

Legionellosis

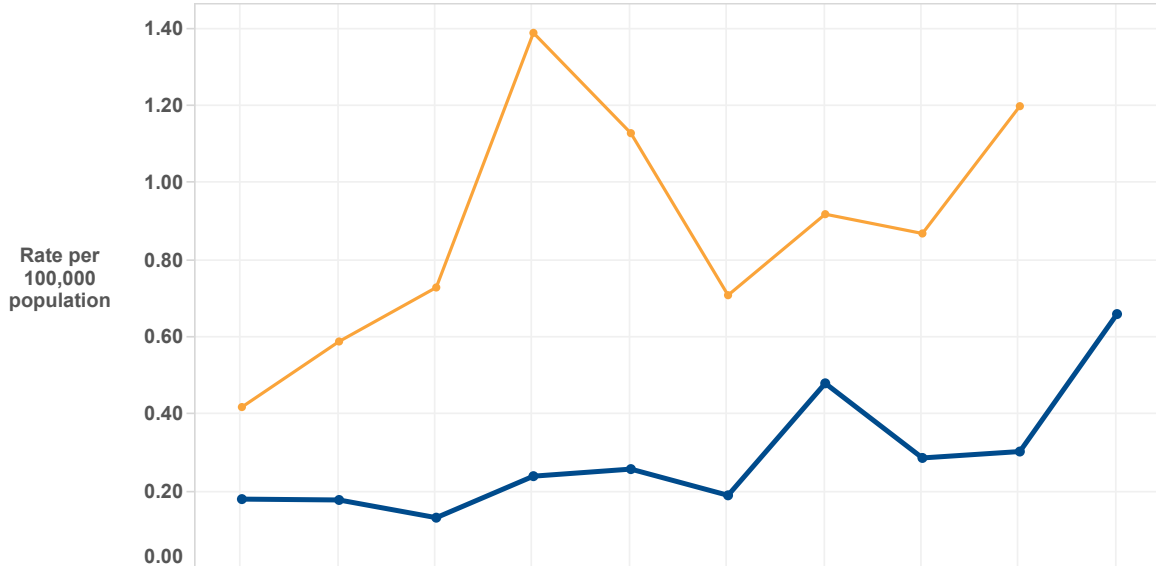
In 2018, the incidence of legionellosis increased to 0.66/100,000. This is mainly due to a cooling tower-associated outbreak of *Legionella pneumophila* serogroup 1 in Fraser South HSDA involving 14 cases with onsets from June to October. In addition, incidence has been increasing since 2012, likely due to the increasing use of urine antigen testing throughout BC (Morshed 2015¹) and the introduction of a pan-respirato-

ry pathogen nucleic acid testing panel by the BCCDC Public Health Laboratory in 2016. The highest rates were observed in adults >60 years; older age and comorbidities are risk factors for infection. Most cases were infected by *L. pneumophila* (90.1%), 1 by *L. longbeachae* and 2 by unknown species.



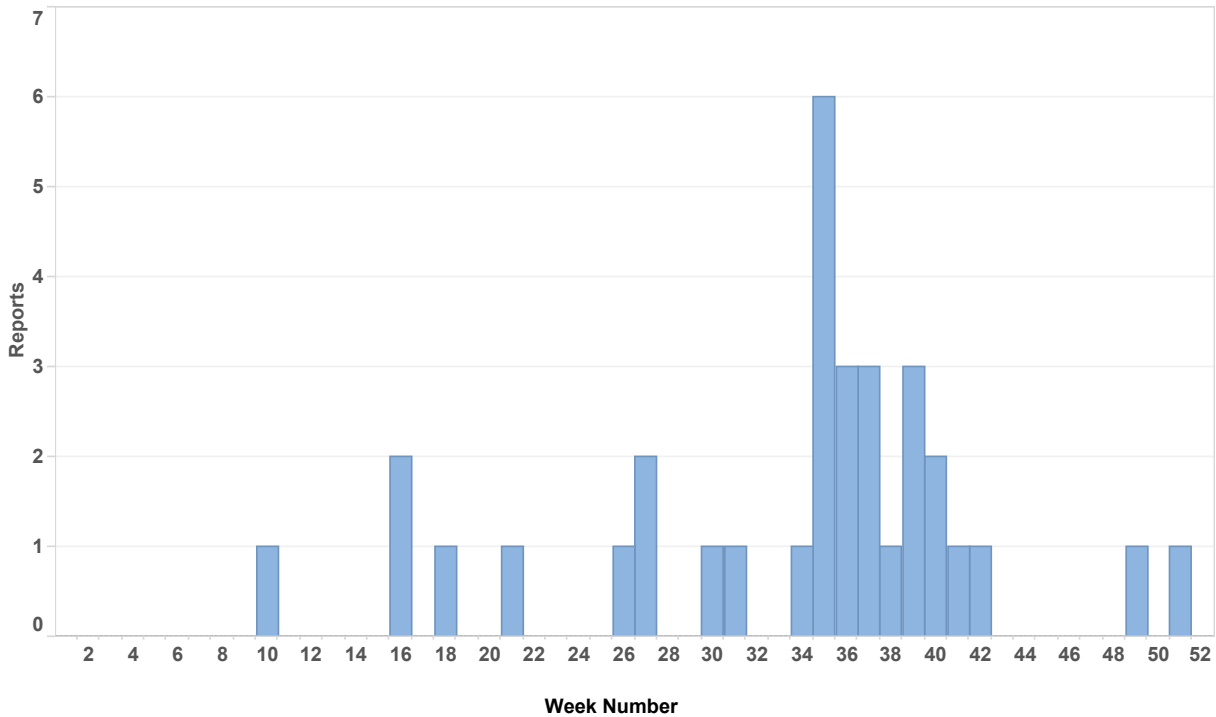
1. Morshed M, Chang Y, Hoang L. Diagnostic testing for Legionnaires' Disease: Trends in BC. BCMJ. 2015;57(10):452-3.

