

Reducing *Legionella* Risk in Your Buildings

March 29, 2017

Speakers



Ray Petrisek,
Director of Environmental Microbiology

HP Environmental
An AIHA accredited Environmental
Microbiology laboratory



Dan Broder, PhD
Lead Scientist, Legiolert R&D Team

IDEXX
Global provider of water microbiology testing
solutions.

Agenda

Legionella and the Industrial Hygienist (Ray)

Legionella Basics (Dan)

Tools for Reducing the Risk of Legionnaires' disease

- Water Management Plans (Ray)
- Routine Monitoring (Dan)

Questions (Ray and Dan)

Where is the hazard?



“In the United States, Legionnaires’ disease has proven to be the most lethal building-related illness associated with water-borne bacteria.”

“The New Age of *Legionella*”
The Synergist, July 2015

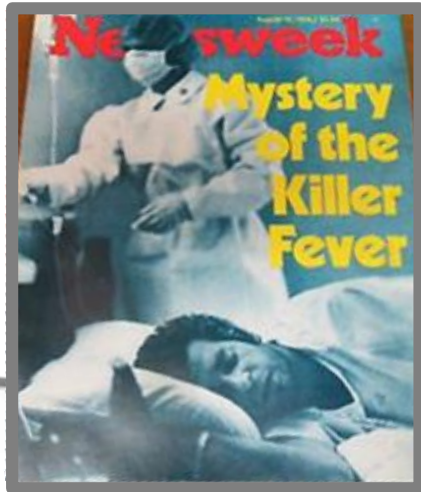
The Industrial Hygiene approach

Anticipation
Recognition
Evaluation
Control



of workplace and environmental hazards,
including *Legionella*

What is Legionella?



Legionella Species

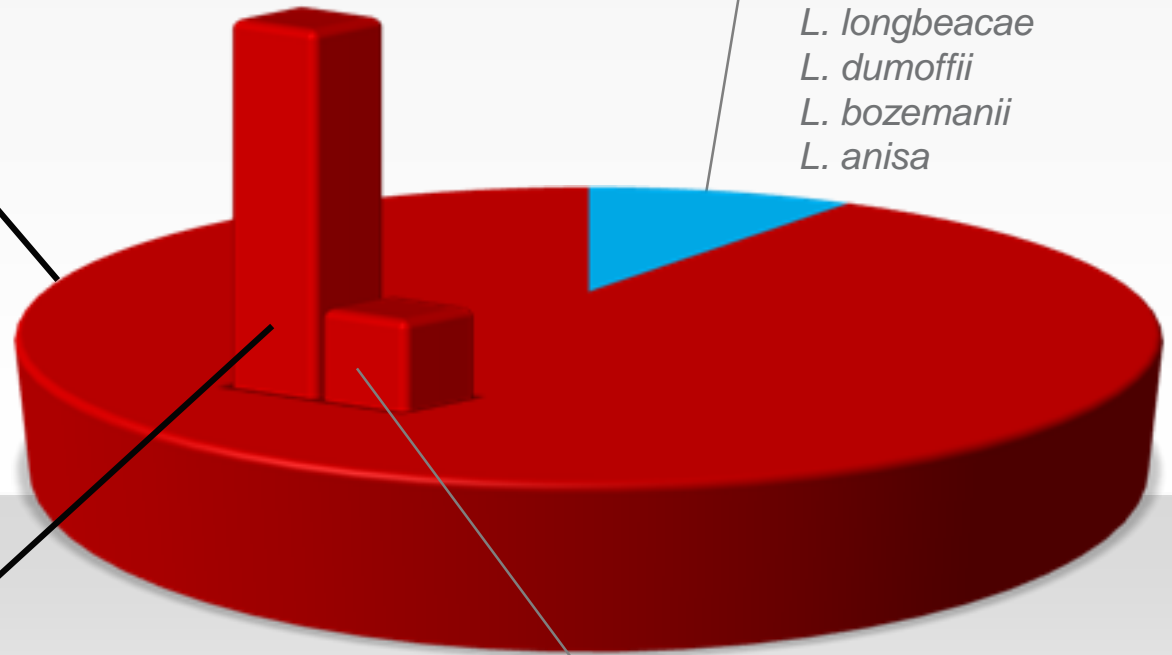
L. pneumophila

Serogroup 1

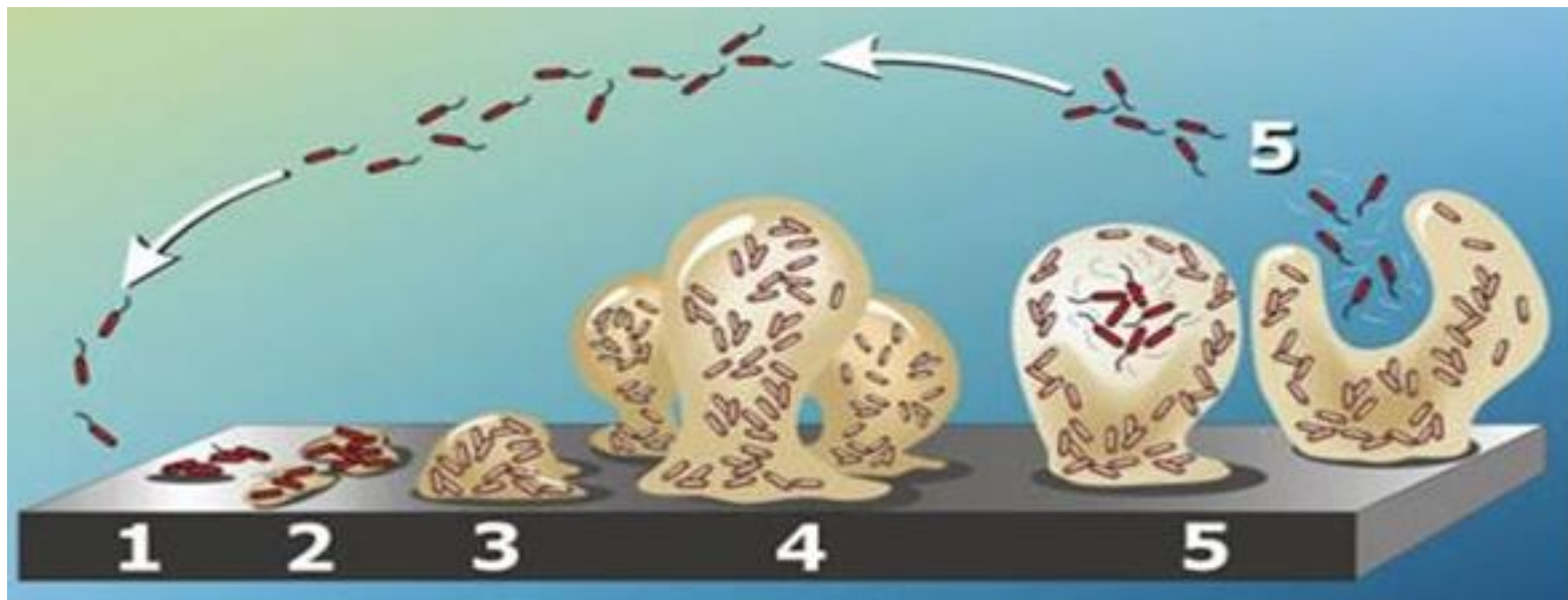
Legionella Spp.

- L. micdadei*
- L. longbeachae*
- L. dumoffii*
- L. bozemanii*
- L. anisa*

Serogroups 2-15



Biofilm – stable structures and breeding grounds



Where does *Legionella* live?

Potable Water

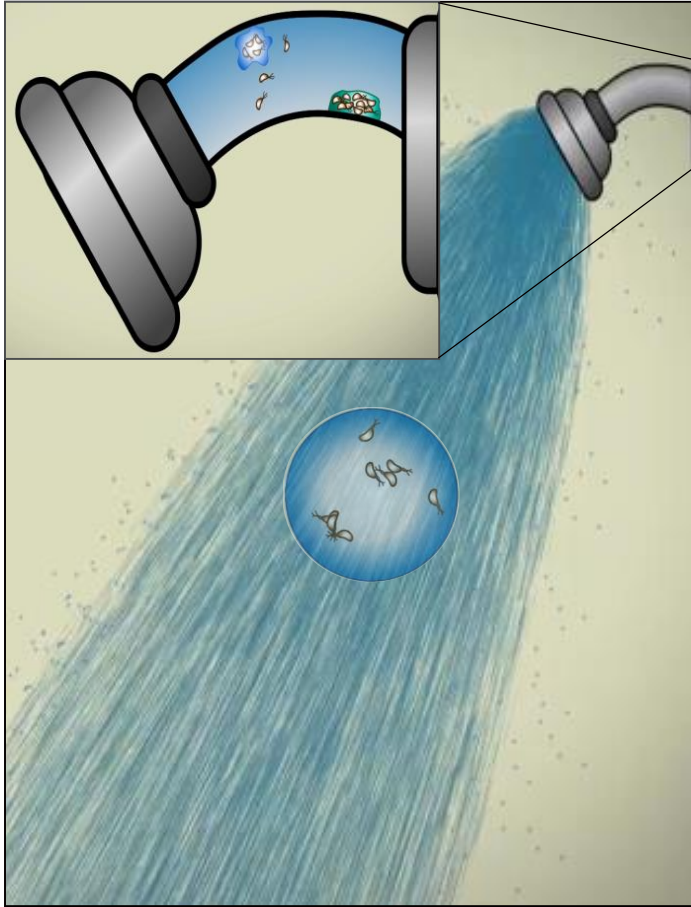


Where does *Legionella* live?

