

# *Legionella pneumophila:* The Wesley Hospital Outbreak – Five Years Later

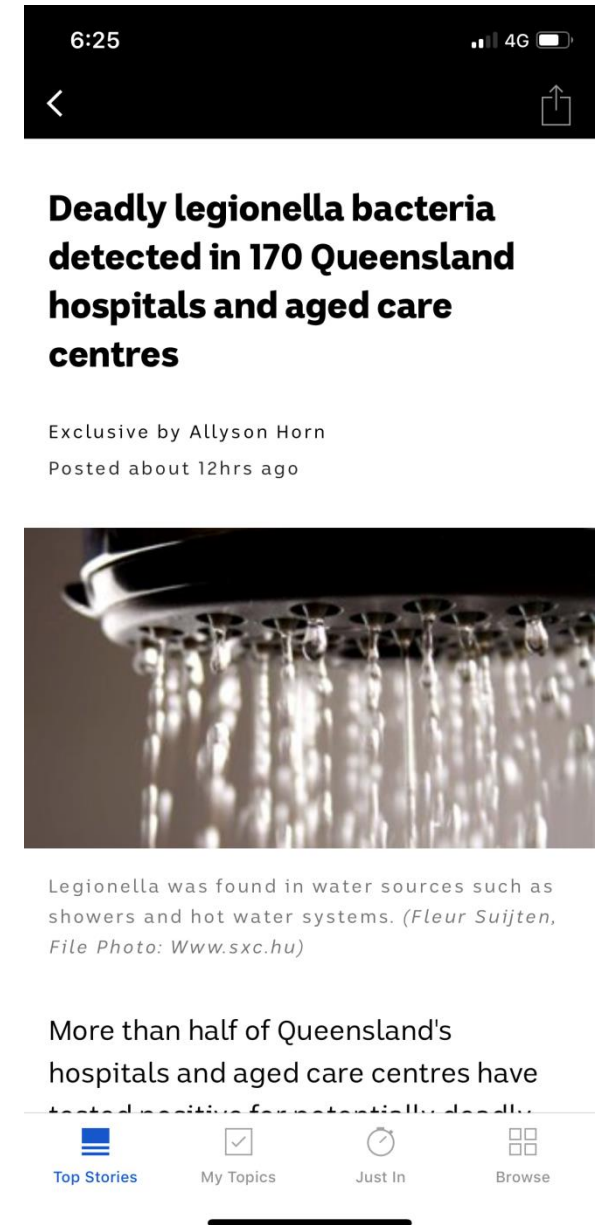
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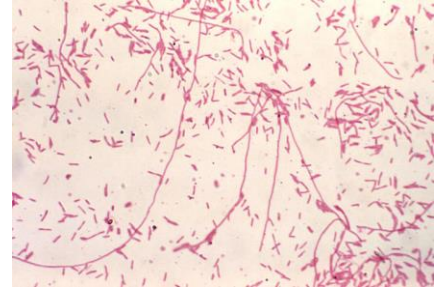
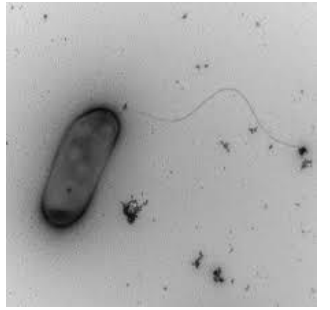
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ABC News App. 12/11/18

# Legionella pneumophila

- Family – *Legionellaceae*
  - Type species – *L. pneumophila*
- Motile, gram-negative, non-spore forming bacilli - 0.3 x 1.3  $\mu\text{m}$  (free)
- Biofilm resident: Lakes, rivers, streams, thermal pools, mud
  - Requires :
    - Regional bacterial flora - *in vitro* satellitism
    - Amoebae – selective amplification which correlates poorly with culture results
- Manufactured water distribution systems - ubiquitous
  - Potable water supplies, air conditioning cooling towers
  - Spa pools, fountains, humidifiers, nebulisers, ice machines, water coolers
- Biofilm burden increased:
  - temperature, slow or no flow in WDS, heat transfer, sludge, high nutrient levels, low biocide residuals
- Quantity  $\neq$  risk of disease
  - Method?
- High transmission risk: aerosol generation at any POU



