

Legionellosis

In 2017, the incidence of legionellosis remained stable at 0.33/100,000 but at a higher level than in past years. The reason for this higher incidence may be related to the increasing use of urine antigen testing throughout BC (Morshed 2015) and the introduction of a pan-respiratory pathogen nucleic acid testing panel by the BCCDC Public Health Laboratory in 2016.

No outbreaks were identified in 2017. Cases were reported in all Health Authorities. The highest rates were observed in adults >40 years; older age and comorbidities are risk factors for infection. Cases were reported throughout the year, although, as in previous years, a higher proportion (68.8%) of cases occurred

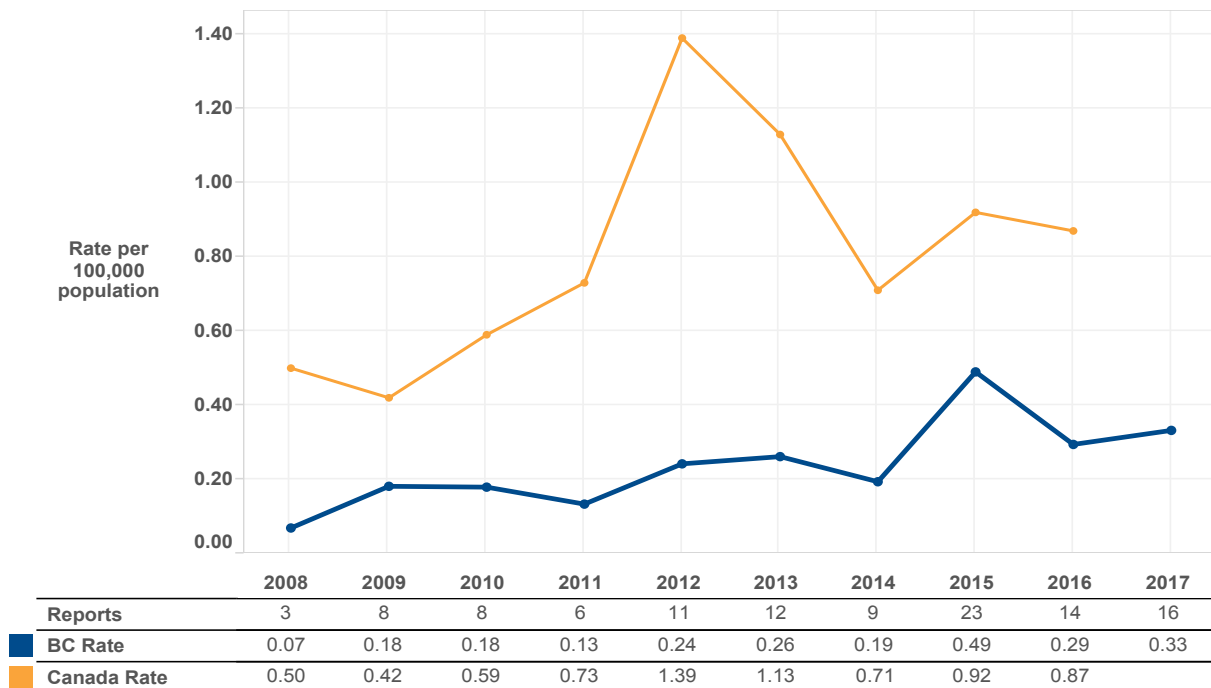
in the fall and early winter. This may be due to a true seasonal pattern or increased detection due to respiratory illness testing.

Most cases were infected by *L. pneumophila* (82.4%), 1 by *L. micdadei* and 2 by unknown species.