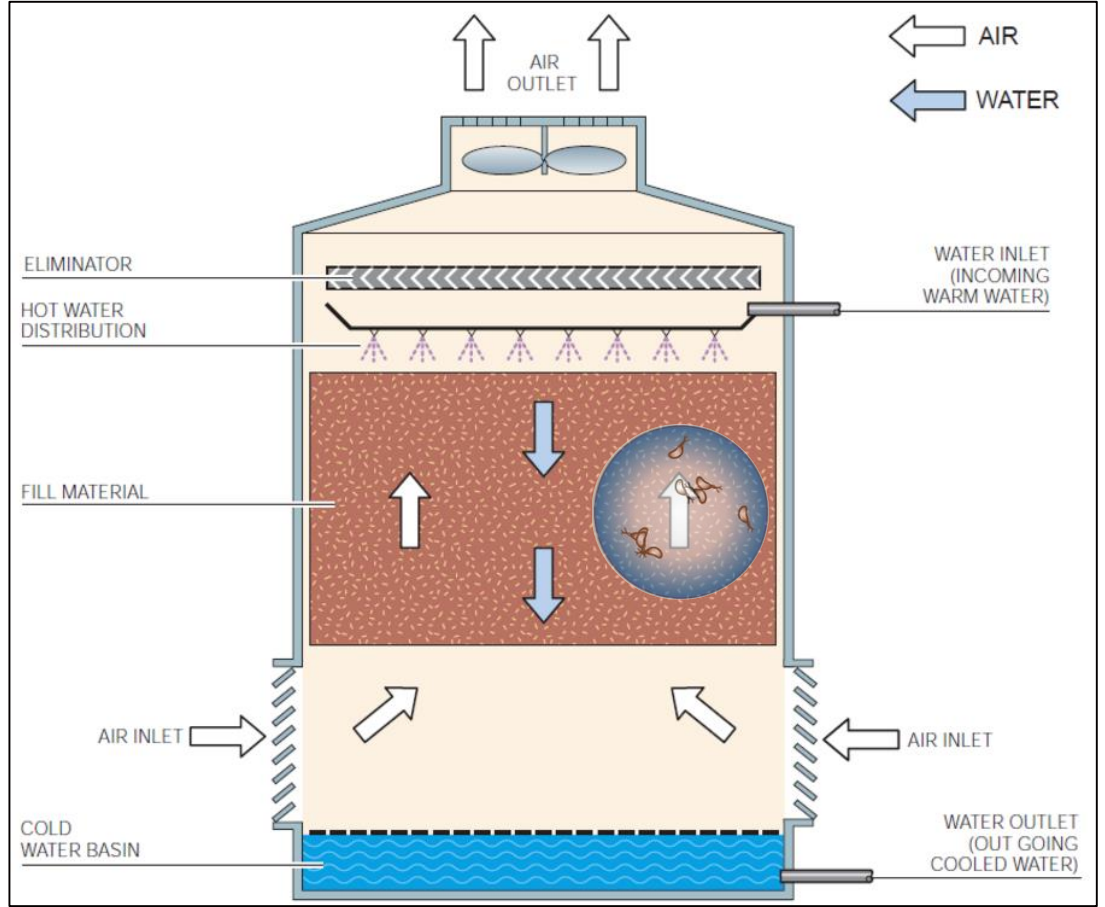
Nonpotable Water



Infectivity – *Legionella* are aerolized

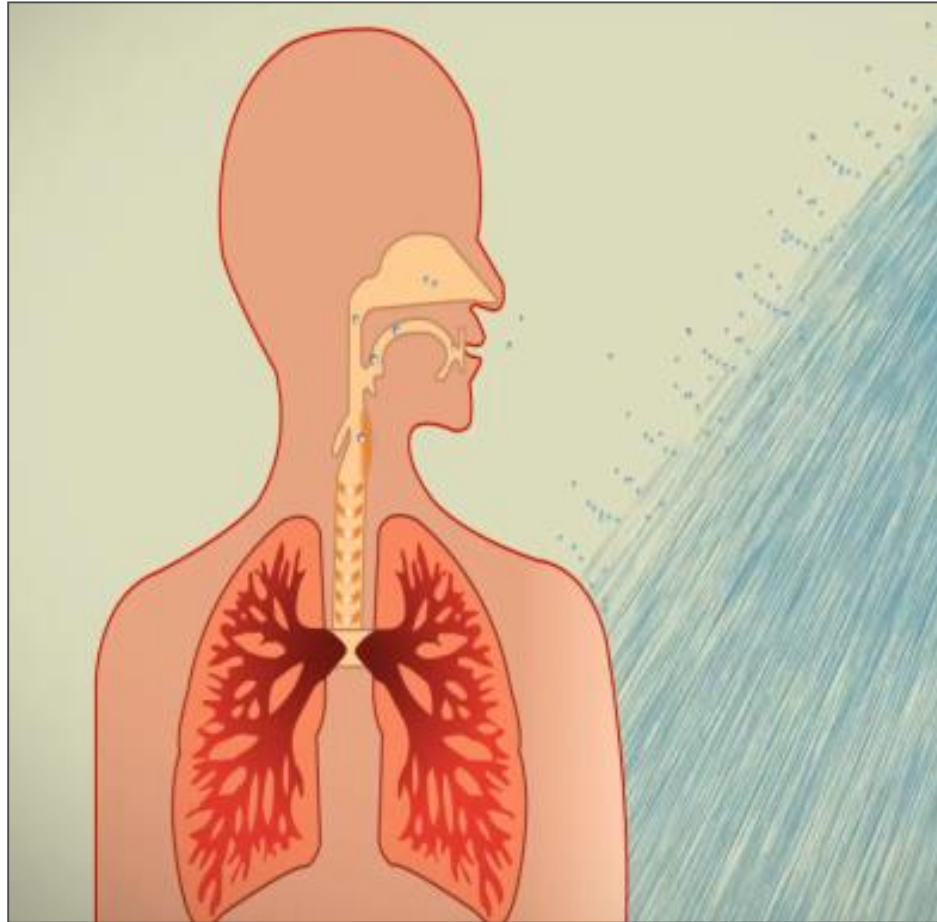


Shower aerosol



Cooling tower aerosol

Infectivity – Infected water droplets are aspirated into the lungs.



Risk Groups



Chronic Lung Disease

Smokers



Immunocompromised

> 50 years



Risk Factors



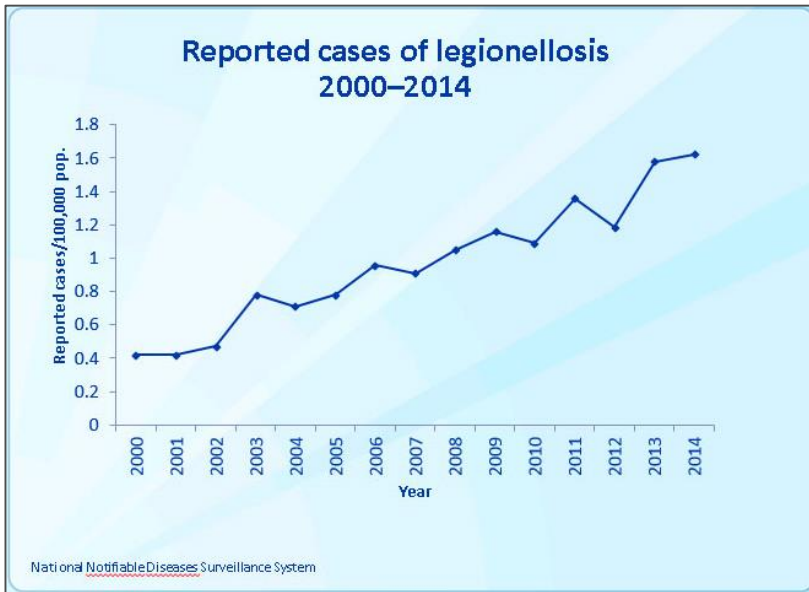
Extent of
Exposure

Virulence
of Strain

Susceptibility
of Patient

Why should you be concerned with *Legionella*?

- The # of cases of legionellosis have increased 286% over the past 14 years
- 8,000 to 18,000 people contract legionellosis in the U.S. each year (estimated)
- 5-15% of the known cases of legionellosis are fatal



<http://www.cdc.gov/legionella/surv-reporting.html>

“During 2000–2014, passive surveillance for legionellosis in the United States demonstrated a 286% increase in reported cases per 100,000 population”

Figure 7. Reported clustering of Legionnaires' disease, by month of onset, EU/EEA, 2014

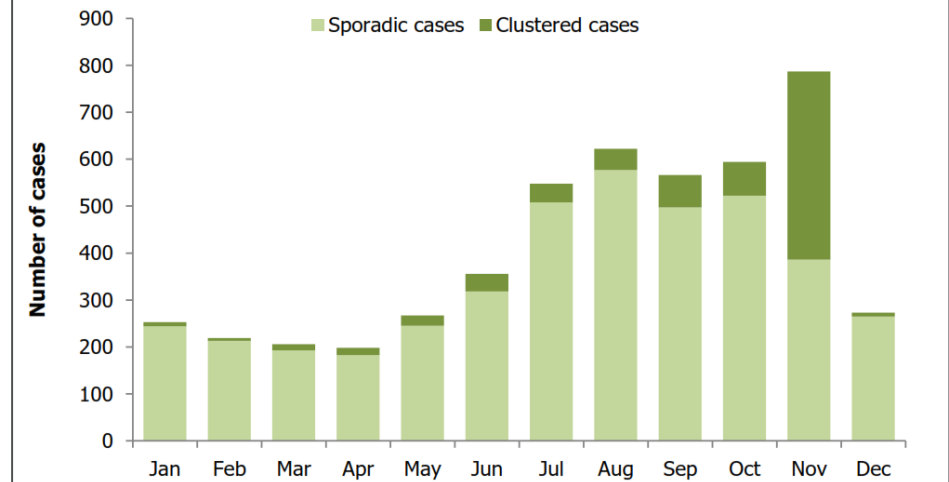
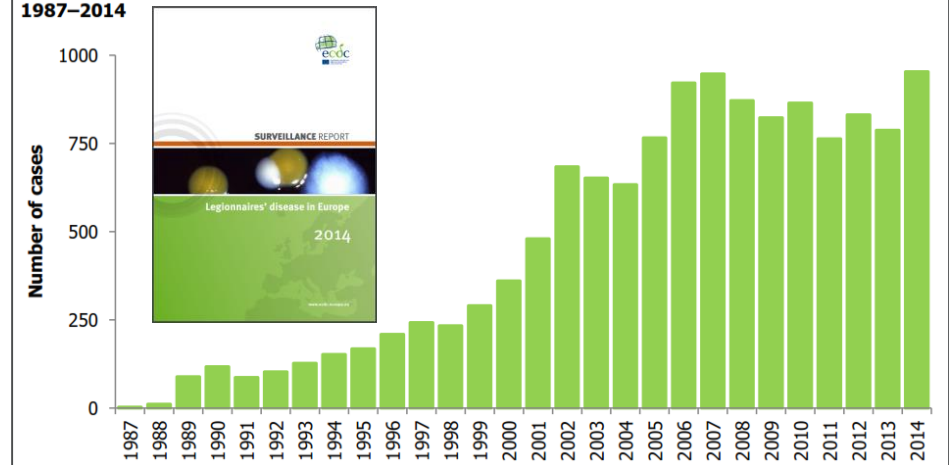


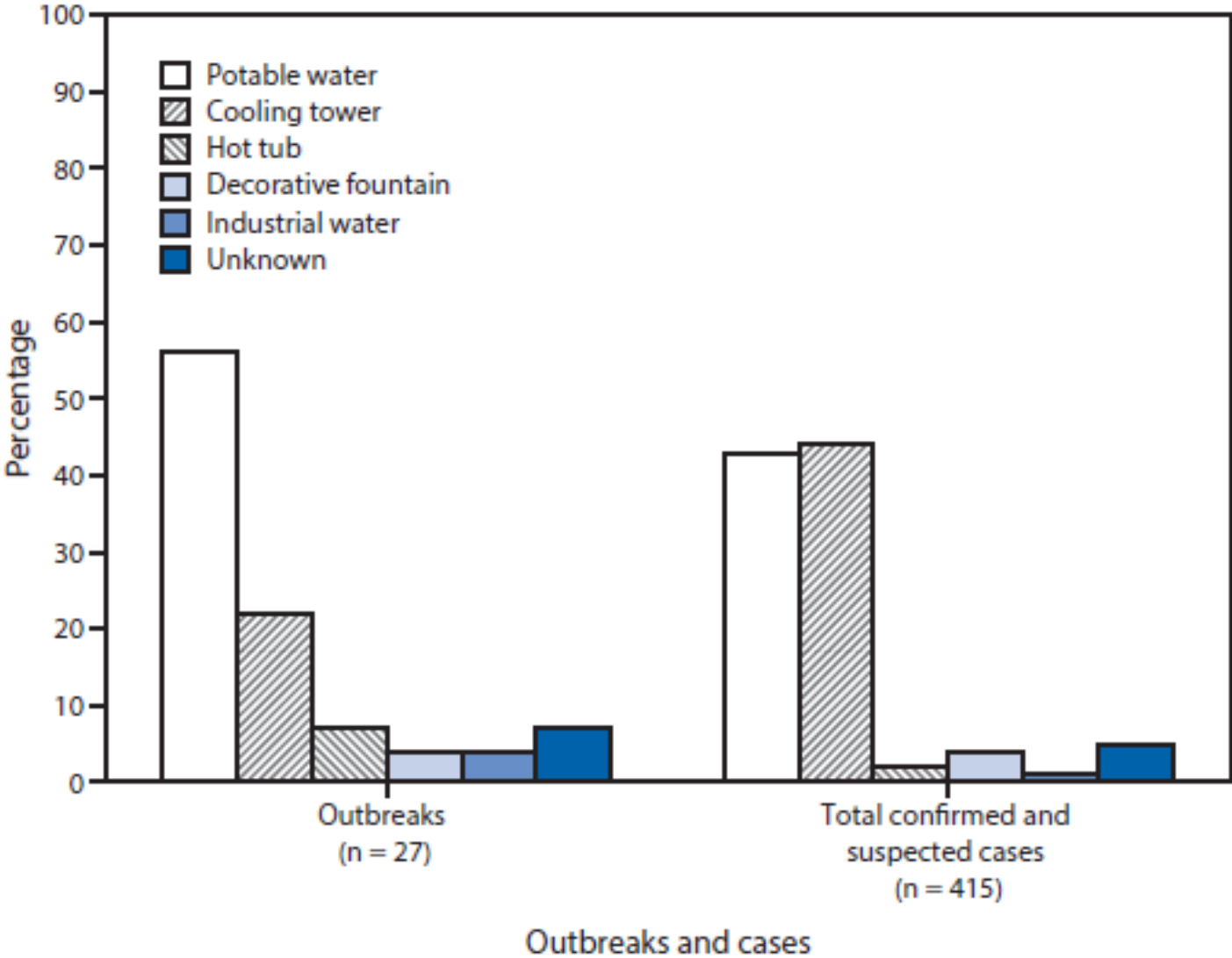
Figure 11. Number of travel-associated cases of Legionnaires' disease reported to ELDSNet, by year, 1987–2014