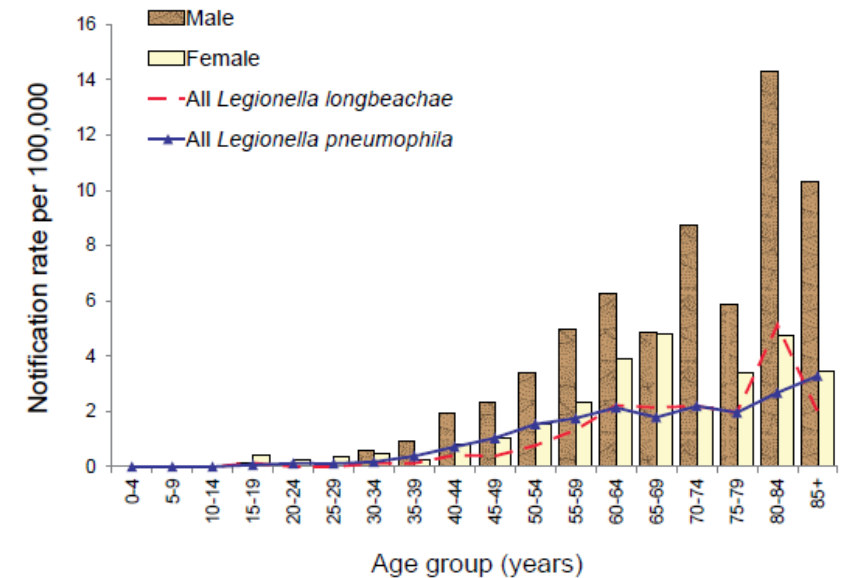
# Infection & Disease

- Almost exclusively Human
- Inhalation of aerosols or aspiration
  - Can drift up to 3 km
  - NOT person – person
- Dose-response difficult to determine in animals
  - 1200 – 100000 viable organisms (maybe 1?)
- Risk factors: COPD, Advanced age, therapeutic immunosuppression, transplantation
- Severe pneumonia – Legionnaire's disease
- Mild illness - Pontiac fever
- *L. pneumophila* SG1 (LpSG1) – 95% of Legionnaire's disease globally
  - 25% of all environmental isolates
  - ~50% of Australian Legionella notifications

**Table 24: Notifications, notification rates and deaths for legionellosis, Australia, 2014, by species and state or territory**

Species	State or territory								Aust.	Deaths
	ACT	NSW	NT	Qld	SA	Tas.	Vic.	WA		
<i>L. longbeachae</i>	1	17 <sup>†</sup>	4	16	19	5	9	93*	164	5
<i>L. pneumophila</i>	1	41	3 <sup>‡</sup>	45 <sup>‡</sup>	20 <sup>†</sup>	2	60	23 <sup>†</sup>	195	6
<i>L. micdadei</i>	0	1 <sup>‡</sup>	0	0	0	0	1	0	2	1
<i>L. sainthelensi</i>	0	0	0	0	1	0	0	0	1	0
Unknown species	0	11	0	33	0	1	17 <sup>‡</sup>	0	62	1
Total	2	70	7	94	40	8	87	116	424	13

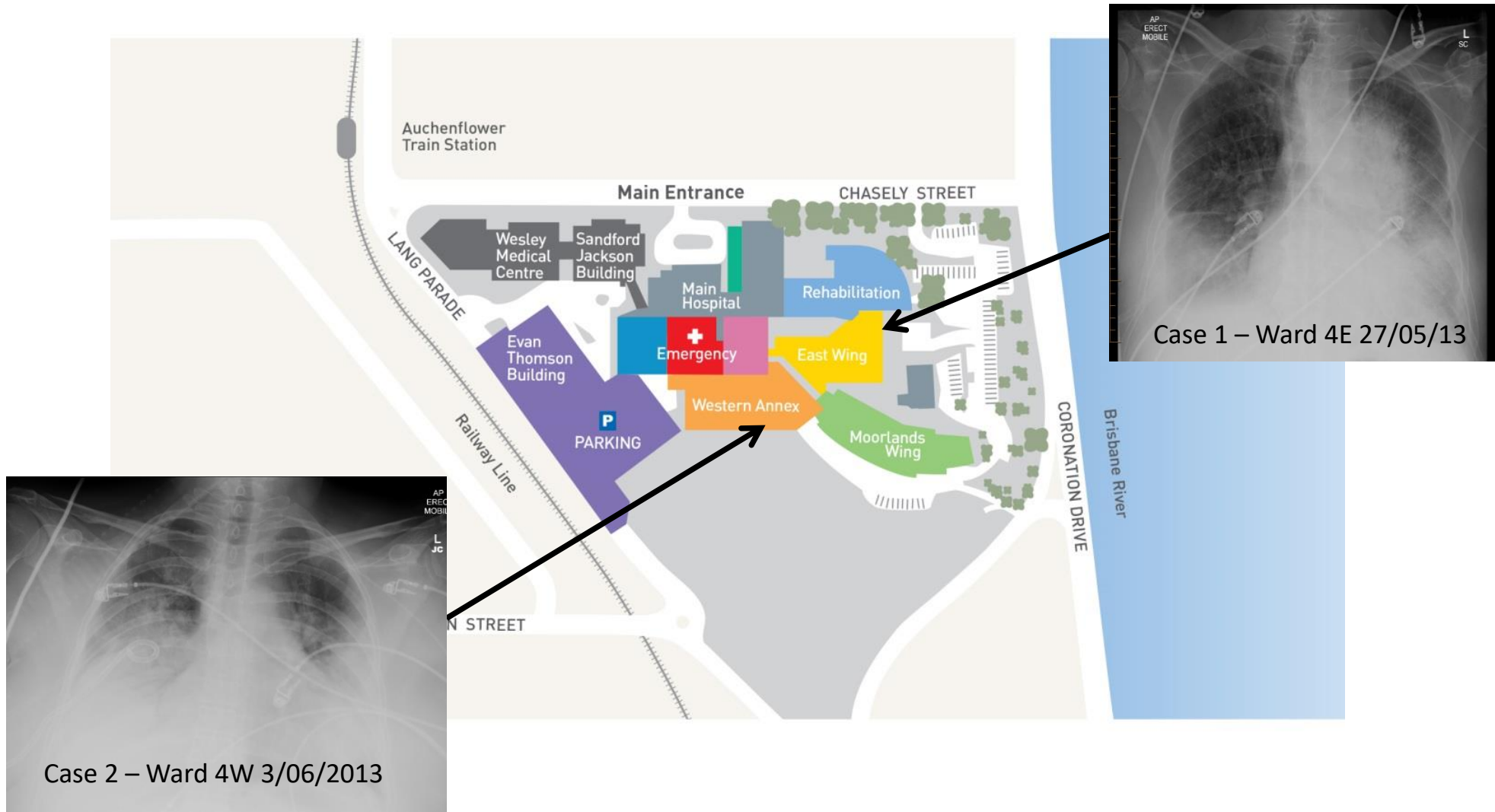
**Figure 104: Notification rate for legionellosis, Australia, 2014, by age group, sex and species**



