Council of State and Territorial Epidemiologists
Position Statement Template

A position statement is a major documentation and analysis of a broad policy issue affecting the public's health on which CSTE should take a position. It may or may not call for specific action. Additional information regarding the procedure to file a position statement may be found at http://www.cste.org/ps/2000/2000-ec-01.htm.

Please note: Only active members, defined as persons engaged in the practice of epidemiology at the state, local or territorial public health level, may submit a CSTE position statement. An associate member can be a co-author of a position statement but not the submitting author.

The Deadline for submission to 2005 business meeting:
Ordinary Process- **March 31, 2005**
Expedited Handling- **May 19, 2005**
Presidential Review- **Contact Christine Hahn, CSTE President**

For Ordinary Process and Expedited Handling, submit your typewritten position statement to:
LaKesha Robinson, Director of Programs,
CSTE
2872 Woodcock Boulevard Suite 303
Atlanta, GA 30341;
Email: lrobinson@cste.org

For further information, contact the CSTE National Office at (770) 458-3811. CSTE cannot ensure that position statements received after the deadline will be considered. Non-typed, illegible, or incomplete proposals will be returned.

Position Statements submitted for Presidential Review must be sent directly to Christine Hahn, CSTE President.

Position Statement

Submission Date: 3/31/2005

Committee: Infectious Disease

Title: Strengthening surveillance for travel-associated legionellosis and revised case definition for Legionnaires' disease

Statement of the Problem:
Legionellosis is a nationally notifiable disease. Cases are reported electronically through the National Electronic Telecommunications Surveillance System (NETSS), which collects basic demographic information, or via a paper-based supplementary case report form which, in addition, collects diagnostic and travel-related information. Although outbreaks of travel-associated legionellosis are infrequently identified, more than 20% of all cases are thought to be associated with recent travel. In 2004 alone, CDC was contacted directly regarding over 150 cases of confirmed legionellosis among travelers. Many of these cases occurred among cruise ship passengers or persons staying overnight in large hotels. Like other travel-related infectious diseases, the identification of any given outbreak is hindered by the difficulties inherent in detecting clusters of infections among persons who have recently dispersed from a point source and returned to their home state. Current surveillance for legionellosis is poor and lacks the timeliness and sensitivity to detect outbreaks of travel-associated cases. Timely reporting of travel-associated cases with complete travel information could allow early identification and control of known sources of infection.

The laboratory criteria for diagnosis of legionellosis in the 1996 Nationally Notifiable Diseases case definition are:

1. Isolation of *Legionella* species from lung tissue, respiratory secretions, pleural fluid, blood or other sterile site; or
2. Demonstration of fourfold or greater rise in the reciprocal immunofluorescence antibody (IFA) titer to greater than or equal to 128 against *Legionella pneumophilia* serogroup 1 between paired acute- and convalescent-phase serum specimens; or
3. Detection of *L. pneumophilia* serogroup 1 in respiratory secretions, lung tissue, or pleural fluid by direct fluorescent antibody testing; or
4. Demonstration of *L. pneumophilia* serogroup 1 antigens in urine by radioimmunoassay or enzyme-linked immunosorbent assay

Statement of the desired action(s) to be taken:

- Revise reporting of legionellosis with the eventual goal of incorporating all legionellosis case information into electronic format**.** CDC to work with CSTE to develop the actual mechanism for reporting.

- Modify timeline for reporting of legionellosis:
  - Within 7 days of notification of legionellosis case to the state, ascertain whether case-patient spent at least one night away from home in the 10 days before onset of illness. (See Figure 1.)
  - If history of travel in the 10 days before onset of illness, state health department to report travel location (city and state or country) and dates of travel to CDC **within 7 days** of notification.
  - If history of travel in the 10 days before onset of illness, state health department to report complete legionellosis case information (e.g. patient demographics, diagnostic tests, further travel history) to CDC **within 14 days** of notification.
  - If no history of travel in the 10 days before onset of illness, state health department to complete legionellosis case report and send to CDC **within 30 days** of notification.
  - If there are epidemiologically linked travel-associated legionellosis cases, CDC will initiate further investigation and report information back to the state.