Significant *Legionella* Outbreaks 2000 – 2016, N. America

Year	Month	TYPE	CITY	STATE	CAUSE	CASES	DEATHS
2005	April	Hospital	New York	NY	Distrib. Syst.	4	2
2006	June	Hospital	San Antonio	TX	Distrib. Syst.	10	2
2006	February	Hotel	Daytona	FL	Distrib. Syst.	3	1
2007	September	Long-term Care	Roslyn Heights	NY	Unknown	5	3
2007	July	Hospital	Grand Rapids	MI	Distrib. Syst.	1	1
2008	September	Hospital	New Brunswick	NJ	Distrib. Syst.	8	3
2008	March	Hospital	Rochester	NY	Distrib. Syst.	3	1
2008	June	Community	Syracuse	NY	Distrib. Syst.	13	1
2009	October	Long-term Care	Baltimore	MD	Unknown	7	1
2009	November	Long-term Care	Vernon Hill	IL	Unknown	4	2
2009	July	Hospital	Utica	NY	Unknown	3	2
2009	December	Hotel	Miami	FL	Unknown	3	1
2010	May	Hospital	Des Moines	IA	Distrib. Syst.	2	1
2010	January	Long-term Care	Kingston	NY	Unknown	2	1
2011	September	Longterm Care	Turtle Creek	PA	Distrib. Syst.	8	1
2011	September	Longterm Care	Turtle Creek	PA	Distrib. Syst.	3	1
2011	October	Long-term Care	Plant City	FL	Unknown	3	1
2011	November	Long-term Care	Ellicott City	MD	Unknown	1	1
2011	March	Hospital	Dayton	OH	Unknown	10	1
2011	April	Hospital	Spokane	WA	Distrib. Syst.	3	1
2012	January	Hotel	Las Vegas	NV	Unknown	3	1
2012	August	Hotel	Quebec City	CA	Cooling tower	180	13
2012	November	Hospital	Pittsburgh	PA	Distrib. Syst.	16	5
2013	October	Hospital	South Whitehall Township	PA	Unknown	6	1
2013	July	Longterm Care	Reynoldsburg	OH	Distrib. Syst.	35	4
2014	June	HALD and Community	Genesee County	MI	Flint water system	91	12
2014	May	Hospital	Birmingham	AL	Distrib. Syst.	8	2
2014	May	Hospital	Pittsburgh	PA	Ice Machine	3	1
2014	February	Hospital	Indianapolis	IN	Unknown	2	2
2015	November	Community Acquired	Hannibal	MO	Not determined	3	1
2015	October	Healthcare	Syracuse	NY	Building water system	3	1
2015	August	Community	South Bronx	NY	Cooling Tower	127	12
2015	July	Rehab Center	Chicago	IL	Not determined	1	1
2016	August	Healthcare	Seattle	WA	Not confirmed	4	2

Outbreaks: potable vs. nonpotable water



<https://www.cdc.gov/mmwr/volumes/65/wr/mm6522e1.htm>

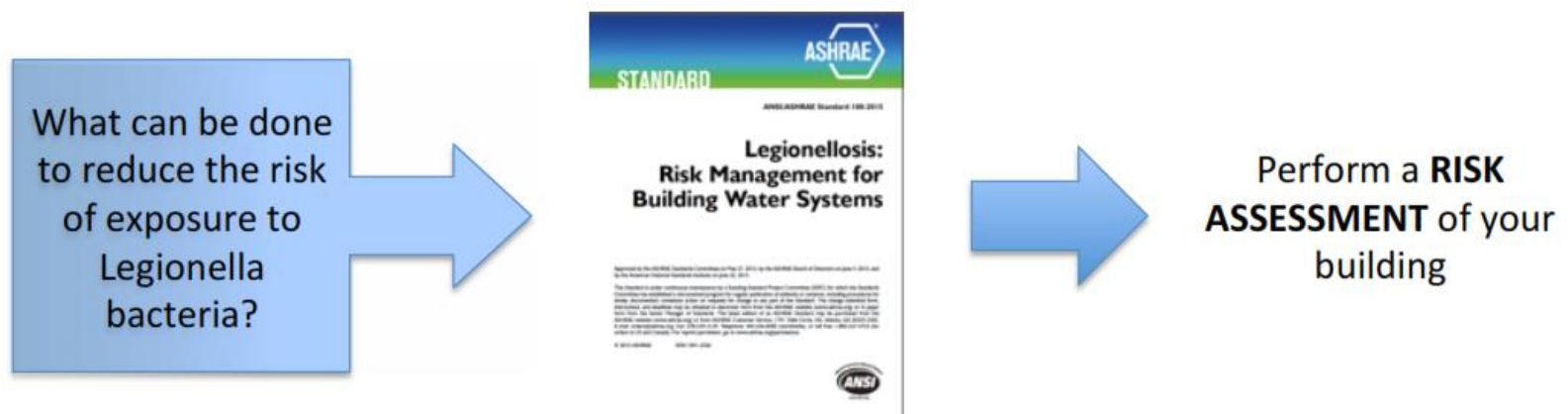
Legionella is ubiquitous, but it can be managed

Up to 70% of all building water systems are contaminated with *Legionella*

Both utility (i.e., cooling towers, air conditioning systems, etc.) and potable waters are potential sources of *Legionella* contamination

Building owners & managers are potentially liable and may incur considerable financial penalties

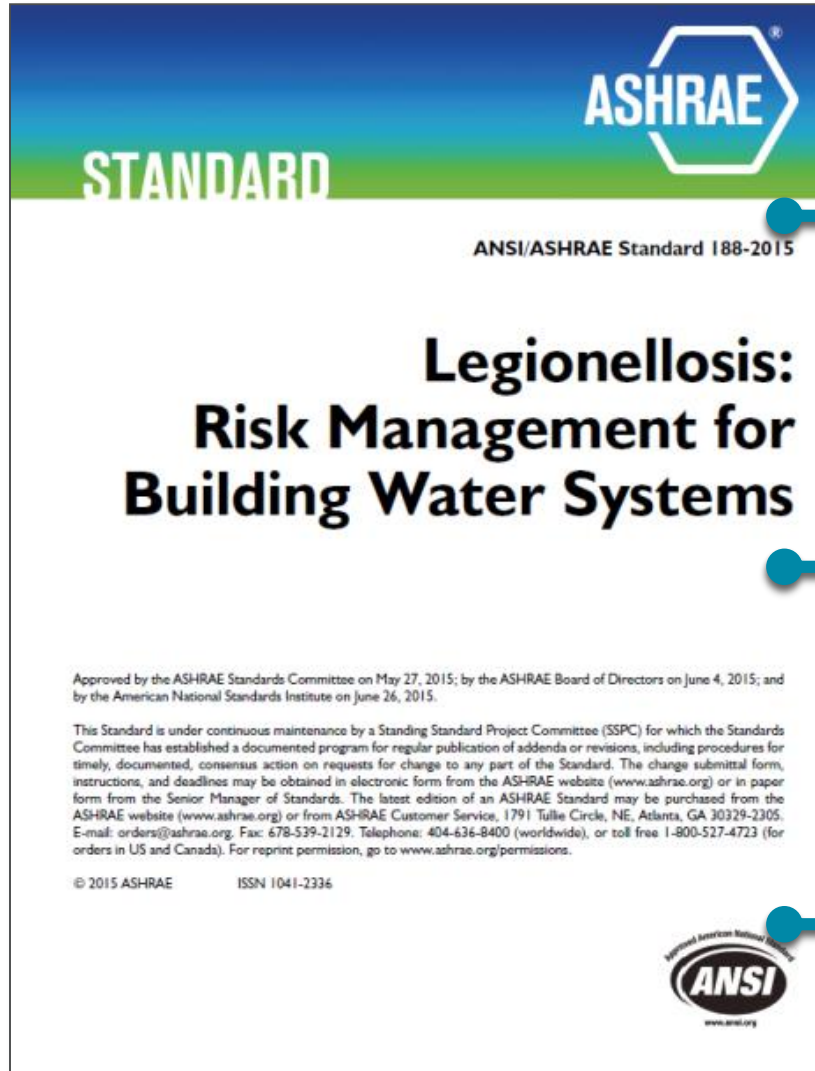
Legionellosis is a **growing public health issue that is preventable**



9 in 10

**CDC investigations
show almost all
outbreaks were
caused by problems
preventable with
more effective
water management.**

Regulatory: ASHRAE *Standard 188-2015*



Recommended
Water Safety Plan

First NA Standard for
Legionella

Annex C is Specific
to Testing

Tools: CDC *Legionella* Toolkit



Yes/No Worksheet to examine risky building areas

Walk through of *Legionella* mgmt. program

Example problem scenarios

Healthcare-specific guidance

The Industrial Hygiene Approach

“Proactive efforts to recognize and evaluate *Legionella* hazards and strives to prevent disease through

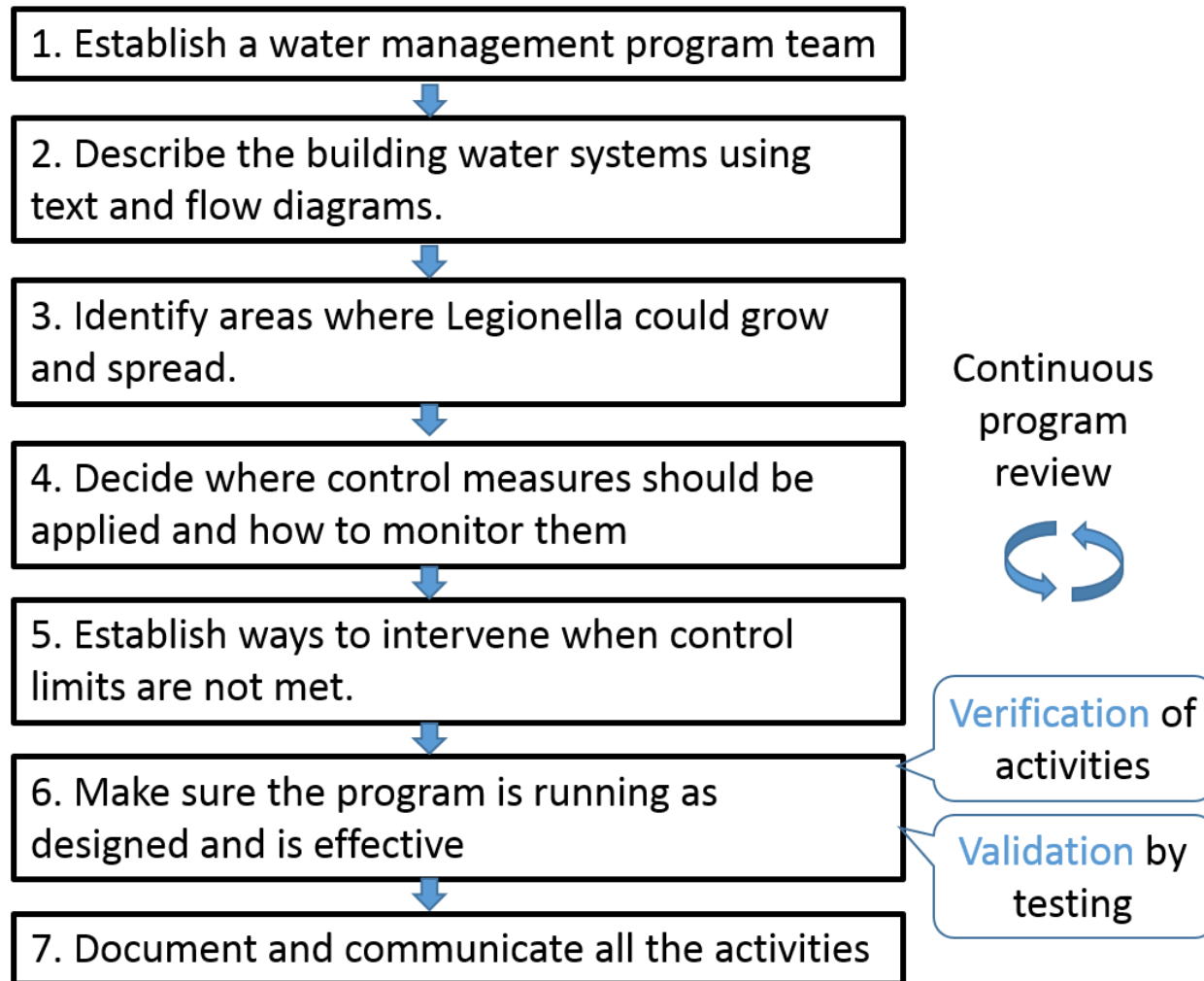
- source identification
- risk assessment
- control”

