



Alert to General Practitioners Legionellosis associated with travel to Bali

KEY POINTS

- There have been two West Australians and one Victorian diagnosed recently with severe pneumonia due to infection with *Legionella pneumophila* (serogroup 1). All three cases were most likely infected in the central Kuta area of Bali, Indonesia.
- The early symptoms of Legionnaires' disease are typically like a severe 'flu' infection, and may include fever, myalgia, headache, malaise, anorexia, dry cough and shortness of breath. Diarrhoea and confusion may also occur.
- Given the large number of West Australians holidaying in Bali, please consider the diagnosis of legionellosis in returned travelers with consistent illnesses, especially in middle-aged and elderly people with risk factors that make them more susceptible, including smokers and those with diabetes, chronic respiratory disease, renal disease or immunocompromising illnesses.
- Macrolides, doxycycline or ciprofloxacin are the appropriate antibiotics for treatment of suspected or confirmed legionellosis.

Dear Doctor

Two middle-aged West Australians have recently been diagnosed with severe pneumonia caused by *Legionella pneumophila* (serogroup 1) [LP1], after returning from Bali, Indonesia. Both cases required intensive care management. A further case has now been reported from Victoria. All three cases were most likely infected in the central Kuta area of Bali.

Legionellosis is a bacterial infection with both pneumonic ("Legionnaires' disease") and non-pneumonic ("Pontiac fever") clinical forms. Both forms typically present with a severe flu-like illness, including fever, myalgia, headache, malaise, anorexia, dry cough and shortness of breath. Diarrhoea and confusion may also occur. Infection occurs most frequently in middle-aged and elderly people with risk factors that make them more susceptible, including smokers and those with diabetes, chronic respiratory disease, renal disease or immuno-compromising illnesses.

Chest X-ray findings in legionellosis are variable and include patchy or focal areas of consolidation or bilateral involvement. The illness can be severe and may progress to respiratory failure. A positive urinary antigen test is specific for LP1 organisms. Other diagnostic options include acute and convalescent serology and PCR/culture of respiratory specimens.

Appropriate therapy for legionellosis includes macrolides (erythromycin or azithromycin), doxycycline or ciprofloxacin.

Please consider appropriate testing and treatment for middle aged and elderly people recently returned from Bali who have illnesses consistent with legionellosis.

Dr Paul Armstrong
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