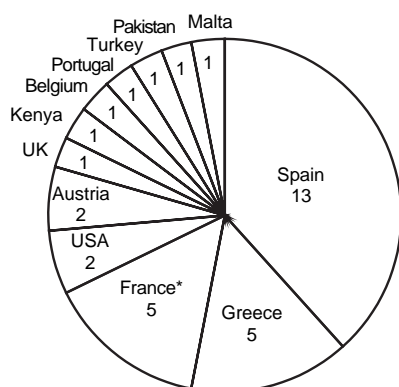


Communicable Disease Report

Legionellosis and travel

Fifty-two cases of legionellosis in residents of England and Wales had been reported to the National Surveillance Scheme for legionnaires' disease by the end of week 34 in 1991. Forty-six had legionnaires' disease (pneumonic legionellosis) and six had Pontiac fever (non-pneumonic legionellosis). Thirty-three cases (24 male, 9 female; age range 34-87 years) were associated with travel: 32 abroad and one within the UK (Figure). There were three deaths: a 48 year old female who had been on holiday to Florida; a 40 year old male who had travelled to Spain and France; and a 60 year old male who had recently returned from Pakistan. Most travel-associated cases (13) had visited Spain, including the Balearic and Canary islands. Five had travelled to Greece and the Greek islands (including Crete). Five cases had visited France, two had visited the USA (both Florida) and two had travelled to Austria.

Figure Legionellosis in travellers by country visited



* one person visited France and Spain

Three clusters of two cases were associated with hotels. Two women, aged 71 years and 50 years, contracted the disease after staying at the same hotel, on the Greek island of Kos, in May and June, respectively. A 73 year old man and a 65 year old woman stayed at a hotel in Cordoba, Spain, in March and May, respectively. The third cluster was associated with a hotel on the island of Ibiza. A female of 49 years and a male of 48 years had stayed there in June and July, respectively. Cases had previously been linked to this hotel in 1983 and 1985. On the island of Majorca, two cases were associated with two different hotels which had previously been implicated in outbreaks (in 1987, 1989 and 1990). The case which occurred following travel within the UK was associated with a hotel in the Midlands. The same hotel had been linked with a case in 1990. The premises were inspected and guidance given about water system maintenance. No other associated cases have since come to light.

Whenever a cluster of cases is recognised, the health authorities in the country concerned are informed so that local investigations can be carried out. In addition, details of the cases are reported to the European Working Group on Legionella Infections in Stockholm, which collates surveillance on travel-associated legionellosis throughout Europe in order to inform collaborating countries of identified clusters.

Legionellosis should always be considered in patients with pneumonic illness who have recently travelled. The diagnosis is usually established by serology (antibody levels may be elevated at the time of admission to hospital). However, culture of the organism, or direct fluorescent demonstration of the antigen, where available, permit speedier diagnosis. Appropriate antibiotics should be given whenever the diagnosis is suspected. CDSC will be grateful for details of any confirmed or suspected cases of legionellosis and can indicate whether other cases may be linked to the reported case.

Respiratory tract infections:
weeks 91/31 - 34

Mycobacterial infections:
weeks 91/31 - 34

Bacteraemia and bacterial meningitis:
weeks 91/31 - 34

Unusual infections

Notice