- Modify case definitions for all cases of legionellosis (i.e., travel-associated and not travel-associated) listed among Nationally Notifiable Diseases to read:

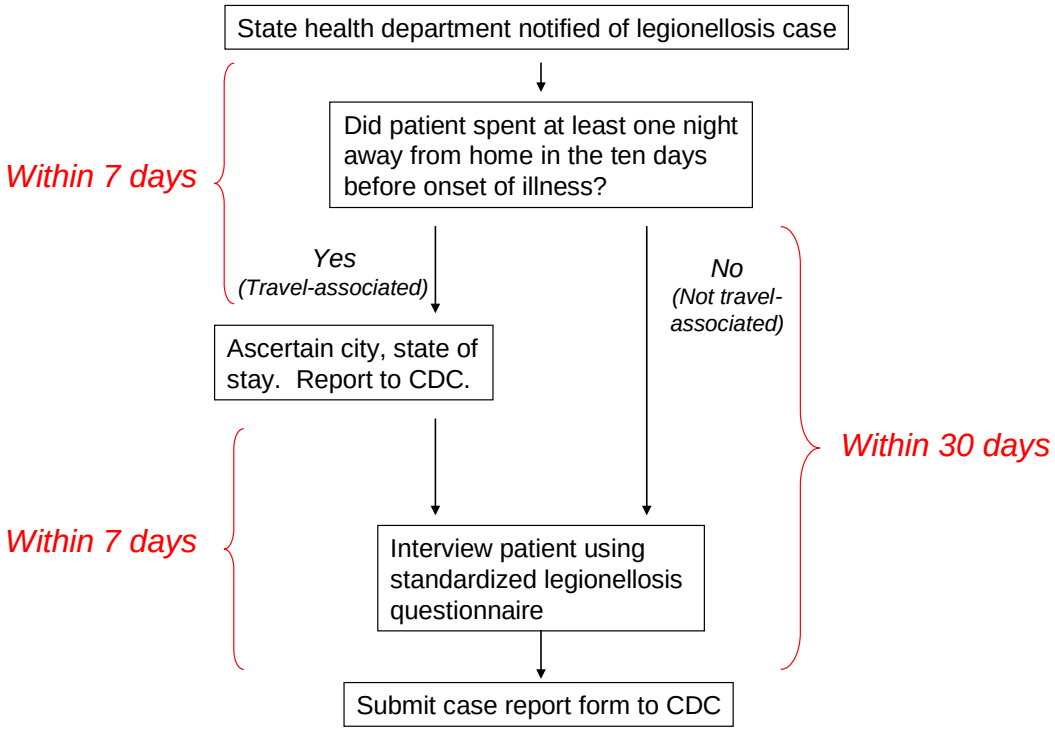
  Case definitions for Legionnaires' disease:

  1. Clinical history: cases must have a clinical or radiographic diagnosis of pneumonia
  2. Microbiological evidence: cases must have a confirmed or presumptive laboratory diagnosis
     a. Confirmed
        i. By culture: isolation of any *Legionella* organism from respiratory secretions, lung tissue, or blood.
        ii. By seroconversion: fourfold or greater rise in specific serum antibody titer to individual species of *Legionella*.
        iii. By detection of specific *Legionella* antigen in urine using validated reagents.
     b. Presumptive
        i. By seroconversion: fourfold or greater rise in antibody titer to multiple species of *Legionella* using pooled antigen.
        ii. By the detection of specific *Legionella* antigen in respiratory secretion or direct fluorescent antibody (DFA) staining of the organism in respiratory secretions or lung tissue using validated reagents.
        iii. By detection of *Legionella* species DNA by a validated polymerase chain reaction (PCR) assay.
  3. Travel history: The patient must have spent at least one night away from home, either in the same country of residence or abroad in the ten days before onset of illness. The onset of symptoms for Legionnaires' disease must be within ten days of the last date of travel.

Public Health Impact:

Outbreaks of legionellosis that occur among travelers are difficult to detect. Although the burden is not well defined, more than 20% of legionellosis cases are thought to be associated with recent travel. Strengthening surveillance would facilitate timely identification of epidemiological links, prompt outbreak investigations, and allow early detection of sources of transmission and implementation of control measures. Travel-associated legionellosis is highly preventable; disease prevention would have a significant impact on public health.

Figure 1: Timeline for reporting of legionellosis cases



Coordination:

Agencies for Response: (List only one name per agency, preferably an individual in a senior management position; complete contact information must be provided for acceptance to review.)

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Address Line 2

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**For additional Agencies for Response, please provide a separate attachment with complete contact information.*

Agencies for Information: **(Complete contact information must be provided for acceptance to review.)**

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**For additional Agencies for Information, please provide a separate attachment with complete contact information.*

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