# Australian Nosocomial Legionnaires' Disease Outbreaks

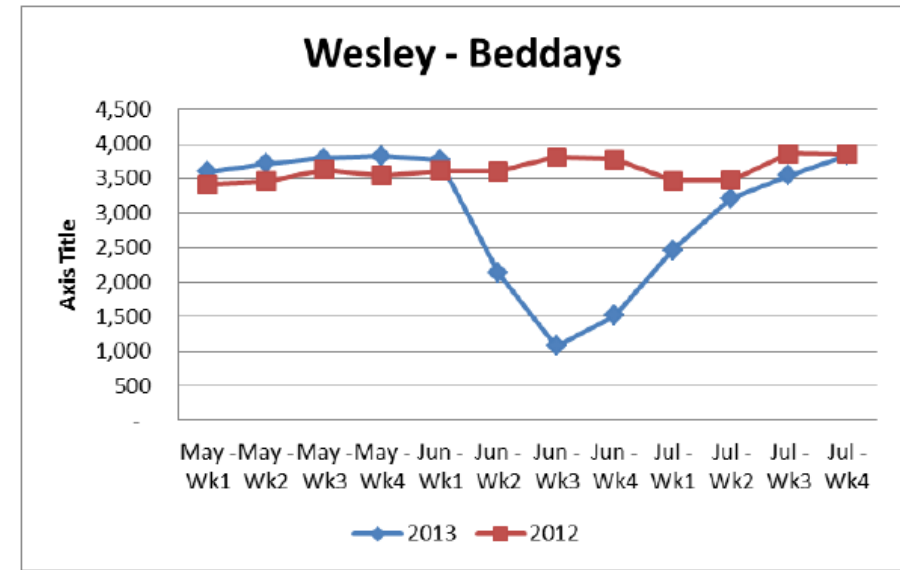
Year	City	Facility	Source	Proven Cases
1979	Ballarat	Psychiatric Hospital	Potable water	5
1986	Adelaide	Hospital	Cooling Tower	
1999	Melbourne	Haematology Clinic	Unidentifiable	2
2011-15	Brisbane	Tertiary Private Hospital	Potable Water	4

# May & June 2013



# The Intervention - Baseline

- Critical Incident Team (50 FTE for 28/7)
- Hospital closed – no showers
- Recall 1400 recently-discharged patients
- Telephone Hotline
- Testing of inpatients with new LRTI symptoms
- Rescheduling >2000 surgical lists elsewhere
- Review of all Aircon surveillance cultures & warm-water system temperature monitoring
- Review of Legionella testing previous 5 years + previous year of inpatient deaths where “pneumonia” was coded
- Delay of care
  - Necessary to prevent further cases
  - How long can the delay last?
- Close co-operation with QLD Health & CHO
- When can a building or institute be “Cleared”?





# The Intervention – WDS Biofilm Removal

- Reduce WDS biofilm burden
- Scalding of plumbing in all buildings – certain to fail
  - 3105 taps & showerheads & >30km of pipe, ring mains, drop mains and risers
  - 22 Hot Water Systems & 1 Ml of water storage tanks
  - 17% POU culture positivity decreased to 5% - it failed!
- Definitive remediation
  - Installation of backflow prevention between buildings
  - East Wing → Moorlands → Main
  - Biofilm removal - Alkaline detergent – pH=10 with Chlorine (about 10ppm)
  - **Then** Chlorination to 10ppm – disinfect residual
  - 3 cycles – to achieve macroscopically clear water & negative Bactiquant assay
- Evaluation of intervention
  - Water cultures

# The Intervention – Water System Risk Reduction

- Mapping of Hospital WDS, identification of POU, aerosol potential, heat transfer & dead legs
- Removal of “long” segments of water main – eg – from under bitumen roads
- Identification & removal of all (?) dead legs
  - “Fingertip audit” - 9/12 of 5 nights per week – 2 plumbers
  - ~810 dead legs removed
- Repair of legacy plumbing problems
  - Rehabilitation Ward – Conversion to a continuous cold loop main
  - POU Filters in Main Block (persisting High HPC)
  - No chilled filtered water – room temperature
- Filter pre-storage tank
  - Aria – Commissioned 3/11/2016