14.1 Legionellosis Rates by Year, 2009-2018

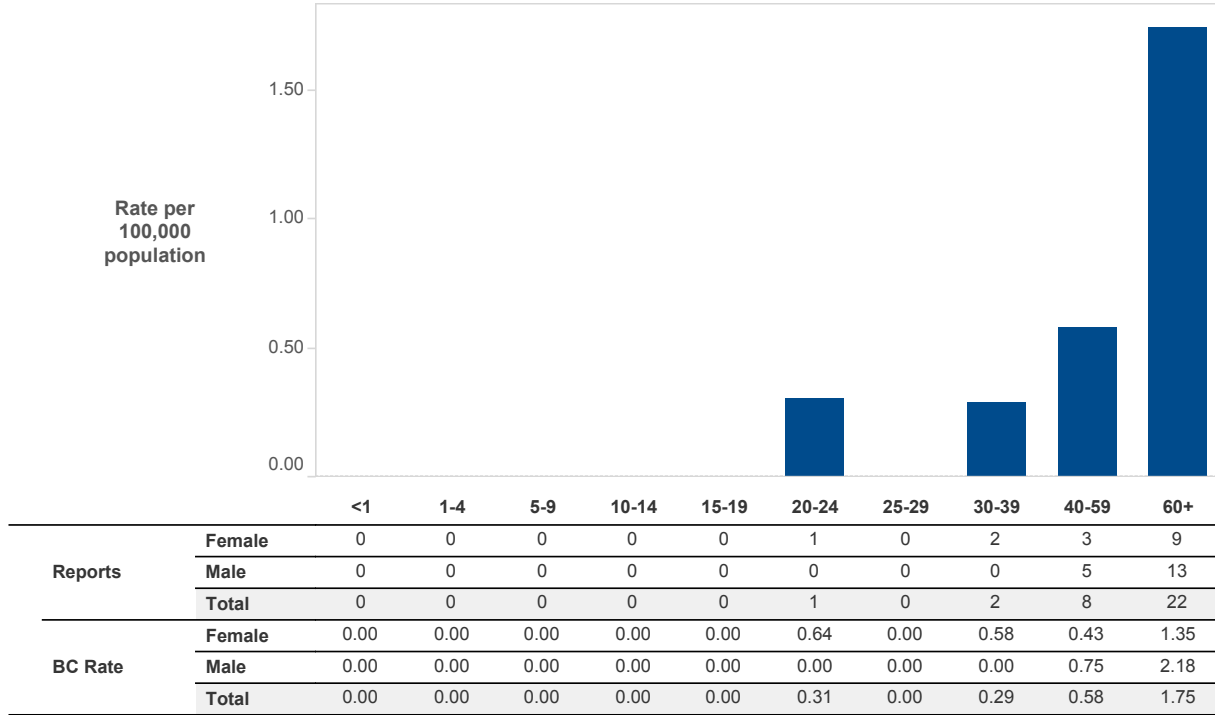


	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Reports	8	8	6	11	12	9	23	14	15	33
BC Rate	0.18	0.18	0.13	0.24	0.26	0.19	0.48	0.29	0.30	0.66
Canada Rate	0.42	0.59	0.73	1.39	1.13	0.71	0.92	0.87	1.20	-

14.2 Legionellosis Rates by Week, 2018



14.3 Legionellosis Rates by Age Group, 2018



14.4 Legionellosis Rates by HSDA, 2018

