LEGIONNAIRES’ DISEASE FACT SHEET
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The bacteria called Legionella is transmitted when a person inhales aerosolized water such as in the shower, from a bedside humidifier, or an air conditioner, or respiratory therapy equipment.

The percentage of people who become ill after exposure to Legionella bacteria is small: about .1% to .5%. They are usually elderly, or cigarette smokers, or people with immune compromised system because they have had organ transplants or cancer or AIDS. Most people exposed to the bacteria never get sick.

The bacterium was discovered and named after an outbreak of illness at an American Legion Convention in Philadelphia in the summer of 1976. Researchers isolated the culprit, a gram negative bacterium, and named it Legionella Pneumophilia.

Legionnaires’ disease can only occur if the bacteria are present in the water system. Testing the water system regularly is recommended by many experts, though not by the CDC. (RID believes the CDC’s position is wrong. Testing the water will alert hospitals when to take added precautions to protect high-risk patients.)

Legionella is a common inhabitant of man-made water distribution systems, not a rare invader. For example, the CDC found that 100% of the hospitals in San Antonio had Legionella in their water.

Each year about 1,200 to 1,800 cases are reported to the CDC. About 23% of reported cases arise in hospitals and other healthcare facilities, including nursing homes. Many cases of legionnaires’ disease go undiagnosed, because many hospitals lack the sophisticated diagnostic tests and expert staff to diagnose it. Often illness and mortality are incorrectly attributed to other causes.

Studies show that municipalities that process their drinking water with monochloramine have a lower incidence of hospital –acquired legionnaires’ disease than other cities.

Legionnaires’ disease is almost never transmitted from person to person. It is generally not contagious.

The hospitals reporting the most cases do not necessarily have the biggest problem. Many hospitals don’t have adequate in-house laboratory testing to identify the disease.
Hospitals have several options for controlling the amount of Legionella in their water system. Methods include copper-silver ionization, keeping water circulating above 60 centigrade, chlorine dioxide treatment, and ultraviolet light (which rids the water of the bacteria but has no residual value in the pipes.)

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WATER-BORNE LEGIONNAIRES’ DISEASE A “DROP IN THE BUCKET” COMPARED WITH MOST HOSPITAL INFECTION, SAYS EXPERT AND RID FOUNDER, BETSY MCCAUGYE

“Every year in this country, two million patients contract infections in the hospital,” says Betsy McCaughey, Ph.D., former Lt. Governor of New York State and founder of RID, the Committee to Reduce Infection Deaths. Only a very tiny fraction of these cases, some 400-500 out of two million, are hospital-acquired Legionnaires’ Disease. One, possibly two New Yorkers died from Legionnaires’ disease. Thousands of New Yorkers die from hospital infections due to poor hygiene. If only their tragic deaths received the same attention from the media and hospital executives.”

“The death of one, and perhaps two patients at New York Presbyterian/Columbia Hospital is tragic,” explains McCaughey, “but it’s unfortunate that so much media attention is focused on these deaths, rather than the far more numerous and far more preventable deaths that are caused in hospitals each day by methicillin resistant staph aureus (MRSA), vancomycin-resistant enterococcus and other bugs transmitted from patient to patient due to dirty hands, unclean hospital rooms, inadequately cleaned equipment, and lax infection-prevention procedures.”

Legionnaires’ disease affects few people. Only about one tenth of a percent to half a percent of people exposed to the germ get sick, and generally the victims are elderly or have had organ transplants, cancer, AIDS, or other conditions that have weakened their immunities.”In contrast, otherwise healthy people who go into the hospital for a knee repair, or to have a baby can be stricken with MRSA and die. The bug is lethal, and it is racing through hospitals in New York and elsewhere because hygiene is neglected.”

“Congratulations to Columbia Hospital. According to news reports, the hospital is taking all the appropriate steps to reduce the presence of Legionella bacteria in its water supply, says McCaughey, “including hyperchlorinating and superheating. Let’s hope this hospital and all others in the city give as much attention to hygiene, demanding that staff clean their hands in between treating patients, clean wheelchairs, stethoscopes and other equipment, and provide patients with clean rooms.”

Because of the media attention focused on Legionnaires’ disease, virtually everyone knows that one, and perhaps, two people at Columbia have died from it. What New Yorkers really need to

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know is how many patients at that hospital get staph infections, and how many die from them. That’s a far greater danger, but hospitals keep that information secret. That’s why RID is calling for hospital infection report cards.”

The Committee to Reduce Infection Deaths is a nonprofit organization that disseminates information on how to reduce hospital infections, urges hospitals to improve hygiene, informs patients about what they can do to protect themselves from infection when they have to be hospitalized, and calls for hospital infection report cards so that in the future patients and their families will know which hospital in their area has an infection problem.