監測及流行病學處



Surveillance And Epidemiology Branch

本署檔號 Our Ref.: (3) in DH SEB CD/8/29/1

來函檔號 Your Ref.:

電 話 TEL.:

傳 真 FAX No.: 3 September 2005

Dear Doctor,

Legionnaires' Disease (LD)

I would like to inform you that on 31 August 2005 CHP confirmed the seventh case of Legionnaires' Disease (LD) in 2005. The patient was a 35-year-old chronic smoker who presented with fever, cough and dyspnoea. Since this patient spent the whole incubation period in Mainland China, it was classified as an imported case. Apparently, there is an increase in LD recently reported to CHP, with 4 cases notified in the month of August. Our investigation shows that they are unrelated and not caused by a common exposure.

LD is acquired by inhalation of airborne droplets containing legionellae. The aerosols may be generated by mechanical devices or by the use of potable water, especially from domestic hot-water installations (e.g. showers). There is no evidence of person-to-person transmission.

The incubation period is 2 - 10 days. LD has a male predilection. Illness occurs most frequently with increasing age, especially in patients who smoke, and those with diabetes mellitus, chronic lung disease, renal disease, malignancy or immunocompromised.

Diagnosis of LD can be made by a positive bacterial culture, significant rise in antibodies titre between acute and convalescent serum, or detection of *Legionella* antigen in urine, body fluid or biopsy specimens. Most LD cases reported to us have been investigated and managed in hospitals. With early intervention, LD could be treated effectively with appropriate antibiotics like erythromycin and azithromycin.



Please be reminded that LD is a notifiable disease and notification can be made to the Central Notification Office (CENO) of the CHP by phone (2477 2772) or fax (2477 2770) or via the CENO on-line website (http://www.chp.gov.hk/ceno).

For more information on LD, please visit our website at http://www.chp.gov.hk

Yours sincerely,

(Dr Thomas TSANG)

Joan

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