**Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation**

**LEGIONELLOSIS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disease epidemiology** | **Who must notify** | **Clinical case definition**(Suspected case) | **Probable case definition** | **Confirmed case definition** |
|  |  |  |  |  |
| Disease caused by bacteria from the genus *Legionella* commonly presents with a spectrum of illness ranging from asymptomatic, to severe pneumonia (Legionnaire’s Disease), often requiring hospitalisation. Acquired from inhalation of contaminated aerosols. | * Health care practitioner (nurse or doctor receiving the laboratory result)
* Laboratory making the diagnosis
 | Any person with clinical/radiological evidence of pneumonia where the public health physician, in consultation with the physician and microbiologist, considers that Legionnaire’s disease as the most likely diagnosis. | Any person with clinical/radiological evidence of pneumonia with: 1) *Legionella pneumophila* non-serogroup 1 or other *Legionella* spp. specific antibody response (fourfold or greater rise in specific serum antibody titer). | Any person with clinical/radiological evidence of pneumonia and at least one of the following: 1) Isolation of *Legionella* spp. from a respiratory specimen or any normally sterile site2) Detection of *Legionella pneumophila* serogroup 1 antigen in urine3) Detection of *Legionella* spp. nucleic acid in a clinical specimen4) *Legionella* pneumophila serogroup 1 specific antibody response (fourfold or greater rise in specific serum antibody titer). |