Notification letter template to healthcare facility leadership regarding a single definite healthcare-associated Legionnaires’ disease case

Dear [Name of facility owner/manager and hospital infection preventionist],

On [date], [HD name] received a report of a patient at [facility name] who meets the criteria for definite healthcare-associated Legionnaires’ disease, given that [he/she] was an inpatient at [facility name] during the entire 10 days before symptom onset. Most people who develop Legionnaires’ disease were exposed to water containing Legionella bacteria sometime in the 10 days before illness onset. Identifying one definite healthcare-associated case of Legionnaires’ disease in this timeframe raises concern regarding the potential for ongoing transmission within your facility. [HD name] would like to begin an epidemiologic and environmental investigation, in consultation with infection control, building maintenance engineers, and risk management staff, to help ensure that they have minimized any ongoing risk for Legionella transmission.

The following steps will help identify all potentially healthcare-associated cases:

- Perform a retrospective record review of hospitalizations for the past 12 months to identify pneumonia cases that could have been healthcare-associated, and if so, determine if patients were tested for Legionella.
- Implement active clinical surveillance for [2–6 months; see the Active Clinical Surveillance section to learn more at www.cdc.gov/legionella/health-depts/healthcare-resources/cases-outbreaks.html#clinical-surv] following confirmation of the last possible or definite healthcare-associated case of Legionnaires’ disease. [Specify components of active clinical surveillance; see the Active Clinical Surveillance section for suggestions at www.cdc.gov/legionella/health-depts/healthcare-resources/cases-outbreaks.html#clinical-surv].
- Remind clinicians to test patients with healthcare-associated pneumonia who are at risk for Legionnaires’ disease. The preferred diagnostic tests for Legionnaires’ disease are both culture of lower respiratory secretions (e.g., sputum, bronchoalveolar lavage) on media that supports growth of Legionella and the Legionella urinary antigen test. A fact sheet about Legionnaires’ disease is included with this letter and available at: [www.cdc.gov/legionella/downloads/fs-legionella-clinicians.pdf].

Please inform [HD name] immediately if you learn of other Legionnaires’ disease diagnoses among patients, visitors, or staff in your facility.

[HD name] will follow up with you to schedule an appointment to visit your facility. Further information is available from the [HD and/or CDC website], or by calling the [HD name] information line, [phone number].

We appreciate the opportunity to work with you and your staff throughout this process. If you have any questions regarding this notice, please do not hesitate to contact [name and contact details for HD].

Thank you for your time and attention.

Sincerely,

[HD POC name and contact details]