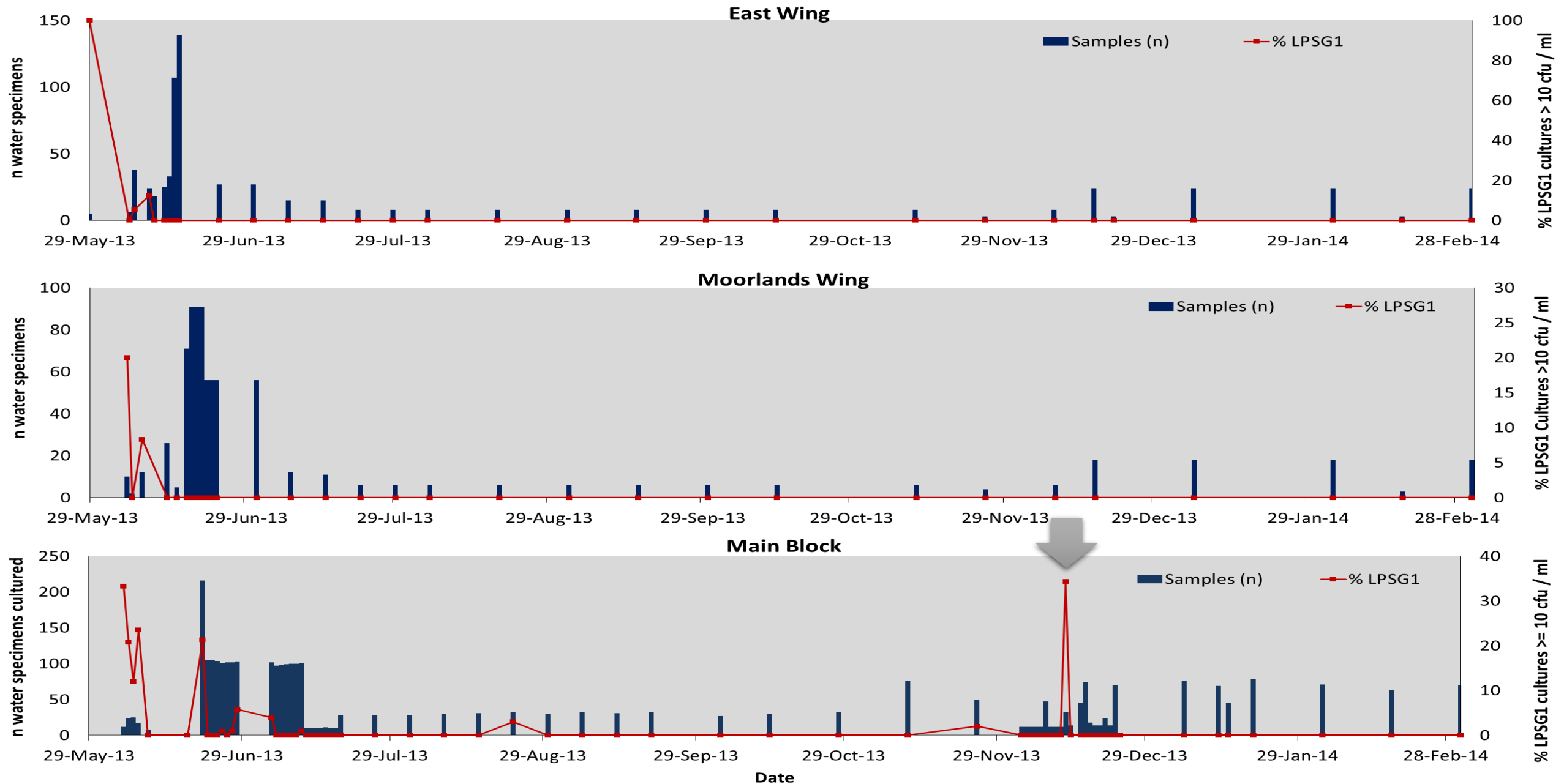


# Maintenance Disinfection & Health Risk Reduction

- Awareness of water supply disruptions / possible impacts – “Critical Events”
- Maintenance Chlorination
  - Free chlorine down to 1-2ppm – to Drinking water standard
  - New water main for Dialysis and CSSD
- Removal of all tap aerators
- All nebulisers – single use
- All cold water dispensers set to room temperature – not Cold
- Filters at all POU in Main Block
  - Scaled back now to Oncology floor only.
- Removal of persistently-positive outlets (LpSG1 or high HPC)
- Circulation of water within storage tanks
- Fire Sprinklers – management of patient exposure if accidental triggering

