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Legionella in an Ice Machine May Be a Sentinel for Drinking Water Contamination

To the Editor—We congratulate Schuetz et al for their article in *Infection Control and Hospital Epidemiology* about an ice machine contaminated with legionella.[1] Their epidemiologic investigation revealed that an outbreak of hospital-acquired legionnaires' disease was actually a pseudo-outbreak in which syringes of sterile saline used for bronchoscopy were immersed in ice baths. Fortunately, the indication for bronchoscopy was not pneumonia, and thus, the pseudo-outbreak was detectable. If these patients had pneumonia, they might have received an incorrect diagnosis.

We want to point out a facet of the article that was not mentioned by the authors. The fact that the ice machines were colonized by *Legionella pneumophila* may be an important clue that the hospital drinking water was colonized by *L. pneumophila*, simply because the ice machines receive their water from the hospital water distribution system. We have been advocates of the proactive position that knowledge of legionella in a hospital's drinking water system can be used to prevent hospital-acquired legionnaires' disease. It is surprising that this position is controversial, because the idea is transparent: if the hospital drinking water contains legionella, especially at a high percentage of drinking water sites, it is plausible that patients may develop hospital-acquired legionnaires' disease. The importance of drinking water and ice machine contamination is underscored by the fact that the mode of transmission is frequently aspiration; aerosolization has been widely and mistakenly overemphasized.

Numerous well-controlled studies have confirmed that environmental monitoring for legionella can lead to effective preventive measures.[2–4] These measures include warning the physicians that cases of hospital-acquired pneumonia may be caused by legionella and, as a last resort, disinfection of the hospital drinking water. This scenario of uncovering colonization after patients acquire legionnaires' disease has been confirmed so frequently that a substantial number of European countries currently mandate cultures of hospital drinking water as a sentinel for prevention of *Legionella* infection. In contrast, the Centers for Disease Control and Prevention is a prominent opponent of the policy of routinely culturing the drinking water supply for legionella. The Centers for Disease Control and Prevention recommends that cultures be performed only after 1 or 2 patients have had hospital-acquired legionnaires' disease confirmed.

Thus, the report of Schuetz et al[1] might be considered as a sentinel for legionella colonization of the drinking water at Emory University Hospital (Atlanta, GA). This information can be applied as a proactive method for prevention. A well-publicized outbreak of several cases of legionnaires' disease at another Atlanta hospital might have been prevented if cultures for legionella had been routinely performed as a preventive measure. A report about the outbreak at Grady Memorial Hospital (Atlanta, GA) noted that more than $700,000 was spent on consulting fees and measures for disinfection.[5] These costs are excessive because disinfection measures were implemented under the pressures of media scrutiny in an outbreak situation. The cost of proactive prevention is a manageable fraction of this figure. In summary, a formal policy of proactive culturing for legionella in hospital drinking water can be an effective and inexpensive approach to prevention of hospital-acquired legionnaires' disease.

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Victor L. Yu, MD; Janet E. Stout, PhD

From the Special Pathogens Laboratory, University of Pittsburgh, Pittsburgh, Pennsylvania.

Address reprints request to Victor L. Yu, MD, University of Pittsburgh, Pittsburgh, PA 15261 (vly@pitt.edu).

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