DATE

To: Facility Administrator

From: Local Health Director

**Re: Legionella case investigation**

Dear XXX,

Thank you for working with the (INSERT LOCAL HEALTH DEPARTMENT NAME) in the investigation of a Legionnaires’ disease case in a resident of your facility. The following is a brief description of actions taken to date.

* On x/xx/2014, a single case of Legionnaires’ disease was reported in a resident of the FACILITY NAME
* A walk through of the facility was performed on X/XX/2014 by the local environmental health specialist and other public health staff.
	+ Several specific concerns were identified during that visit:
		- Dead legs noted in unused wing of the facility.
		- Dead legs noted in unused areas in the basement.
		- No water safety plan in place.
* On 12/15 and 12/16/2014, the Local Health Department Communicable Disease Nursing staff were on site at the facility to assist with identification and *Legionella* urinary antigen testing of all residents who had been diagnosed with pneumonia during the previous six months.

**Clinical Recommendations:**

* Facility will continue prospective surveillance from **insert date of fist identified case** until **insert date - 2 months after index identification,** (i.e.order *Legionella* urine antigen testing of all residents clinically or radiographically diagnosed with pneumonia)
* Facility will complete six-month retrospective surveillance (i.e., order *Legionella* urine antigen testing of all residents in the facility clinically or radiographically diagnosed with pneumonia during the above noted period (state time period).

**Environmental Health Recommendations:**

* Facility will review water temperature logs for each hot water heater and/or boiler for the facility

o   Water heaters should maintain a temperature > 140 degrees per ASHRAE

 guidelines

o   To prevent scalding to residents per NC Administrative Code, faucets accessible by residents should be within a range or 100-116 degrees

* Facility will provide the service and maintenance records for the facility’s chillers, boilers, cooling systems and construction on water lines for the last year.
* Water temperature, pH and residual chlorine levels should be checked at the following at representative locations in all areas of the facility

o   Locations to sample include hand sinks, showers, kitchen faucets, hot water heaters, showerheads, saunas , whirlpools hot tubs, dishwashers and outside faucets

* Facility will identify any aerosol generating water sources on campus (water fountains, misters, cooling towers, etc.)

**Additional Recommendations Should Another Positive Case Be Identified:**

* Facility should be prepared to contract with an engineering firm specializing in *Legionella* investigation and remediation
* Facility should review their emergency water plan
* Facility should plan for alternate water source (i.e. portable hand wash stations and bottle water until point of use filters can be installed)
* Facility should plan to procure 0.2 micron point of use water filters for all showers and faucets throughout the facility
* Additionally, please see below the contact for a company that supplies 0.2 micron point-of-use PALL filters.  Please note that by sharing this contact information we are in no way endorsing this contractor.
* Christopher Connolly

North American Hospital Water Sales Manager Pall Medical- Hospital Group

973-632-1920 (cell)

215-383-4351 (fax)

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[www.pall.com/medical](http://www.pall.com/medical)

* The (Insert Local Health Department Name) requests a review of any verbal and/or written communications prior to dissemination to staff, patients and family members and public to ensure the most complete public health information about *Legionella* is shared.

As we move through this process we will forward you additional information and recommendations based on findings at your facility. Once again, thank you for your assistance with this investigation.  Please don’t hesitate to contact us with any questions or concerns.