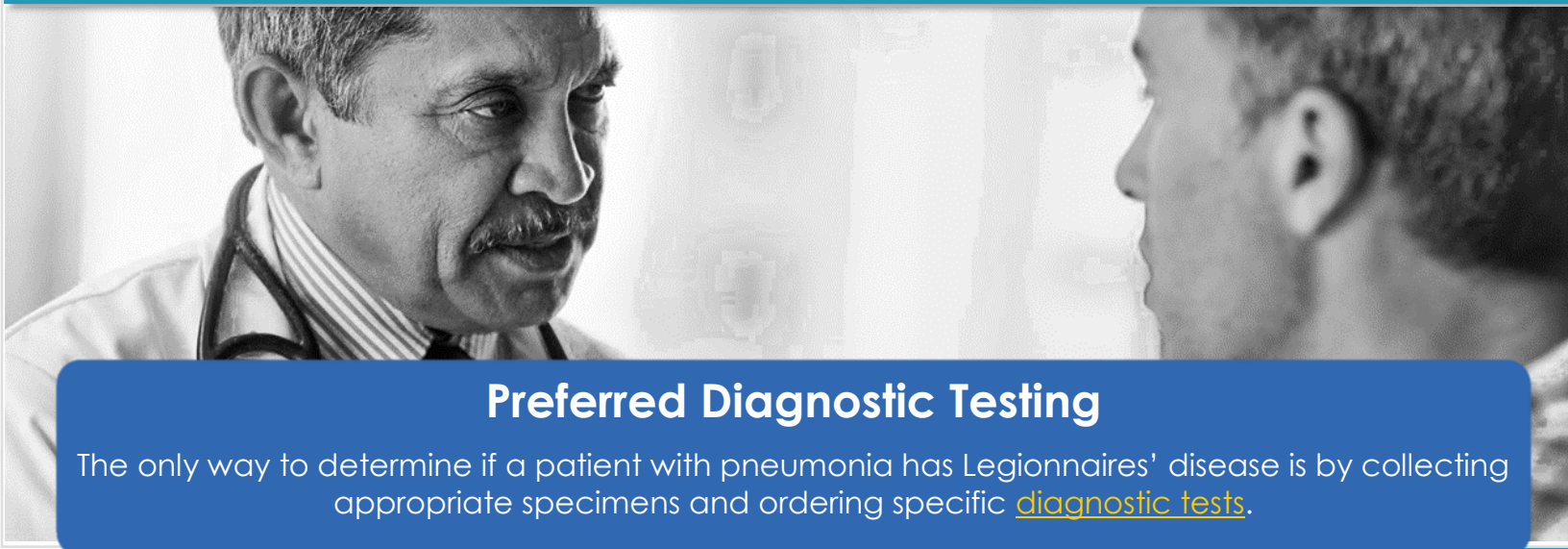


DIAGNOSING LEGIONNAIRES' DISEASE

Public health needs your assistance with diagnosing cases of Legionnaires' disease to help determine possible sources of exposure to Legionella.



Preferred Diagnostic Testing

The only way to determine if a patient with pneumonia has Legionnaires' disease is by collecting appropriate specimens and ordering specific diagnostic tests.

Why are Legionella PCR & Culture Important?

PCR & culture can identify all species and serogroups of Legionella that can cause disease, unlike the urine antigen test, which only detects *Legionella pneumophila* serogroup 1.

Having clinical isolates of *Legionella* is essential to determine links among clinical cases and environmental sources.

Who should be tested for Legionnaires' disease?

Patients with pneumonia who:

- Have failed outpatient antibiotic treatment for community-acquired pneumonia
- Have severe pneumonia, in particular those requiring intensive care
- Are immunocompromised with pneumonia
- Have traveled away from their home within 14 days before illness onset
- May have healthcare-associated pneumonia (onset 48 hours or more after admission).
- Stayed overnight stay in a healthcare facility within 14 days before symptom onset
- Have a known or possible exposure to Legionella (for example, during an outbreak).

Adapted from [WI Dept of Health Services](#)



Urinary Antigen Test

- Urine specimen

AND



PCR¹

- Sputum, BAL² or other respiratory specimen ³

OR



Culture⁴

- Sputum, BAL¹ or other respiratory specimen ²

¹ Polymerase Chain Reaction (PCR)

² Bronchoalveolar lavage

³ Lower respiratory secretions, lung tissue, pleural fluid, or a normally sterile site

⁴ If culture cannot be performed, send positive PCR material to WA Public Health Lab.