*Guidance on the recognition,
evaluation, and control of Legionella
colonization and amplification in common
building water systems*

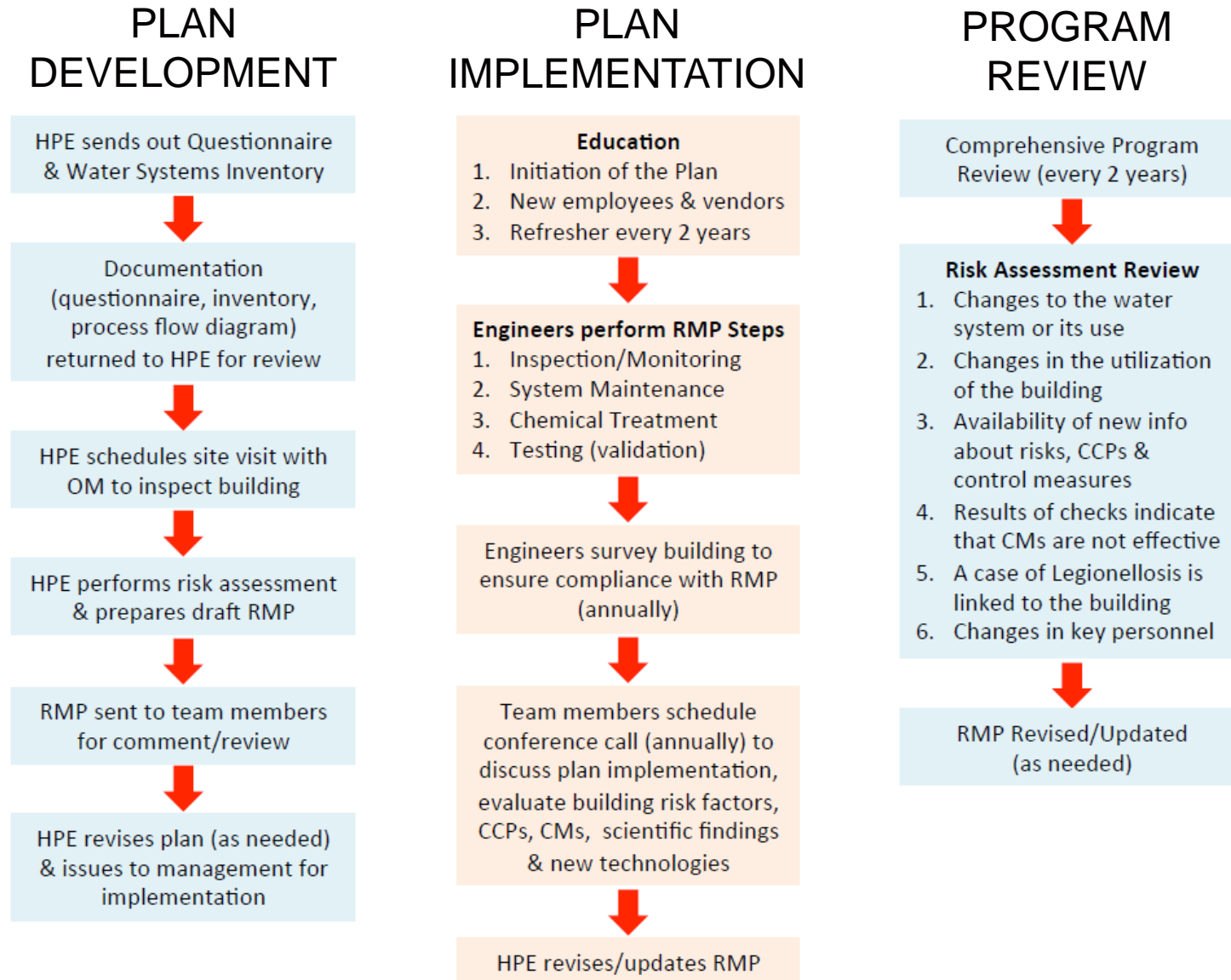
Recognition, Evaluation,
and Control of
Legionella
in Building Water Systems

Edited by William Kerbel, J. David Krause, Brian G. Shelton, and John P. Springston

Water Management/Risk Management Plans



Developing a *Legionella* Risk Management Plan



Plan Example:

Includes Scope of Services, Risk characterization, team members, building water system description, water source information

Legionella Risk Management Plan For Building Water Systems



ACME Property Group
1234 Crystal Drive
(ACME Park 3)
Arlington, Virginia 55555

December 24, 2015

Number of Buildings	1
Construction Date	1986
Building Type	Commercial
Total Number of Floors	15
Above grade	12
Below grade	3
Total square footage of the building	400,000 ft ²
Total # of Cooling Towers (location)	4 (penthouse)

Table of Contents

1. Scope & risk characterization
2. Members of the team
3. Description of the building's water systems
4. Hazard analysis summary
5. Process flow diagrams
6. Determination of critical control points (CCPs)
7. Inspection, maintenance & testing procedures

- Appendices: A. Water Systems Inventory
B. Plan Questionnaire
- References: ANSI/ASHRAE Standard 188-2015
VNO/CES Operations Manual, Legionella Risk Management (ENV-F)
VNO/CES Operations Manual, Preventive Maintenance (ENG-C.06)

Scope of Services

The scope of services performed by HP Environmental, Inc. (HPE) was to provide consulting services to assist in the development of a risk management plan for the control of *Legionella* in building water systems at 1234 Crystal Drive (ACME Park 3), in Arlington, Virginia. This plan does not address resident installed water systems (domestic/utility water) that are, by design, not the responsibility of ACME Property Group.

Risk Characterization

Building has one or more **SYSTEMS** that may relate to legionellosis:

- Open- & closed-circuit cooling towers or evaporative condensers that provide cooling and/or refrigeration for the HVAC&R system or other systems or devices in the building;

Building has one or more **FACTORS** that relate to legionellosis:

- It is more than 10 stories high (including any levels that are below grade)

Disclaimer Statement

HPE has used its best efforts in preparing this risk management plan and makes no warranty of any kind, expressed or implied, nor assumes any legal liability or responsibility for any 3rd party's use, with regard to the content, quality, performance, transmission or any other aspect of the information contained herein. The information provided herein is based on a general walkthrough performed by HPE and an evaluation of information provided by ACME Property Group on the Water Systems Inventory and the Plan Questionnaire. The Plan is designed to control the risk of *Legionella* and no other pathogens. HPE shall not be liable for any damages, including consequential damages, in connection with, or arising in any manner related to information offered herein. The mention of trade names or commercial products does not constitute endorsement or recommendation for use.



Prepared by:
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INCORPORATED

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MEMBERS OF THE TEAM

<i>Engineering Supervisor</i>	<i>Engineering Supervisor</i>	<i>Operations Manager</i>
TBD	TBD	TBD
<i>Assistant Director of Engineering</i>	<i>Quality Control Manager</i>	<i>Senior VP of Engineering Services</i>
TBD	TBD	TBD
<i>Microbiologist Consultant</i>	<i>Environmental Consultant</i>	<i>Building Consultant</i>
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DESCRIPTION OF THE BUILDING'S WATER SYSTEMS

System	Water System	# of Systems	Location/POE
Fire Protection Systems (FPS)	Utility	3 (1 wet, 2 dry)	G1 Level & Loading Dock
Cooling Towers (CT)	Utility	4	Penthouse
Boilers	Utility	2	Penthouse
Chillers	Utility	3	G1 Level
Swimming Pools	Utility	None	-
Potable Water Main Taps (PWMTs)	Potable	1	West side of building
Points of Entry (POE)	Potable	1	West side of building
Domestic Hot Water Systems (DHWs)	Potable	2	Penthouse
Bottled Water Dispensers	Potable	None	-
Supplemental Filters	Potable	Various	Ice & coffee machines, hot & cold water dispensers

Points of use (POU) domestic water systems identified at the building include:

• Coffee machines	• Faucets in employee areas	• Drinking fountains
• Refrigerator icemaker	• Faucets in public restrooms	• Hot & cold water dispensers
• Dishwashers	• Faucets in other areas	• Water coolers
• Faucets in janitor's closets	• Ice machines	• Toilets

Where does the Building's water come from and how is it treated?

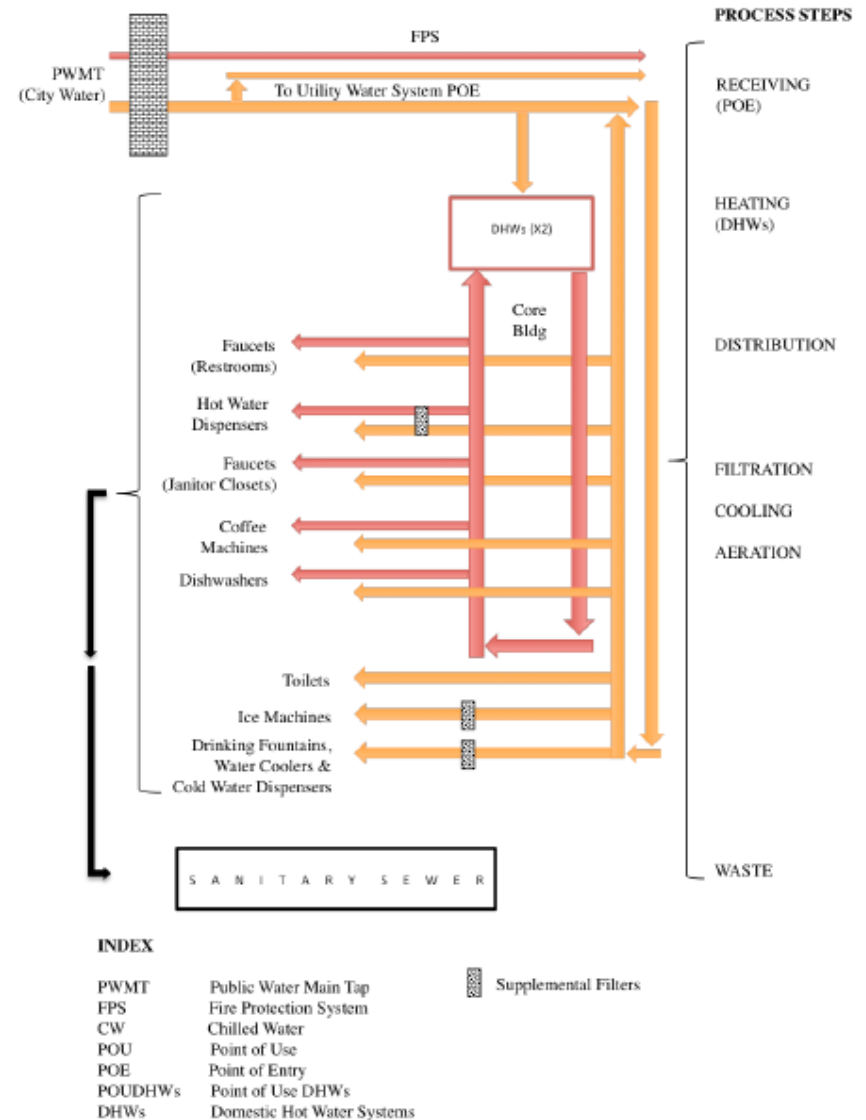
Source	Potomac River
Treatment Plant	Dalecarlia Water Treatment Plant
Disinfection Process	Chloramine / Chlorine
Additional Information	http://water.arlingtonva.us/water/



Process Flow Diagram

- Promotes a complete assessment of risk
- Illustrates the most appropriate sampling points

Figure 2. Process Flow Diagram for Potable Water Systems at ACME Park 3



Hazard Analysis

Potential for harboring and/or transmitting *Legionella* bacteria if not properly maintained.