# Verification Monitoring HPC and *Legionella* sp.

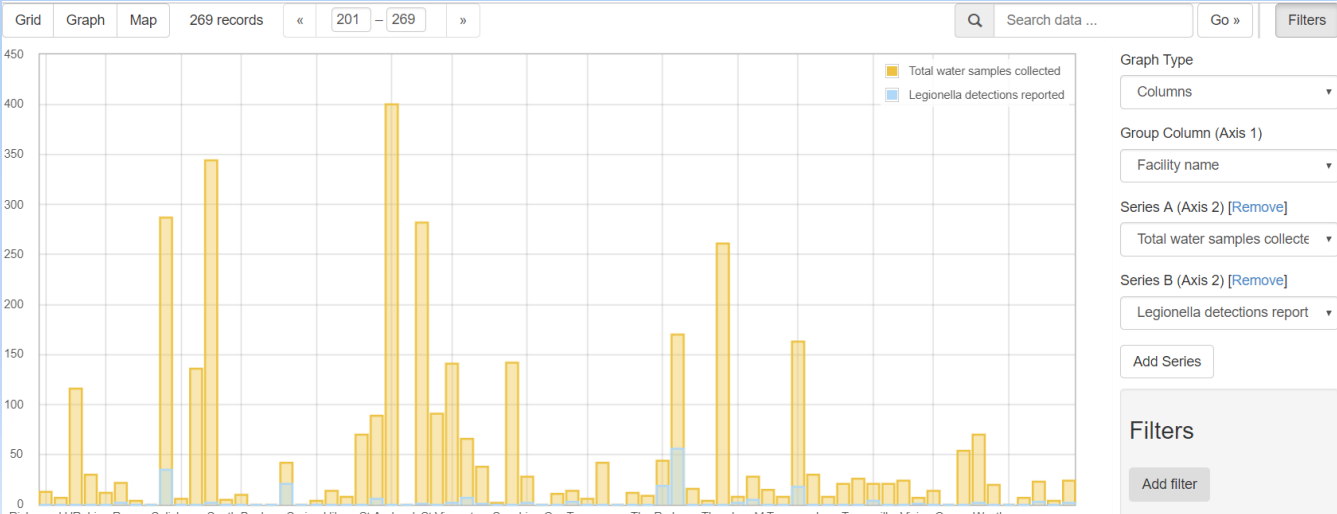
- HPC & Legionella sp. culture
  - AS 3896:2017 – 100ml samples & LLD 10 cfu/ml
  - AS 5132:2017 – 1000ml samples & LLD 100 cfu/l
- How many, frequency and POU depend on:
  - WDS anatomy & location of high risk areas – slow flow, little-used areas
  - Nature of any intervention – remedial vs maintenance phase
  - Number and location of high-risk patients
- Acute phase – all circuits in region daily for 7/7 after treatment
  - Then weekly.....fortnightly.....monthly
- Maintenance phase - once control is achieved (!)
  - POU tested – hot & slow flow / distal – cold & high-risk POU – Oncology wards
  - 10 samples from each building, each month
  - All plumbing circuits tested 4 times per year
  - All test results recorded on Datasabre & CAD drawings of entire WDS
  - High HPC and Legionella positives – managed and reported as per WQRMP.



# TWH Water Surveillance Cultures 2013-2018

Year	<i>n</i> Samples	Negative Legionella	LpSG1	Other <i>Legionellae</i>	% Positive
2013	4234	4069	115	52	3.94
2014	2877	2873	3	1	0.14
2015	1839	1831	1	7	0.44
2016	1178	1176	0	2	0.17
2017	360	360	0	0	0.00
2018	300	300	0	0	0.00
<b>Total</b>	<b>10788</b>	<b>10609</b>	<b>119</b>	<b>62</b>	<b>1.67</b>

