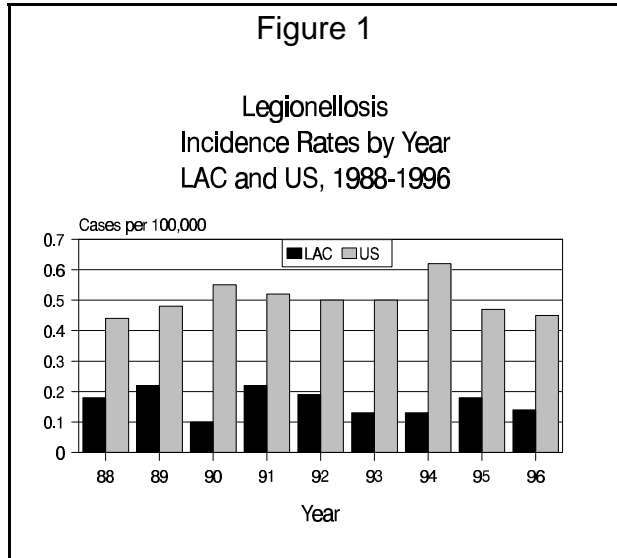




LEGIONELLOSIS

CRUDE DATA	
Number of Cases	12
Annual Incidence ^a	
LA County	0.14
California	0.14
United States	0.45
Age at Onset	
Mean	50
Median	55
Range	18-74 yrs
Case Fatality	
LA County	17%
United States	N/A

^aCases per 100,000 population.



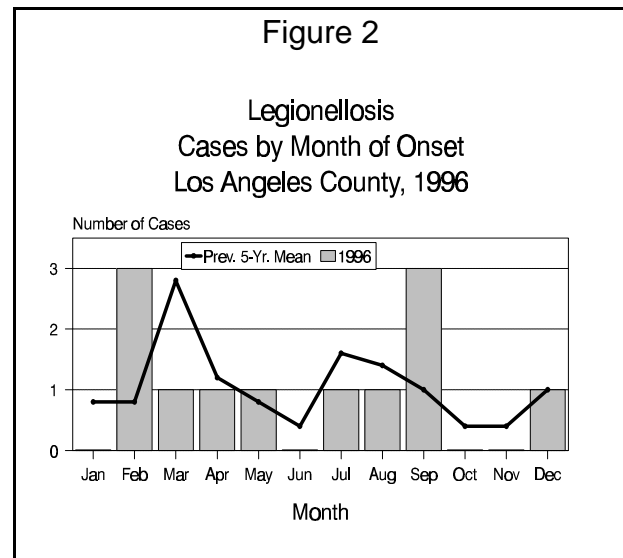
ETIOLOGY

Thirty-five species of *Legionella* with at least 45 serogroups are currently recognized; however, *L. pneumophila* serogroup 1 is most commonly associated with disease. Other species of *Legionella* can also cause disease, predominantly in immunosuppressed patients.

DISEASE ABSTRACT

Incidence of legionellosis declined in 1996 from the previous year, with rates in LAC continuing well below national levels. No outbreaks were identified and there were no cases of Pontiac fever (nonpneumonic legionellosis).

STRATIFIED DATA





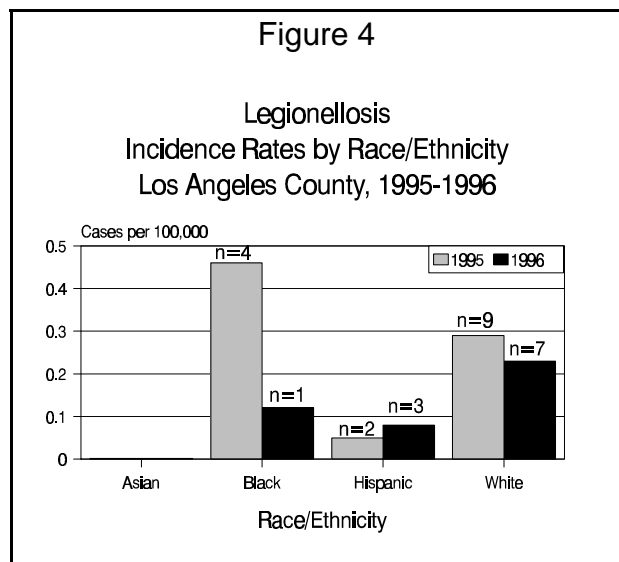
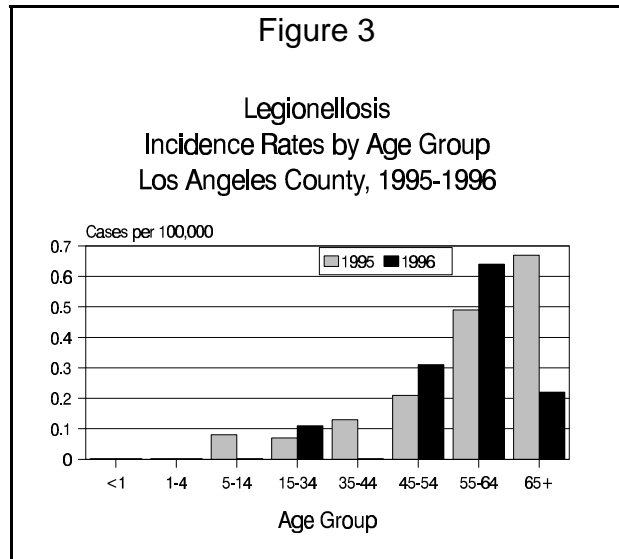
Trends: Cases of legionellosis decreased from 16 in 1995 to 12 in 1996. Six cases in 1996 were classified as confirmed and six were presumptive. Since surveillance was initiated in 1988, incidence rates in LAC have remained low at between 0.10 cases per 100,000 population in 1990 and 0.21 cases per 100,000 in 1991 (Figure 1). Incidence rates involving so few cases, however, may be subject to considerable error.

Seasonality: National surveillance data consistently show a slight increase in incidence in legionellosis during the summer and autumn months, possibly representing increased exposure related to travel and/or air cooling systems. In LAC in 1996, peaks in reported cases occurred in March and September (Figure 2).

Age: Legionellosis is more common in older age groups. Smoking and underlying pulmonary disease are recognized risk factors for legionellosis and are associated with increasing age. The highest incidence rate (0.64 cases per 100,000 population) was observed in the 55- to 64-year-old age group (Figure 3).

Sex: The male-to-female rate ratio was 4.6:1, compared with national figures of about 2.5:1. The disproportionately higher incidence in males may reflect the higher prevalence of cigarette smoking among males compared to females in the older age groups. The gender disparity in smoking as a risk factor for legionellosis is decreasing.

Race/Ethnicity: In 1996, one case occurred among Blacks, three among Hispanics, seven among Whites, and the race/ethnicity was unknown for one case. The highest crude incidence occurred among Whites at 0.23 cases per 100,000 population, followed by Blacks at 0.12 cases per 100,000, and Hispanics at 0.08 cases per 100,000 (Figure 4). As in previous years, there were no reported cases among Asians.





Location: There was no obvious geographical clustering of cases of legionellosis. Three case-patients resided in Monrovia; two each in Hollywood-Wilshire, North Hollywood, and Torrance; and one each in San Antonio, Southwest, and Whittier Health Districts.

COMMENTS

legionellosis is likely substantially underdiagnosed and underreported in LAC. Based on national surveillance data and special studies, infection with *Legionella* species appears to be a relatively common cause of pneumonia in adults, with serologic surveys documenting evidence of prior infection in approximately five percent of the population.