Fiedler, Jay (DHHS)

From: Bohm, Susan (DCH)
Sent: Friday, May 01, 2015 5:15 PM
To: 'Cupal, Suzanne' (scupal@gchd.us); Henry, James
Cc: Fiedler, Jay (DHHS); Johnson, Shannon (DHHS)
Subject: RE: Follow-up Information

Hi Suzanne & Jim,

Thanks for forwarding your response plans for future Legionella cases. Although we didn't discuss this, in addition to the steps below, now that the weather is warming up, sending out a low-level HAN to all Genesee providers would be a good way to make sure providers are on alert to consider legionellosis and to include for them the MDHHS Legionellosis Guidance for Clinicians. Providers need to be aware that a culture specimen should be collected at the same time as the urine (for the urine antigen test) and prior to the initiation of antibiotics, if at all possible. It's likely too late once we have a positive urine antigen to then go back and try to obtain a culture specimen. We can update the guidance document to include some additional detail about specimen collection and testing to reflect that:

-If a provider orders a urine antigen test on a patient with suspect Legionellosis, a respiratory culture for legionella should be collected at the same time.
    -A bronchoalveolar lavage or tracheal aspirate are the preferred specimens collection methods. If those are not able to be done, a sputum specimen may be used, but the likelihood of recovering the bacteria may be decreased.
-The urine antigen and respiratory cultures should be tested by the hospital laboratory. In the event that a hospital lab is unable to perform a urine antigen or respiratory cultures, specimens may be sent to the state health department laboratory.
-Any clinical specimen remaining from the culture **should be frozen** and stored immediately [this would stay frozen if being sent to CDC].
-If a Legionella isolate grows, a slant or plate should shipped to the state health department laboratory overnight on cold packs. A courier is recommended for plates as they do not travel well.
(If an isolate does not grow, we will need to work with BoL to determine whether the frozen clinical specimen should be shipped to the state lab for testing, or to CDC)

Shannon contacted our lab regarding what the CDC mentioned yesterday about freezing the specimens. For the shipment of isolate slants or plates to BoL, they only need to be sent on cold packs. We believe CDC was talking about the shipment of clinical specimens, which we generally shouldn't need to do because hospital labs are capable of performing respiratory cultures. If it will help, Shannon is willing to create of flowchart to show the steps of clinical specimen collection and testing.

Here's a few comments/suggestions for your response plan in red below. Wishing you both a Legionella-free weekend!

-S

From: Cupal, Suzanne [mailto:scupal@gchd.us]
Sent: Friday, May 01, 2015 11:10 AM
To: Bohm, Susan (DCH)
Cc: Henry, James
Subject: RE: Follow-up Information

Susan-

Based on our conversation with you yesterday, I am forwarding our plan for any future Legio weather months approach.

Talking to hospitals about specimen collection

Once we have a Legionella case identified:

- Enter the case in MDSS within 24 h of notification if not already entered by provider
- Email Regional Epidemiologist with MDSS number
- Call hospital to verify that a respiratory specimen was collected for culture within 24 h of notification
- If Legionella isolate was found, verify that the hospital will send to BOL (see above for more details on this)
- Using the enhanced Legionella Disease Questionnaire, conduct interview as quickly as possible with case or proxy and upload to MDSS record when completed (We would like to review the current Legionella questionnaire with input from our state and CDC colleagues as we examine the current questionnaire data from the investigation so far…so we can make appropriate adjustments – good idea)
- Based on information collected from interview, evaluate with investigation team if environmental samples from the home should be collected. We think we have a solution for the environmental sampling. Our on-site CDC EIS Officer may be willing to assist Jim Henry with the sampling. Logistically it would be difficult for a CDC Epi-Aid team to come in and sample if these cases continue to trickle in.
- Continued analysis of existing data
- Continue conversations with our state and CDC colleagues and other experts that may assist the investigation(s).

As we shared in our conversation yesterday, Shurooq is reviewing the previous 5 years Legionella cases to examine the number of cases that live in the City of Flint vs. other areas. We will also be reviewing syndromic surveillance data for the same time frame for respiratory, skin rash and gastrointestinal illness.

Our concerns moving forward are:

- Collection of clinical samples- based on the comments from the CDC about collection of samples being an art as well as a science, we want to make sure we collect appropriate samples. The CDC has already provided a change to the protocol with the request for frozen samples. [see above]
- Collection of environmental samples- GCHD staff members have not had experience collecting these types of environmental samples – see above.
- Access to information. We have shared our concerns regarding obtaining information to assist our investigation

As always, do not hesitate connecting with us if you need additional information. We want to ensure clear and continual communication as we move forward.

Thank you.

Suzanne

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