## Queensland Health Data H1 - 2017

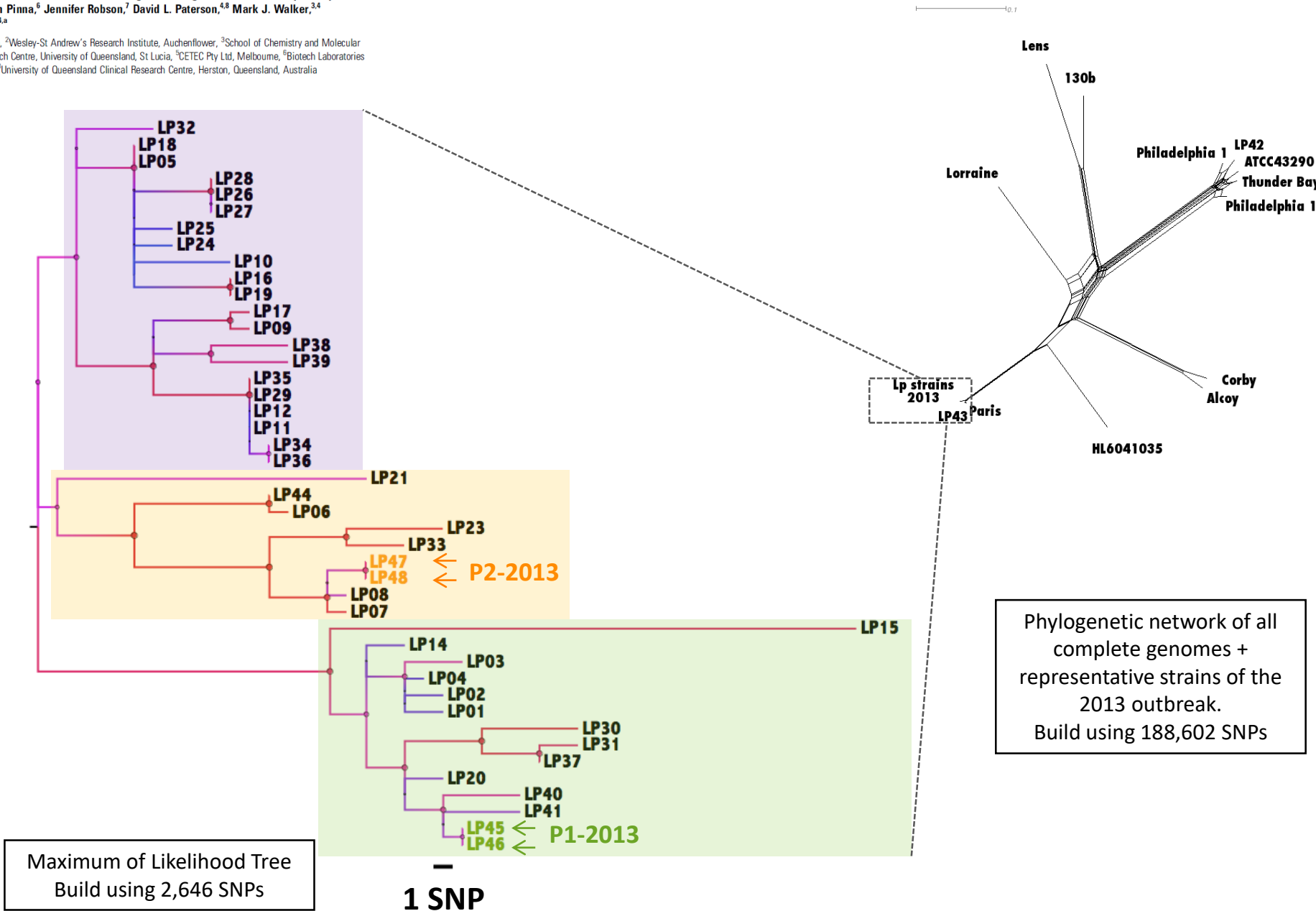


Hospital-wide Eradication of a Nosocomial  
*Legionella pneumophila* Serogroup 1 Outbreak

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Katherine Taylor,<sup>2</sup> Timothy C. Barnett,<sup>3,4</sup> Glen Pinna,<sup>6</sup> Jennifer Robson,<sup>7</sup> David L. Paterson,<sup>4,8</sup> Mark J. Walker,<sup>3,4</sup>  
Mark A. Schembri,<sup>3,4</sup> and Scott A. Beatson<sup>3,4,a</sup>

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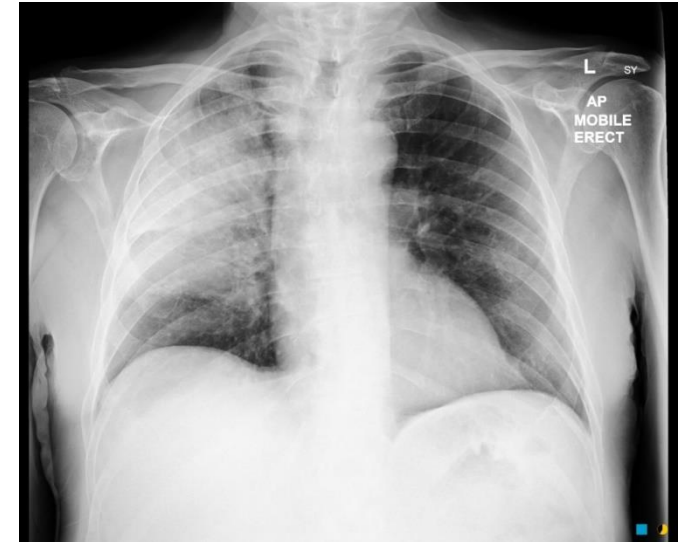
*Very few SNPs distinguish the strains of the 2013 outbreak*