Table 1. Hazard Analysis for Water Systems identified at ACME Park 3

System/ Device	Significant <i>Legionella</i> Risk (Y/N)	CCP (Y/N)	Reasoning
CT	Y	Y	Potential for <i>Legionella</i> growth and exposure.
DHW (central)	Y	Y	<i>Legionella</i> growth in DHWs will affect exposure at POU.
POU	Y	Y	Contamination of piping & plumbing systems (e.g., dead legs, aerators faucets, showers, standard mixing valves, thermostatic mixing valves, electronic faucets, etc.) will affect exposure to <i>Legionella</i> at the POU. Control measures are not necessary at some POU devices (e.g., toilets; dishwashers) because exposure to <i>Legionella</i> is low.
POUFLTR	Y	Y	<i>Legionella</i> can grow on filters and can be released into water, potentially contaminating other parts of the domestic water system and affecting exposure at POU.

Critical Control Point Identification

Risk Severity

Potential Controls

Control Point

CCP	Severity/Basis for Risk Characterization	What controls could be applied to eliminate, reduce or prevent the Legionella hazard from causing harm?
CT	<u>Moderate to high risk</u> ; poorly maintained CTs can and are known to harbor <i>Legionella</i> & provide transmission to cause disease	<ul style="list-style-type: none"> • Develop a water treatment program • Maintain & monitor chemical applications to reduce biofilm • Perform regular maintenance (clean system, maintain & clean UV and/or supplemental filtration) • Perform semi-annual <i>Legionella</i> testing (May - Oct)
DHW	<u>Medium risk</u> ; Poorly maintained DHWs can harbor <i>Legionella</i>	<ul style="list-style-type: none"> • Flush system regularly to remove the build up of sediment & remove any accumulated biofilm • Chlorinate system if level is below 0.5 ppm for > 1 month
POU	<u>Medium risk</u> ; Contamination of plumbing systems will affect exposure to <i>Legionella</i> at the POU.	<ul style="list-style-type: none"> • Check aerators for sediment and/or biofilm twice/year • Replace/clean aerators as needed or at time of turnover • Use laminar flow aerators • Maintain POU hot water temperature at 110 - 120°F • Check & verify mixing valve operation • Ozone application • Copper/silver drip ionization system
POUFLTR	<u>Medium risk</u> ; Poorly maintained filters can harbor <i>Legionella</i> & can contaminate other parts of the DWS & exposure at POU.	<ul style="list-style-type: none"> • Check filters for sediment and/or biofilm • Replace filters or clean, as needed

Control Measure Examples

Inspection, maintenance & corrective action

Process/ Device	Keyword	Control Measure	Frequency (Inspection, Maintenance or Testing)	Notes
Backflow Preventers	N/A	Inspect working condition; install where needed & repair, as needed	Annually	11
Check Valves	N/A	Inspect condition regularly; remove debris & drain as needed; thoroughly clean & disinfect all surfaces	Annually	97
Dead legs, abandoned piping	N/A	Remove piping & fixtures no longer used or flush often to minimize stagnation; Cut or valve off where pipe joins main, or at the last accessible point of flow	Quarterly (includes inspection & maintenance of vacant space plumbing lines)	22 38 54 55
Drinking Fountains	Aerators	Flush system & disinfect aerator	Biannually	78
Eyewash Stations	Aerators	Flush piped eyewash stations per ANSI or OSHA requirements; repeat if requirements not met	Biannually	12
Faucets	Aerators	Run hot & cold water faucets; replace or clean aerators as needed or at time of tenant turnover	Biannually	31
Filters	Ice & coffee machines, hot & cold water dispensers	Inspect condition regularly; check filters for sediment and/or biofilm & replace/clean, as needed	Biannually (increase frequency of maintenance if filter is heavily loaded w/ sediment/biofilm)	14 26
Ice Machines	N/A	Inspect condition of supply line filters & replace, as per manufacturers recs; clean & disinfect the machine regularly	Biannually	15 83 90
Hose Reels/Bibs	Supply lines, aerators	Flush infrequently used hose bibs	Biannually	31
	Head	Flush showerhead	Biannually	12
Showers	Hose	Drain shower hoses or hang to drain without touching the floor when not in use	Flush hoses biannually	51

Establish frequency

Remove Dead Legs

Flush and Clean

Inspect, Clean, Disinfect

Environmental Testing

“Environmental monitoring that includes sampling for viable Legionella is essential to validate the effectiveness of control measures in eliminating or minimizing Legionella growth.”

The AIHA *Legionella* Work Group of the
AIHA Indoor Environmental Quality Committee
Letter to the CDC, May, 2016

Testing for *Legionella*

“By implementing administrative, engineering and protective measures, based upon empirical measurement of the organism responsible for the disease in question, **health risks to worker and building occupants can be reduced.**

Proactive sampling and analysis for *Legionella* should be included as an integral part of any building water program.”

- American Industrial Hygiene Association
Comments on BSR/ASHRAE Standard 188P
Legionellosis: Risk Management for Building
Water Systems. (Nov, 2014)

Global Action limits – Guidance & Legislation

Potable Water

Country	Entity	Type of rule	Potable water limit
United States	CDC	Guidance	Depends on Risk Mgmt Plan
	ASHRAE	Guidance	Depends on Risk Mgmt Plan
	AIHA	Guidance	≥ 10 cfu/mL
	OSHA	Guidance	≥ 10 cfu/mL
	VHA Directive 1061	Guidance	Any positive
	New York State Dept. of Health	Legislation	≥ 30% “positive” outlets (healthcare facilities only)
France	Ministry of Health	Legislation	≥ 1 cfu/mL
Germany	Trinkwasserverordnung TrinkwV 2001	Legislation	≥ 1 cfu/mL

Global Action Limits – Guidance & Legislation

Nonpotable water

Country	Entity	Type of rule	Nonpotable water limit
United States	CDC	Guidance	Depends on Risk Mgmt Plan
	ASHRAE	Guidance	Depends on Risk Mgmt Plan
	AIHA	Guidance	≥ 100 cfu/mL
	OSHA	Guidance	≥ 100 cfu/mL
	New York State Dept. of Health	Legislation	≥ 10 cfu/mL
France	Ministry of Health	Legislation	≥ 1 cfu/mL
Germany	Trinkwasserverordnung TrinkwV 2001	Legislation	≥ 1 cfu/mL
Canada	Quebec	Legislation	≥ 10 cfu/mL

Actions from positive results: AIHA Guidelines

Table 3.2 — Recommended Actions

Action Level	Recommended Actions
1	Continue monitoring as per the site specific plan based upon risk assessment results. Continue maintaining the system and source and consider reassessment if conditions change to favor <i>Legionella</i> colonization or amplification.
2	<p>If no cases of Legionellosis (LD or PF) are suspected, reassess maintenance and treatment practices, implement remedial cleaning or disinfection protocols, and schedule for retesting. Based upon professional judgment and the history of the water source, consider increasing the frequency and/or intensity of sampling efforts in order to identify any contributing amplification source(s) or implement prophylactic cleaning or biocide treatment protocol. Re-examine secondary parameters (pH, residual disinfectant levels, temperature, etc.) to identify potential cause of elevated <i>Legionella</i> levels, and make any necessary adjustments.</p> <p>If one or more cases of Legionellosis (LD or PF) are suspected, notify appropriate management and public health authorities of test results and coordinate further efforts. Take immediate steps to prevent further exposure to occupants, workers and the public. Interim measures to restrict water use, filter the organism from the water, or prevent aerosolization can effectively prevent exposure until terminal measures are implemented. Coordinate and implement cleaning, and/or disinfection protocols with any proposed testing by public health officials. Continue water use restrictions and/or interim measures until post-treatment sample results are received from the laboratory and reviewed by a competent professional.</p> <p>If an amplification site is identified in the course of further investigation and implement measures to remediate the source and prevent its recurrence.</p> <p>Perform post-remediation testing to verify and document the effectiveness of remediation protocols (see 4.3 Section d) and implement follow up monitoring using a strategy based upon Routine Assessments as described in 3.1.1 and 3.1.3.</p>
3	<p>If no cases of legionellosis (LD or PF) are suspected, take immediate steps to prevent further exposure to occupants, workers and the public. Interim measures to restrict water use, filter the organism from the water, or prevent aerosolization can effectively prevent exposure until terminal measures are implemented. Implement cleaning, and/or disinfection protocols. Continue water use restrictions and/or interim measures until post-treatment sample results are received from the laboratory and reviewed by a competent professional. Reassess maintenance and treatment practices, implement remedial cleaning or disinfection protocols, and schedule for retesting. Re-examine secondary parameters (pH, residual disinfectant levels, temperature, etc.) to identify potential cause of elevated <i>Legionella</i> levels, and make any necessary adjustments.</p> <p>If one or more cases of Legionellosis (LD or PF) are suspected, notify appropriate management and public health authorities of test results and coordinate further efforts. Coordinate any cleaning and/or disinfection protocols with any proposed testing by public health officials.</p> <p>If an amplification site is identified in the course of further investigation, implement measures to remediate the source and prevent its recurrence.</p> <p>Perform post-remediation testing to verify and document the effectiveness of remediation protocols (see 4.3 Section d) and implement follow up monitoring using a strategy based upon Routine Assessments as described in 3.1.1 and 3.1.3.</p>
1A	Verify water treatment operation and, if deemed necessary, increase biocide treatment levels. Review cleaning and scale control program to determine if it should be enhanced. Re-test until the <i>Legionella</i> levels are consistently below 10 CFU/mL.
2A	<p>Disinfect and clean, as per recommendations described in the Cooling Technology Institute Legionellosis Guideline: Best Practices for Control of <i>Legionella</i> WTB-14B (08) within 30 days. Review cleaning and scale control program to determine if it should be enhanced. Re-test until the <i>Legionella</i> levels are consistently below 10 CFU/mL. If an amplification site is identified in the course of further investigation, implement measures to remediate the source and prevent its recurrence.</p> <p>Perform post-remediation testing to verify and document the effectiveness of remediation protocols (see 4.3) and implement follow up monitoring using a strategy based upon Routine Evaluations as described in 3.1.1 and 3.1.3.</p>

Range of Actions:

- Increase of biocides
- Cleaning and/or disinfection
- Water restrictions
- Notification of officials if suspected case of Legionellosis
- Remediation
- Post-Remediation testing

