Public health needs your assistance with diagnosing and reporting cases of Legionnaires' disease to help determine possible sources of exposure to Legionella.

**Diagnostic testing**

The only way to determine if a patient with pneumonia has Legionnaires’ disease is by collecting appropriate specimens and ordering specific diagnostic tests. As a best practice, order both of the following:

1. **Legionella** urinary antigen test
2. **Legionella** culture of sputum or other lower-respiratory specimen

**Why is Legionella culture important?**

Culture can identify all species and serogroups of Legionella that can cause disease, unlike the urinary antigen test, which only detects Legionella pneumophila serogroup 1.

Having clinical isolates of Legionella is essential to determine links among clinical cases and with environmental sources.

**Who should be tested for Legionnaires’ disease?**

**Patients with pneumonia who:**
- Have failed outpatient antibiotic therapy for community-acquired pneumonia.
- Have severe illness, such as those requiring admission to the intensive care unit.
- Are immunocompromised.
- Have traveled away from their home within 14 days before illness onset.
- Have a known or possible exposure to Legionella (for example, during an outbreak).
- May have healthcare-associated pneumonia (onset 48 hours or more after admission).

**Consider testing patients with pneumonia who:**
- Are age 50 years or older.
- Are current or former smokers.
- Have chronic lung disease, such as emphysema or COPD.
- Have cancer or other underlying illness, such as diabetes, renal failure, or hepatic failure.