

PREVENTING AND MANAGING LEGIONNAIRES' DISEASE IN SENIOR LIVING FACILITIES

Legionnaires' Disease (LD) is a severe form of pneumonia caused by the bacterium *Legionella pneumophila*, which is found naturally in freshwater environments. LD was coined in 1976 after a mass outbreak in delegates attending an American Legion conference in Philadelphia. LD becomes a health concern when it grows and spreads in manmade building water systems and devices such as showerheads, hot tubs, decorative fountains, and cooling towers. *Legionella* can also be transmitted through resident humidifiers, air conditioner units, and CPAP machines.

Internal and external factors can lead to [Legionella growth](#) in building water systems and personal devices that are not adequately disinfected or maintained. When water contaminated with *Legionella* is aerosolized and breathed or aspirated into the lungs, Legionnaires' Disease may develop.

PREVENTION

Since June 1, 2018, laboratory-confirmed cases of *Legionellosis* are on the rise in Wisconsin. The U.S. Centers for Medicare & Medicaid Services (CMS) recently [clarified expectations](#) for providers to reduce *Legionella* risk in facility water systems. **Hospitals and long term care facilities must have water management plans and documentation that, at a minimum, ensure each facility:**

- Conducts a **facility risk assessment** to identify where *Legionella* and other opportunistic waterborne pathogens could grow and spread in the facility water system.
- Develops and implements a **water management program**. Refer to American Society of Heating, Refrigerating, and Air Conditioning Engineers ([ASHRAE](#)) industry standards and the [CDC toolkit](#).
- Specifies water **testing protocols** and acceptable ranges for control measures, and documents the results of testing and corrective actions taken when control limits are not maintained.
- Maintains compliance with other applicable [Federal](#), State and local requirements.

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Who is at risk?

[Individuals at increased risk](#) of getting sick are those age 50 and over, current or former smokers, people with chronic lung disease or weak immune systems, people with cancer, and people with other underlying illnesses.

DETECTION, REPORTING & MANAGEMENT

The Wisconsin Department of Health Services is asking health care providers to test the following patients for LD via both ***Legionella* cultures** and **urinary antigen tests** to help detect and determine possible sources of exposure to *Legionella*:

- Hospitalized patients with atypical pneumonia consistent with LD
- Immunocompromised patients with pneumonia
- Patients with pneumonia who fail to respond to treatment with a β -lactam or cephalosporin antibiotic
- Patients at risk for LD with healthcare-associated pneumonia (*onset \geq 48 hours after admission*)
- Patients with pneumonia who have traveled away from home within 14 days before illness onset

Laboratory-confirmed cases should be reported immediately to the local [or state public health department](#), who will then report to the Centers for Disease Control and Prevention (CDC). Person-to-person transmission of LD is rare. Most people who contract LD need care in a hospital with antibiotics to make a full recovery.

About 1 out of every 10 people who gets sick with non-hospital acquired Legionnaires' Disease will die from complications.

Symptoms of LD will mirror those of pneumonia and can include cough, muscle aches, fever, shortness of breath, and headache.

INSURANCE CONSIDERATIONS

Standard property policies have minimal coverage for claims of contaminants, pollutants and/or virus and bacteria causes of loss. Some carriers may include a \$10,000 to \$50,000 sublimit for cleanup costs only. Additionally, liability policies have a total exclusion for any contaminants, pollutants and/or virus and bacteria related incidents.

Consider speaking with your insurance agent to ensure you have adequate coverage in place for first party claims that includes remediation costs, emergency response, business interruption & catastrophe management coverage. More importantly, ensure you have defense and indemnity coverage for bodily injury that includes medical monitoring, clean up & property damage for third party incidents.

REFERENCES:

- CDC. *Legionella* (Legionnaires' Disease and Pontiac Fever). April 30, 2018. <https://www.cdc.gov/legionella/index.html>.
- CMS. Center for Clinical Standards and Quality/ Quality, Safety and Oversight Group Memo QSO-17-30-Hospitals/CAHs/NHs. June 02, 2017. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO17-30-HospitalCAH-NH-REVISED-.pdf>
- Wisconsin DHS – Division of Public Health. Memo BCD-2018-09. July 3, 2018. <https://www.dhs.wisconsin.gov/dph/memos/communicable-diseases/bcd-2018-09.pdf>

FREEDOM TO MOVE FORWARD