Regulations, Guidance, and Liability

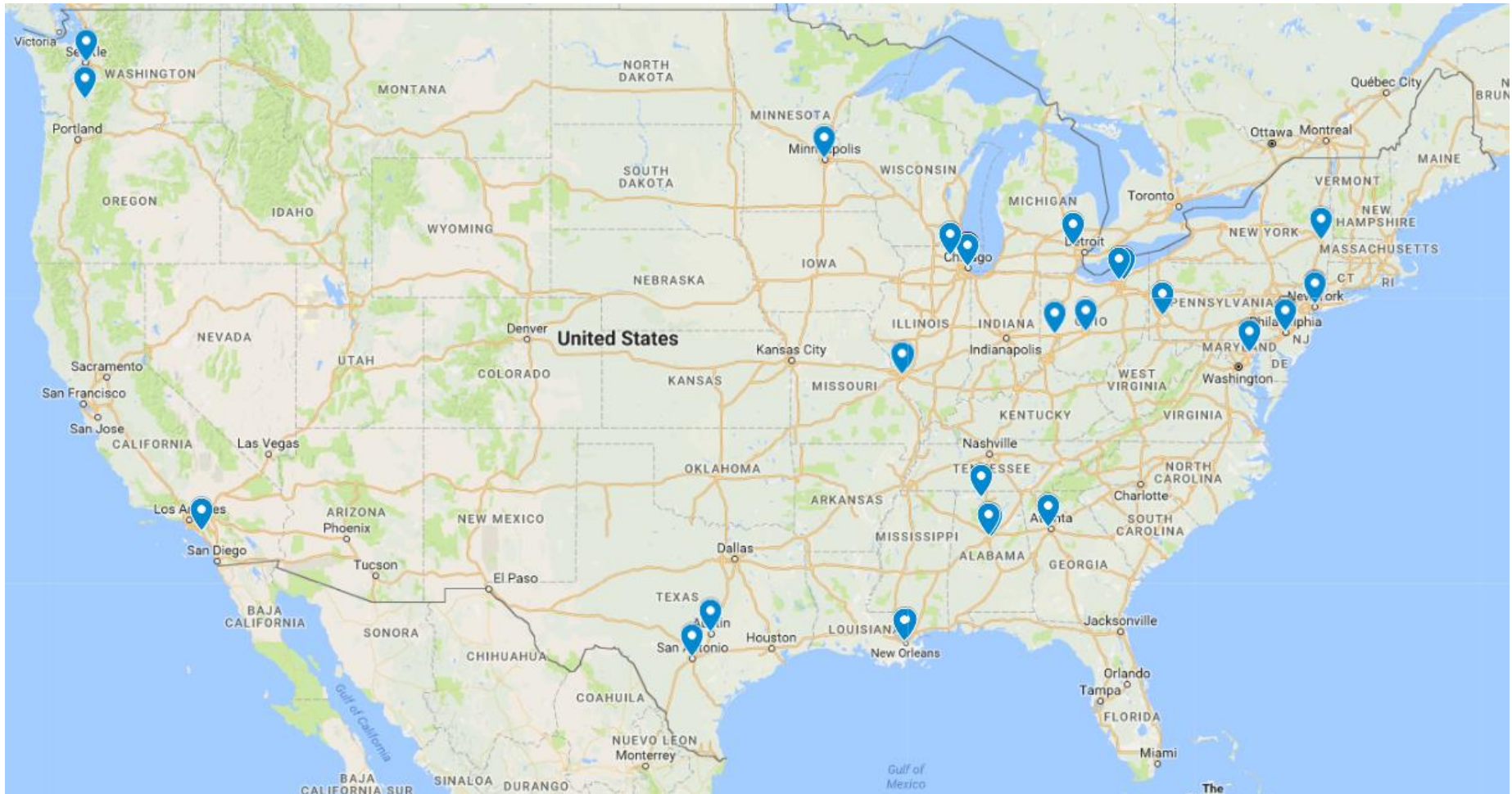
- Regulations = Less common, but on the rise
- Guidance = More common (ASHRAE, OSHA, etc.)
 - Conforming to guidance reduces risk and illness; when illness occurs there may be direct responsibility/liability
- Who is to blame? Who is liable?
 - **Owner or operator** of a public building (hospital, hotel, etc.)
 - **Building engineers and maintenance personnel** depending on the specific circumstances



The impact of liability

Legionnaires' Disease lawyers in the United States

Not a comprehensive list!



Litigation and costs

- ✓ People sue for getting Legionnaires' Disease
- ✓ Settlements, awards, and legal fees can be significant



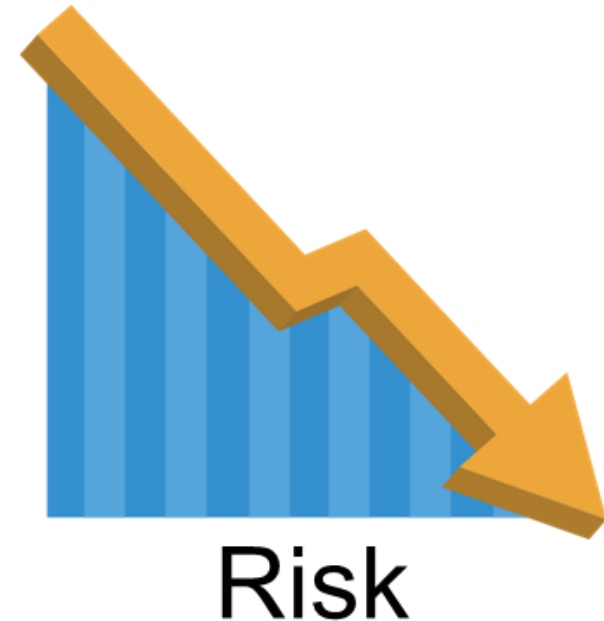
Year	Source	Amount
2007	Hot tub/cruise ship	\$15.1 million
2010	Hot tubs/pools	\$490K
2010	Drinking water	\$1.2 million
2010	Hotel hot tub	\$4.5 million
2010	Hot tub	\$2.4 million
2014	Decorative fountain	\$2.3 million
2013	Not determined	\$3 million sought
2014	Hospital	\$228K

How do you reduce the health and legal risks?

There will be ramifications if there is an incident, so protect individuals and yourself:

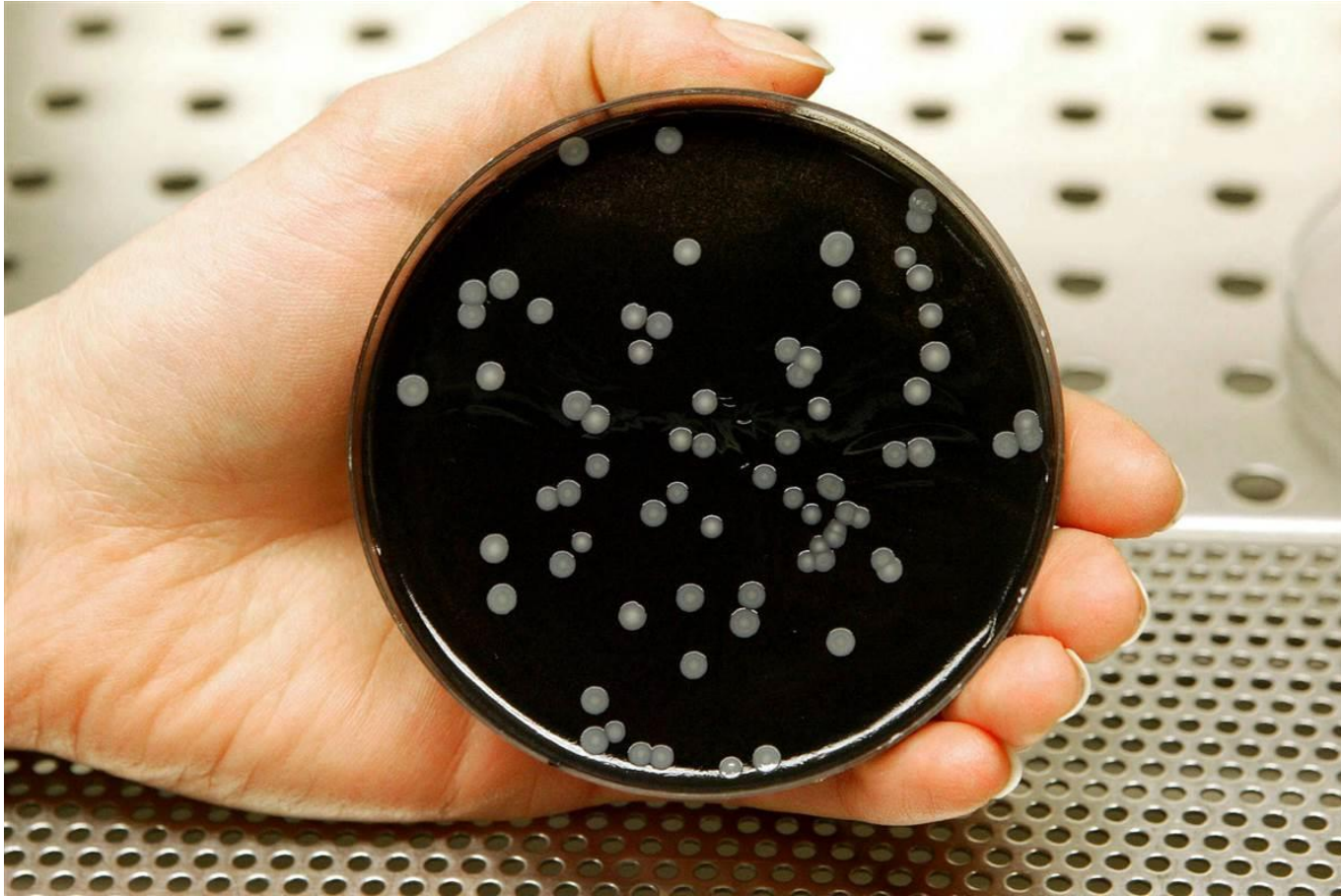
How?

- Test regularly to confirm risk management practices are working properly
- Perform corrective actions if needed and retest to confirm actions have reduced the risk
- Keep records of your test results and corrective measures!



Testing for *Legionella*: What do most labs do?