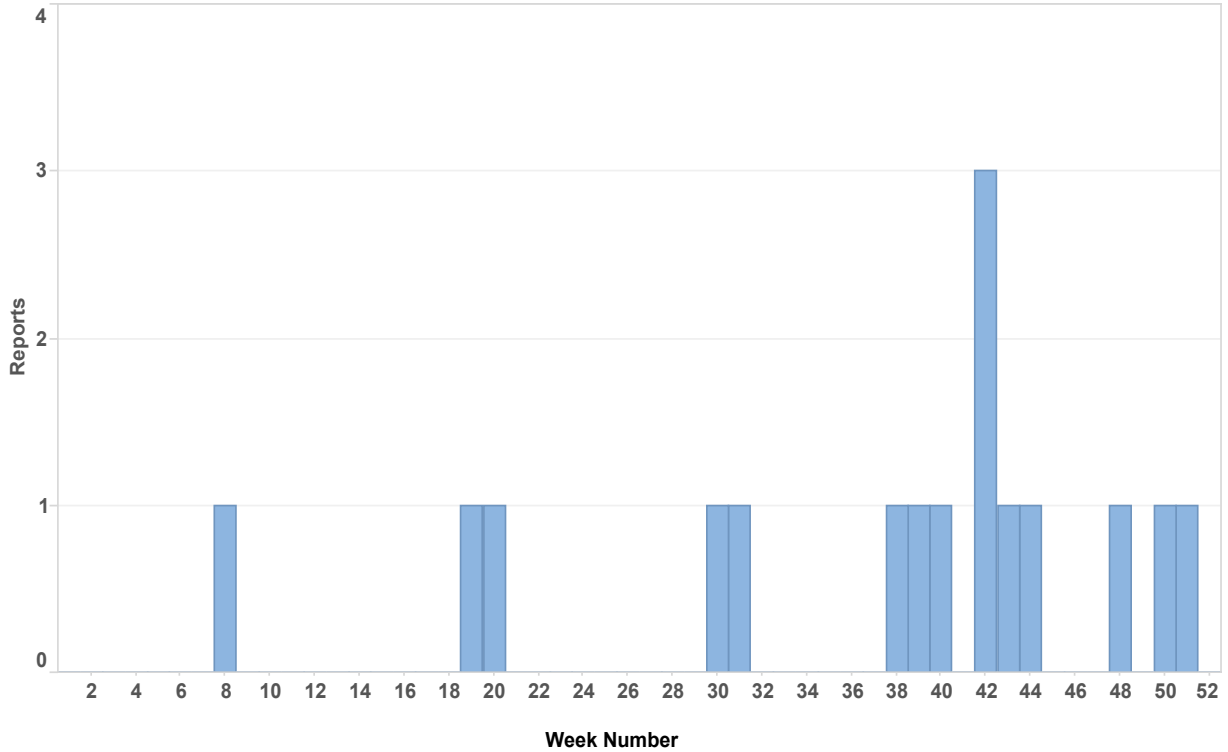


1. Morshed M, Chang Y, Hoang L. Diagnostic testing for Legionnaires' Disease: Trends in BC. BCMJ. 2017;57(10):452-3.

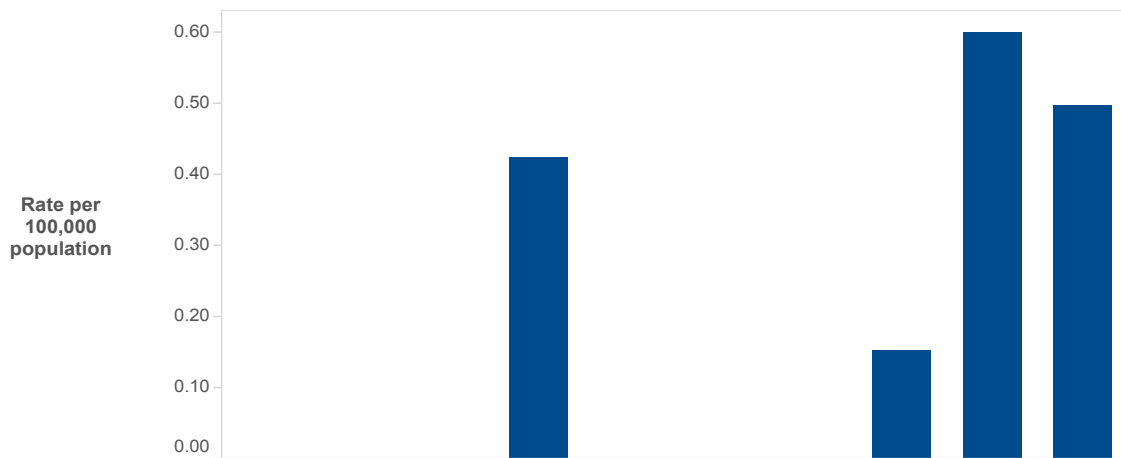
14.1 Legionellosis Rates by Year, 2008-2017



14.2 Legionellosis Rates by week, 2017



14.3 Legionellosis Rates by Age Group, 2017



		<1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-59	60+
Reports	Female	0	0	0	1	0	0	0	0	1	1
	Male	0	0	0	0	0	0	0	1	7	5
	Total	0	0	0	1	0	0	0	1	8	6
BC Rate	Female	0.00	0.00	0.00	0.88	0.00	0.00	0.00	0.00	0.15	0.16
	Male	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.31	1.07	0.87
	Total	0.00	0.00	0.00	0.43	0.00	0.00	0.00	0.15	0.60	0.50