# Ice Machines

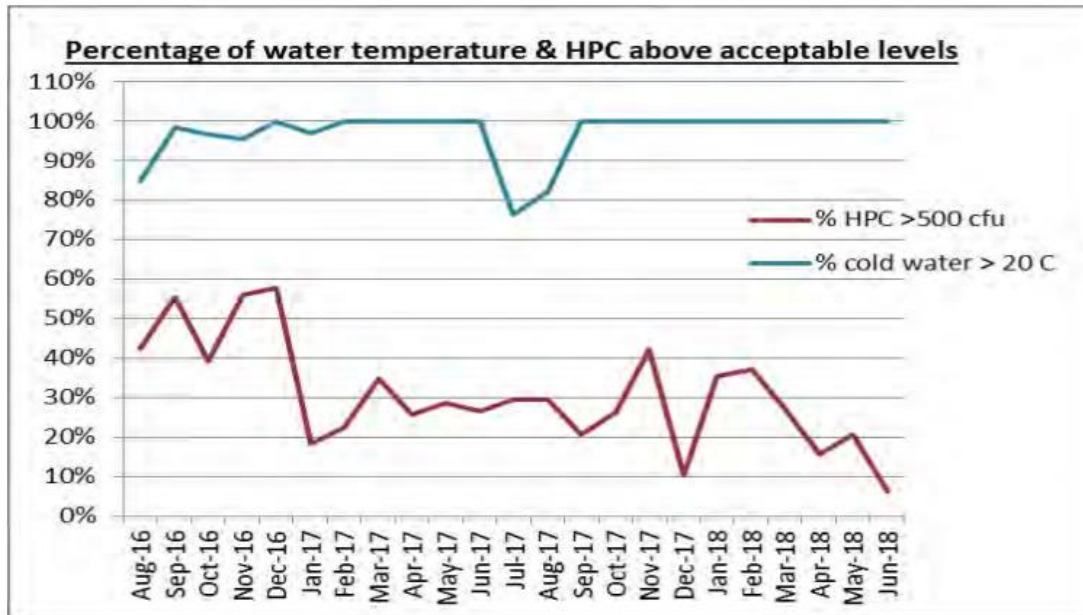
- Advice to test ice machines
  - Positive *Legionella* sp. Cultures from ice & water October 2015
  - Haem / Onc and Dialysis – removed and destroyed
- Repeated December 2015 - Replacement Haem / Onc ice machine
  - LpSG1 positive
  - Machine removed and all Haem/Onc and ID VMPs informed by DMS
- Fourth case – Palliative care ward – HAP January 2016
- Carbon filter on intake removing  $\text{Cl}^-$
- WGS – Ice and patient isolates genetically indistinguishable from 2013 outbreak strain
- No ice machines in TWH & commercial supplier of ice for orthopaedics.



