

**To:** Vermont Health Care Providers, Health Care Facilities and Laboratories  
**Date:** January 29, 2025  
**From:** Laura Ann Nicolai, MPH, Deputy State Epidemiologist

## **Legionnaires' Disease Outbreak in Windsor Long-term Care Facility**

### **Summary**

The Health Department is investigating an outbreak of six cases of Legionnaires' disease associated with the Village at Cedar Hill, which is part of the Cedar Hill Continuing Care Community in Windsor, Vermont. Legionnaires' disease is a serious form of pneumonia caused by *Legionella* bacteria.

The Health Department is working with the Cedar Hill administration to monitor the situation and provide public health recommendations. The facility has implemented measures to reduce the risk of possible exposure to *Legionella* bacteria from the facility's water system. Exposure to *Legionella* bacteria within the facility may have occurred as recently as January 20, 2025, therefore additional cases may be identified.

### **Requested Actions**

- Maintain a high index of suspicion for legionellosis among all adults with pneumonia, whether community-acquired or nosocomial, especially if they report residing, working at, or visiting the Village at Cedar Hill.
- Test for *Legionella* when evaluating adults with symptoms of pneumonia using both urine antigen and sputum/respiratory culture.
- Report all suspect and confirmed cases to the Health Department by calling 802-863-7240, option 2.
- VDHL can perform urine antigen testing for Legionella with [Clinical Test Request Form \(Micro 220\)](#).
- Respiratory specimens or isolates are required to be sent to the Vermont Department of Health Laboratory for further characterization as part of the public health investigation. Submit all specimens with a [Clinical Test Request Form \(Micro 220\)](#).
- For laboratory-related submission questions, please call the Vermont Department of Health Laboratory at 802-338-4724.
- Do not withhold empiric therapy while awaiting *Legionella*-specific testing.

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## **Background**

Exposure to *Legionella* by aspiration or inhalation of aerosolized water containing the bacteria can lead to Legionnaires' disease or Pontiac fever. Signs and symptoms of Legionnaires' disease can include cough, shortness of breath, muscle aches, headache and fever. Illness is generally severe, often resulting in hospitalization. Most people get sick within 10 days of exposure, though the incubation period can extend beyond 14 days in rare instances. Pontiac fever symptoms are primarily fever, fatigue and muscle aches. It is a milder illness than Legionnaires' disease, and pneumonia is absent. Symptoms begin between a few hours to three days after exposure to the bacteria and usually last less than a week.

*Legionella* can be found in natural, freshwater environments, but generally is not present in sufficient numbers to cause disease. In human-made water systems that are not properly maintained, *Legionella* can grow and be transmitted to vulnerable people via aerosolization of water droplets containing the bacteria, or, less commonly, by aspiration of contaminated drinking water. Routes of exposure may include showerheads and sink faucets, cooling towers, hot tubs, decorative fountains and water features, hot water tanks and heaters, and large, complex plumbing systems. *Legionella* is usually not transmitted from person to person.

## **Test for Legionnaires' Disease**

Testing for and empirically treating legionellosis is especially critical for people at high risk for Legionnaires' disease, including people over the age of 50, people who currently smoke or formerly smoked tobacco or other products, and those with chronic lung disease or immunocompromising conditions. The estimated case-fatality rate is 10% for community-acquired Legionnaires' disease and 25% for healthcare associated cases. Presenting symptoms of Legionnaires' disease are similar to those of COVID-19, and providers should consider further evaluation of patients with pneumonia who have a negative test for COVID-19.

## **Laboratory Guidance**

Providers should consider *Legionella* when evaluating patients with respiratory illness. Patients with suspected or confirmed *Legionella* infections should be tested for *Legionella* using both urine antigen and sputum/respiratory culture simultaneously. Do not delay urine antigen testing if an adequate sputum sample cannot be produced. *Legionella* isolation via culture can detect *Legionella* species and serogroups that the urinary antigen test does not and allows for additional characterization, typing and outbreak detection for public health purposes. While it is ideal to obtain cultures prior to initiating antimicrobial therapy, treatment should not be delayed.

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Respiratory specimens suspected or confirmed for *Legionella* are required to be sent to the Vermont Department of Health Laboratory (VDHL) for culture. VDHL is able to perform both urine antigen testing and culture on respiratory secretions, bronchoalveolar lavage, sterile body fluids, bronchial brushings, or lung tissue. Culture yield is greatest when sputum/respiratory samples are taken early in the patient's illness.

### **Treatment**

For patients with Legionnaires' disease, use recommended treatment options for pneumonia that include macrolides and respiratory fluoroquinolones with activity against *Legionella* species. Antibiotic treatment is not recommended for Pontiac fever. It is a self-limited illness that does not benefit from antibiotic treatment. Recovery usually occurs within one week.

### **Additional Resources**

- [What Clinicians Need to Know about Legionnaires' Disease](#) (CDC)
- [Clinical Guidance for Legionella Infections](#) (CDC)
- [Legionnaires' Disease](#) (VDH)
- [Guidelines on the Management of Community-Acquired Pneumonia in Adults](#) (IDS/ATC)
- [Guidelines on the Management of Adults with Hospital-acquired and Ventilator-associated Pneumonia](#) (IDS/ATC)

If you have any questions, please contact Laura Ann Nicolai at: [lauraann.nicolai@vermont.gov](mailto:lauraann.nicolai@vermont.gov)

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### **HAN Message Type Definitions**

**Health Alert:** Conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** Provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action.

**Info Service Message:** Provides general correspondence from the Vermont Department of Health, which is not necessarily considered to be of an emergent nature.

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