March 7, 2019

Dear Public Health Partner:

As you are aware, Legionnaires’ disease surveillance has evolved considerably over the past several years. Although most people exposed do not develop illness, approximately 25 percent of Legionnaires’ disease reported healthcare-associate cases are fatal. The Centers for Disease Control and Prevention (CDC) recognizes this reality in their Legionnaires’ disease investigation guidance, as does the Centers for Medicare and Medicaid Services’ (CMS) in their memo of June 2, 2017, Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires’ Disease (LD). The CDC guidance can be found here: https://www.cdc.gov/legionella/health-depts/healthcare-resources/index.html. The CMS memo can be found here: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-30.pdf.

For this reason, the Department of Health and Senior Services (DHSS) is prioritizing enhanced surveillance and prevention efforts of Legionnaires’ disease response processes. This prioritization will increasingly require additional epidemiological and environmental support from public health partners in healthcare organizations.

Outbreaks of Legionnaires’ disease can be difficult to detect and require a proactive response from the Public Health system. Strong surveillance helps to quickly identify new cases, epidemiological links between cases, and the need for outbreak investigations. Such investigations are critical in detecting sources of transmission and implementing control measures. Every outbreak investigation is unique and must include special considerations related to medical/epidemiological and environmental evidence, as well as risk communication.

The DHSS Divisions of Community and Public Health and Regulation and Licensure are coordinating closely on surveillance and investigation of Legionnaires’ disease. As an integral part of Missouri’s public health system, healthcare organizations should expect additional communication from DHSS and partners on this important issue.

We look forward to working with you to better protect health and keep people safe.

Sincerely,

Randall W. Williams, MD, FACOG
Director

RW:jg

c: Dean Linneman, Director, Division of Regulation and Licensure
D. Adam Crumbliss, Chief Division Director