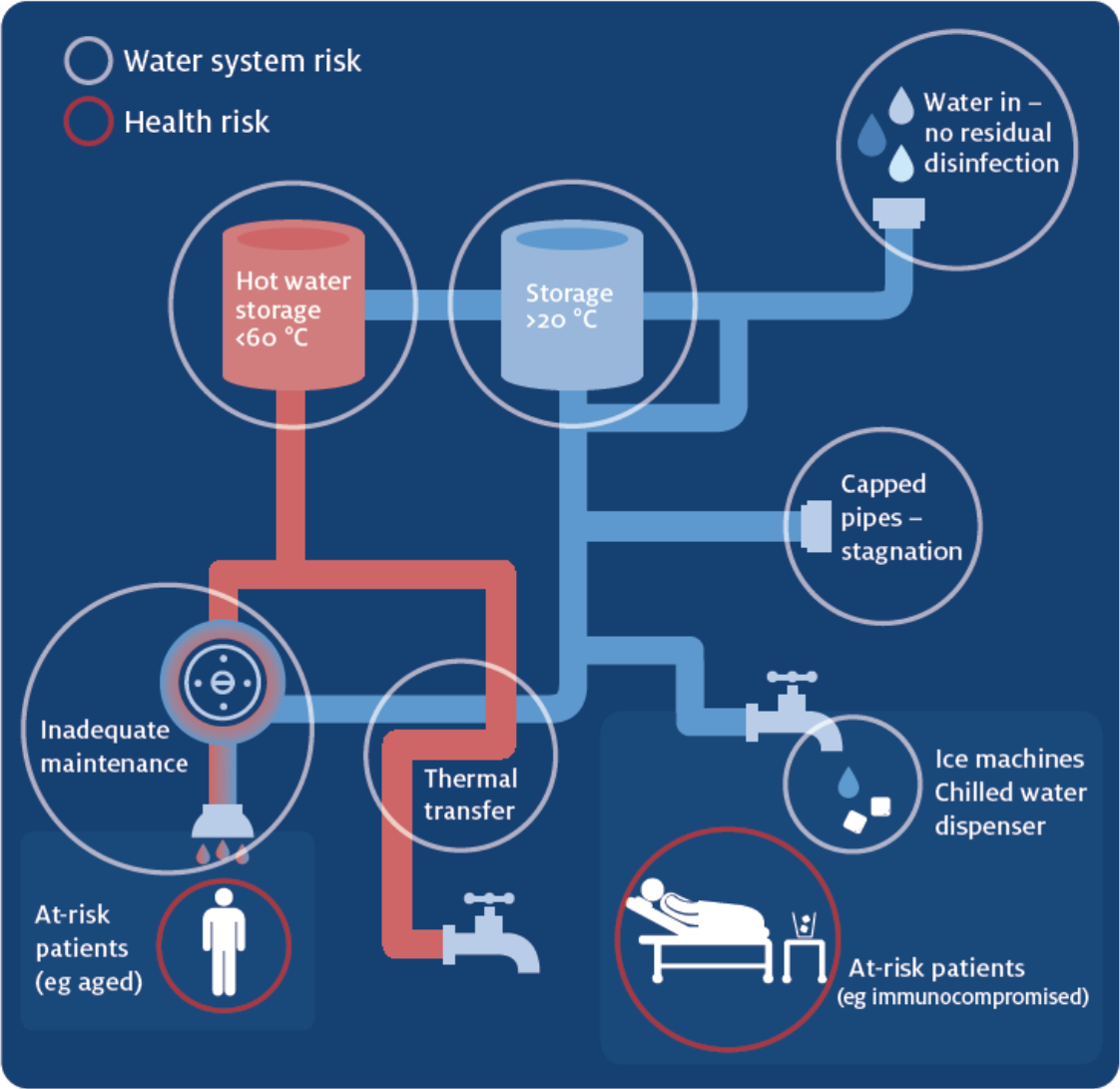


# Co\$t

- To FY15 - \$2.6 million
  - Including immediate plumbing remediation, water remediation, Advertising and Media & Filters
- FY16 and FY17 - \$850 000 pa
  - Filters \$500 000 & Testing \$150 000
- FY18 \$266 000
  - Testing \$66 000, Aria \$100 000

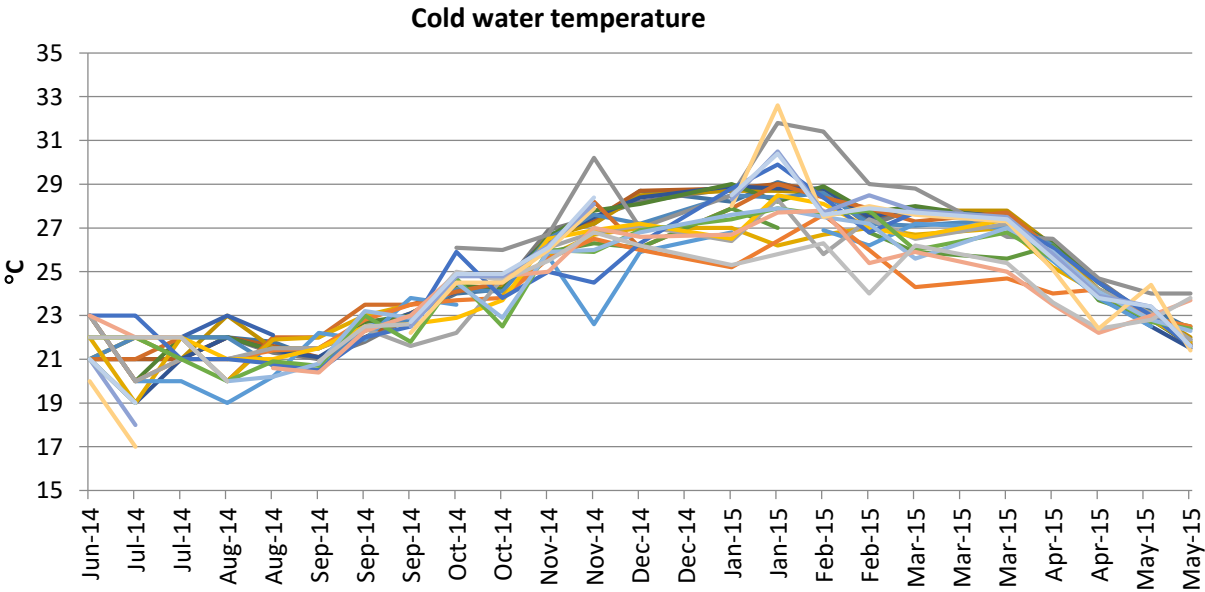


Risks To Modify



Monitoring of Intervention

Operational Monitoring	Verification Monitoring
Turbidity	HPC
Filters	LpSG1 & L sp.
Heavy Metals	Control Limits
Temperature	Action plan when detected
pH	
Biocide residuals	
Includes location, number, method & frequency of tests	



# Wesley Legionella Experience

- Clonal outbreak – persisting for > 4 years in WDS & add-ons
- Accept its ubiquity in WDS & risk to patients - “There is no safe level of Legionella”
- Risk management - WQRMP - It is all about WDS biofilms
  - Where the system risks are and plans for remediation
  - Where the high-risk patients are & how to protect them
  - May apply to other opportunistic pathogens: NTM, CRAB, *Pseudomonas sp.* Etc
  - Guide to handling high HPCs and LpSG1 detections
- Identify and reduce risk first
  - Incoming water quality & handling
  - Dead leg removal and low-flow prevention, minimise aerosol generation & exposure
  - Biocides & Filters
- Testing - verification of efficacy of interventions & maintenance
  - Monitor the biofilm & Lp1 – statistically valid and WDS-pertinent
- Lab technology upscaling – 1l samples, qPCR, dPCR, EIAs & metagenomics

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Nouri Ben Zakour

Mitchell Stanton-Cook

Timothy Barnett

David Paterson

Mark Walker

Mark Schembri

Scott Beatson

Philip Bond

## **CETEC Consulting**

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Raghuram Muguli

## **Biotech Labs.**

Glen Pinna

## **SNP**

Jenny Robson

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