The Gold Standard = Culture



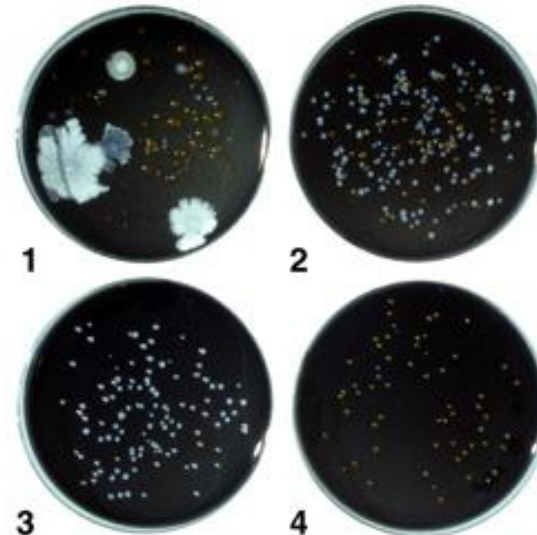
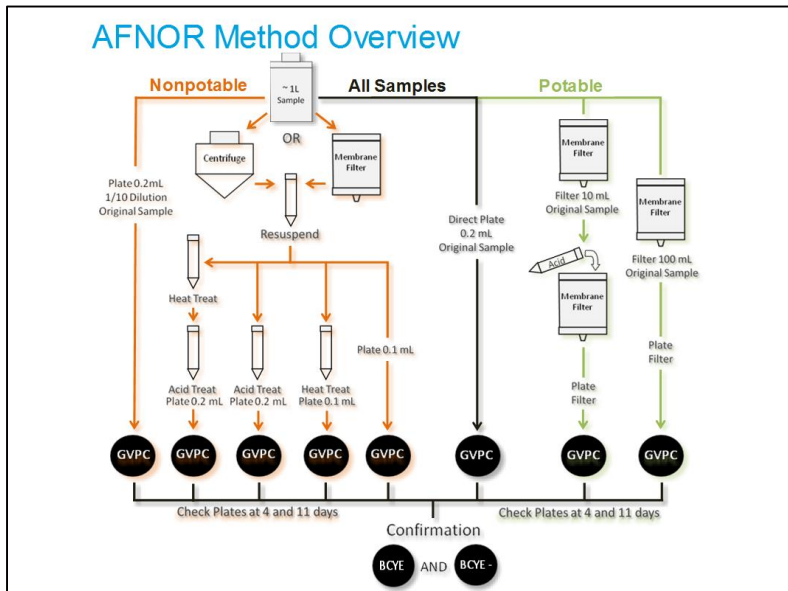
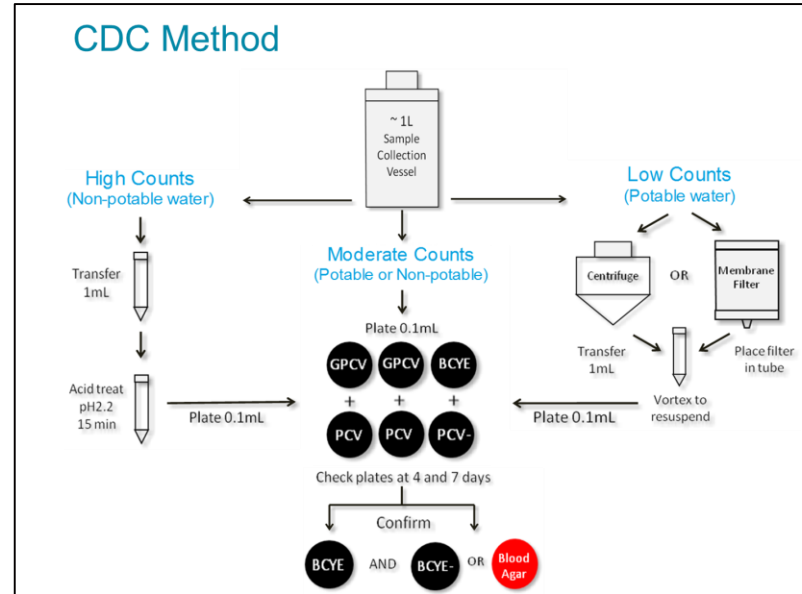
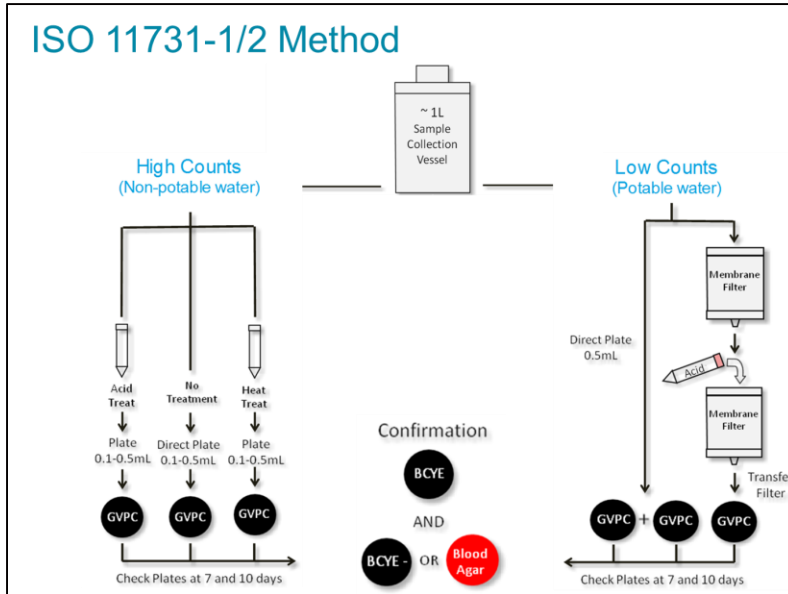
But which culture method? There are many!

Labs choose from many possible protocol options

1. Concentration
 - Membrane filtration
 - Centrifugation
2. Pretreatments (to reduce the background)
 - Acid
 - Heat
3. Media formulas
 - GVPC, PVC, MWY, DGVP, CCVC, etc.
4. Follow up/ confirmation methods
 - Plate media
 - Serotype - latex agglutination
 - Direct fluorescence antibody microscopy
 - Sequencing



Different methods = different results



What about other “rapid” tests?

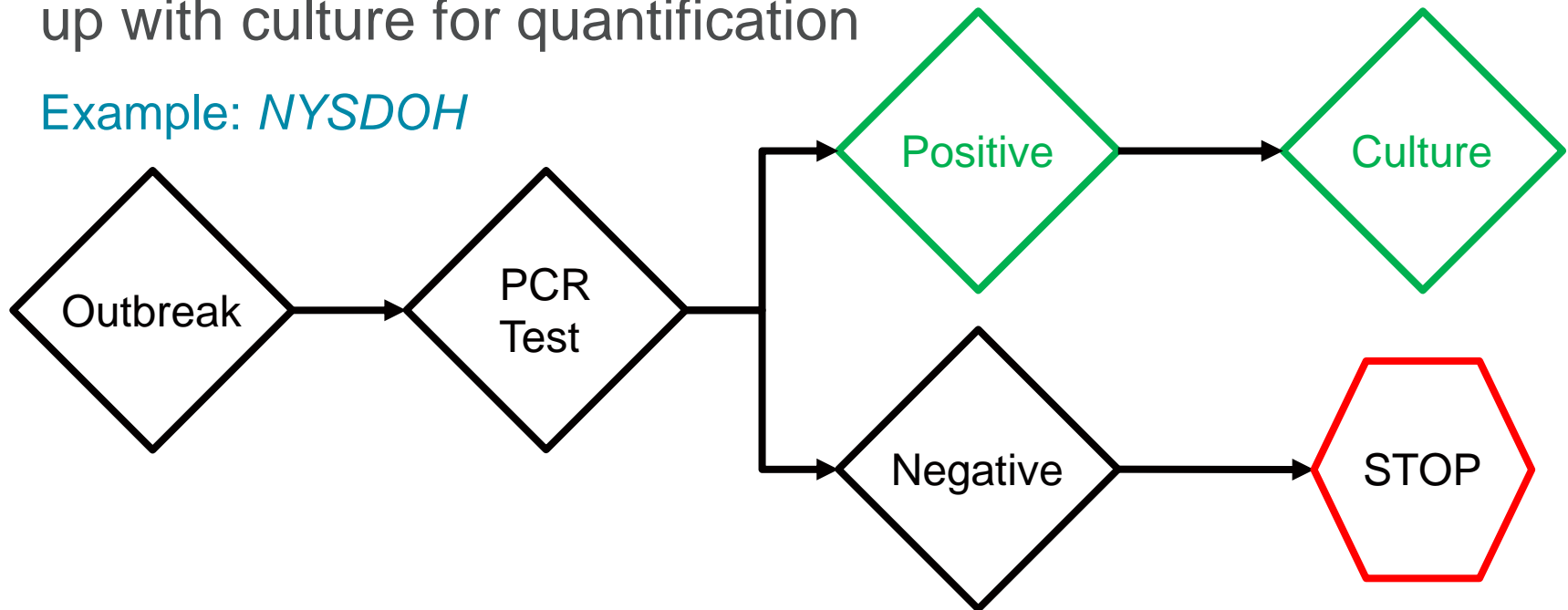
Method	Fast?	Quantitative	Problems
Culture	No	Yes	<ul style="list-style-type: none"> • Labor intensive • Subjective • High variability from method variations and expertise
PCR	Yes	Sort of: Reports out in Genomic units which are not equivalent to CFU or MPN	<ul style="list-style-type: none"> • Cross reaction from matrix issues • Live vs. dead can't be resolved
DFA	Yes	Not reproducibly	<ul style="list-style-type: none"> • Live vs. dead can't be resolved • High degree of variability • Requires concentration
Lateral flow antibody test	Yes	No	<ul style="list-style-type: none"> • Limited range of serotypes (Lp1 only) • Not very sensitive • High false negative range
Antibody capture	Yes	Yes, but accuracy varies	<ul style="list-style-type: none"> • Highly labor intensive • Expensive • High variability from method difficulty

Do you need a same day test result?

No, not for routine monitoring – the key to a risk management plan is trending / outliers

Same day tests are good for outbreaks, but are also followed up with culture for quantification

Example: *NYSDOH*



Legiolert™, the next generation culture test

Ideal for routine monitoring and compliance

- Detects all serogroups of *Legionella pneumophila*
- Highly specific, little background interference
- Simple to use, color reaction similar to Colilert®
- Reproducible and repeatable
- Can be used for potable and nonpotable matrices
 - Matrix-specific protocols
- Uses most probable number (MPN) to quantify, which is the same quantification as CFU
- Counts of up to 2,272 per test, much higher than petri plates
- Incubates for 7 days to yield a confirmed result

Legiolert platform

- Unique 100 mL “Quanti-Tray” device
 - 6 large wells (overflow)
 - 90 small wells (resolution)
 - Counts *L. pneumophila*; from 1-2272 MPN/ Quanti-Tray
- Blister pack reagent



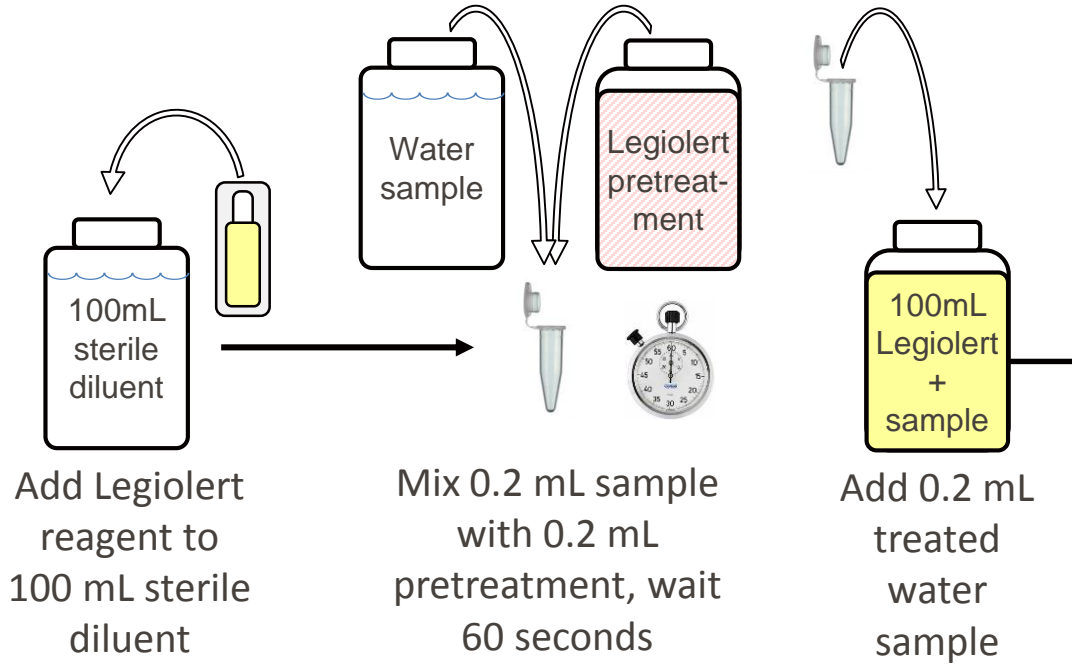
Reaction with
L. pneumophila



Negative
Sample

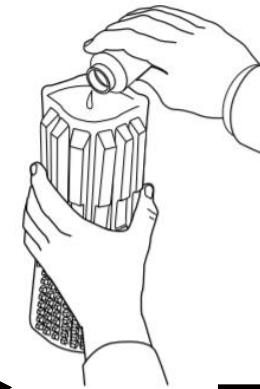
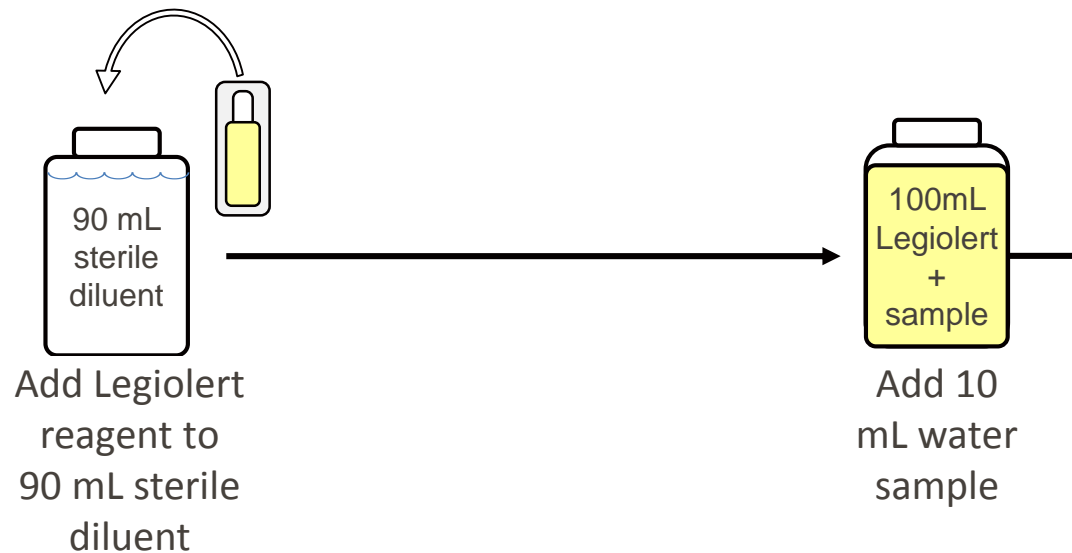
Legiolert protocols: potable and nonpotable water

Nonpotable



Application	Incubation
Nonpotable	37°C
Potable	39°C

Potable



Pour into Quanti-Tray, seal, and incubate

Count @ 7 days
= **Confirmed result**

Legiolert performance – ISO 13843 Method Validation

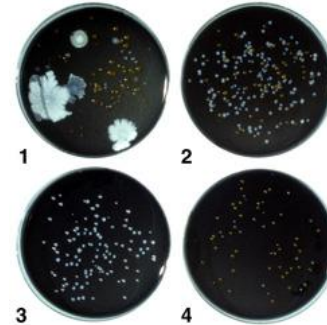
Validation of Legiolert

ISO/TR 13843:2000(E) Water Quality – Guidance on validation of microbiological methods

Metric	Value
Sensitivity	98%
Specificity	> 99%
False positive rate	< 0.01%
False negative rate	4.20%
Efficiency	> 99%
Repeatability	< 0.01
Reproducibility	< 0.01

Legiolert Field Trials

- Potable and nonpotable water
- Independent laboratories
- Regions
 - Germany
 - North America (U.S. and Quebec)
- All methods confirmed by secondary culture and serotyping when necessary
- Split samples analyses
 - Samples were obtained from sites/customers during routine business/laboratory operations in order to mimic performance in a real world scenario
- Data segregated for *L. pneumophila* by isolate speciation

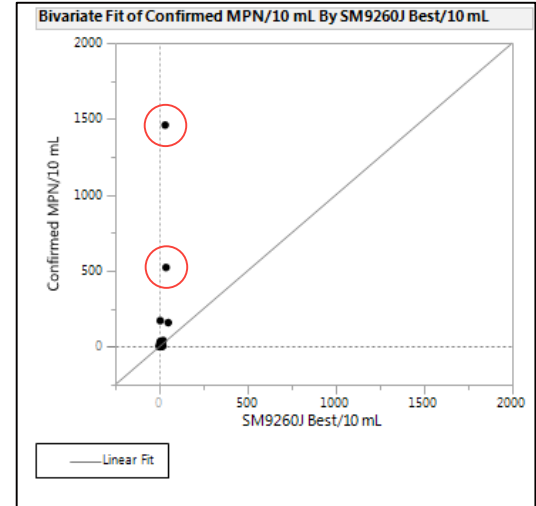


North American Beta Trial Evaluation – Potable Water

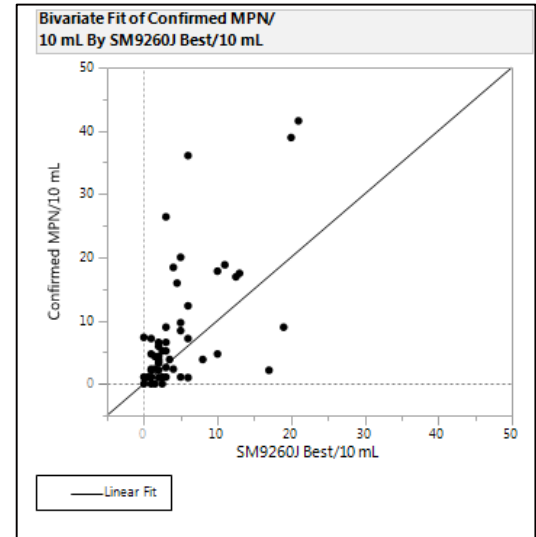
Legiolert vs. Standard Methods SM9260J: Detection of Pathogenic Bacteria: *Legionella*

Statistical method	Statistic	vs. SM9260J: Best
T-Test	N	74
	Prob > t	0.120
	Prob > t	0.060
	Prob < t	0.94
Wilcoxon Signed Rank Test*	Prob > S	<.0001
	Prob > S	<.0001
	Prob < S	1
p < 0.05 indicates a significant difference		
% False positive = 0%		
*Statistical method for non-parametric data		

Legiolert is **equal to or more** sensitive than standard methods for potable water



All Data



Zoom



North American Beta Trial Evaluation – Nonpotable Water



Lab A CDC
GVPC



Lab B SM9260J
CCVC

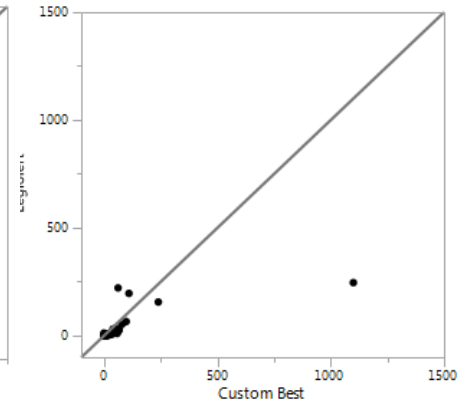
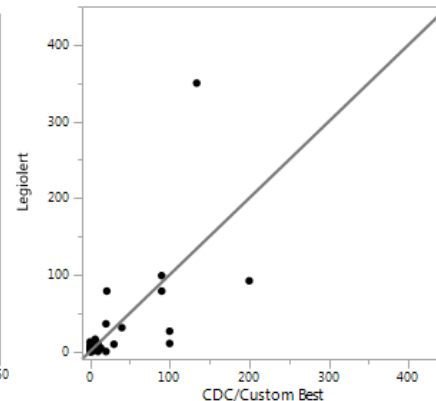
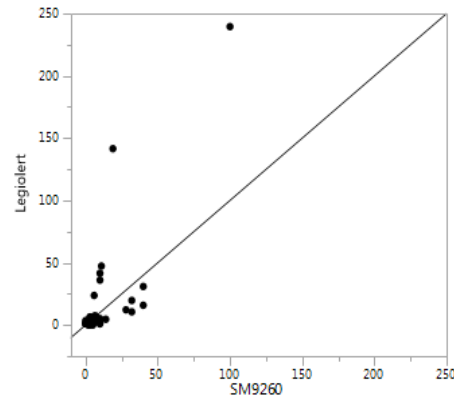
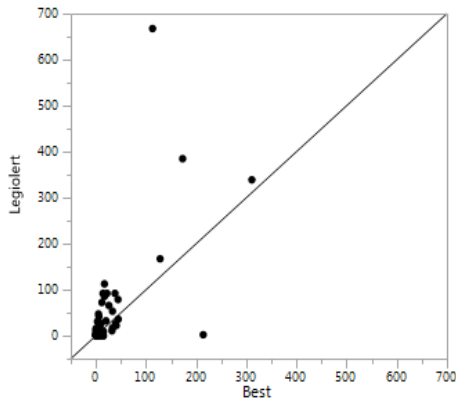


Lab C Custom
PCV

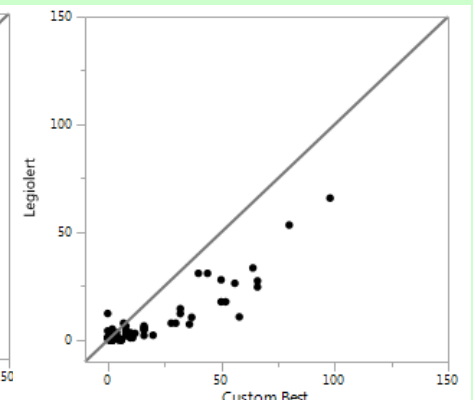
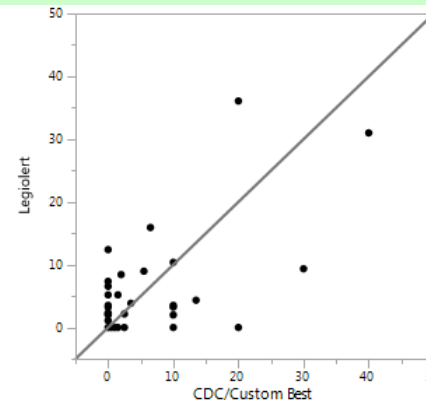
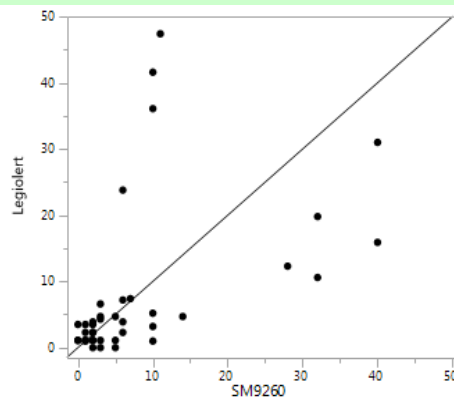
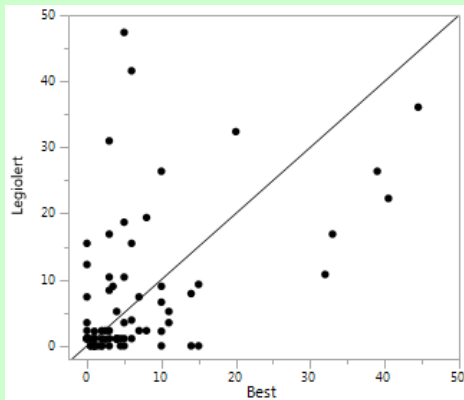


Lab D Custom
DGVP

All Data



Zoom



North American Beta Trial Evaluation – Nonpotable Water

Sensitivity statistics for all trial sites

Statistical method	Statistic	vs. CDC: Best	vs. SM9260J: Best	vs. CDC/AFNOR: Best	vs. Laboratory custom method Best
T-test	N	92	49	74	76
	Prob > t	0.076	0.201	0.326	0.130
	Prob > t	0.038	0.100	0.163	0.935
	Prob < t	0.962	0.899	0.837	0.065
Wilcoxon Signed Rank Test*	Prob > S	0.258	0.728	0.924	<.0001
	Prob > S	0.129	0.636	0.462	1.0000
	Prob < S	0.871	0.363	0.363	<.0001
p < 0.05 indicates a significant difference					
*Statistical method for non-parametric data					

Specificity: True/false positivity

Legiolert wells sampled	671
Legiolert wells confirmed as <i>L. pneumophila</i>	652
Cumulative false positivity rate	3.6%

My test results show there is *L. pneumophila* in the water. Is this really bad??



Not necessarily...

There are other factors besides presence/absence!

1. How much is there?
2. Is this a change from a previous test cycle?
 - Results from test to test must be accurate to know this!
3. Are many locations within the building positive?
 - For example, New York State Dept. of Health rules stipulate that action should be taken if $\geq 30\%$ of outlets are positive above the minimum threshold

Legionnaires' Disease - final thoughts

Legionnaires' disease is preventable with a risk management plan
Regulations and guidance/liability make it your responsibility to carry out that risk management plan **and make sure it's working**
There are tools to help you!

Legiolert

- Accurate and consistent for Risk Management Plan assessment
- Detects *L. pneumophila*, the primary clinical and environmental disease agent
- Easy test means
 - More labs will offer this
 - Industrial hygienists and premise owners can react with the best information to protect the public as soon as *Legionella pneumophila* is found



Thank you

RAY PETRISEK

DIRECTOR OF ENVIRONMENTAL MICROBIOLOGY

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