

Consultation Document

Referral of Samples for Legionella Serological Testing

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1. BACKGROUND

Legionella is an important cause of community acquired pneumonia in adults over 50 years of age. Treatment recommendations for moderate CAP recognise this and include empiric cover for Legionella infection. Diagnostic testing for patients managed outside of hospital is usually not recommended, but may be requested by Auckland Regional Public Health Service (ARPHS) and includes sputum PCR, urinary antigen, and acute/convalescent serology. Serological testing is performed in the Virology and Immunology Department at LabPLUS. Acute and convalescent (4-6 weeks after onset) paired specimens are recommended to overcome test limitations.

The use of serology as a screening test for patients with respiratory illness is not recommended for several reasons:

- It has no role in diagnosing the aetiology of the acute respiratory illness
- Paired sera are required to establish the diagnosis; a single one off titre is of limited value
- Seroconversion may be delayed, up to six weeks after the acute illness
- Elevated IgG titres are commonly seen in the asymptomatic general population

Labtests received over 600 requests for Legionella serology in 2015, of which the majority of were unpaired specimens. However, some of these may have been follow up testing from samples initially collected in hospital. Testing single specimens provides no clinically useful information and is not warranted.

2. PROPOSAL

We propose that samples requesting Legionella serology will be referred to LabPLUS for testing only if one of the following conditions is met:

- Clinical details of pneumonia are provided
- Clinical details that serology is follow up (convalescent) specimen following recent hospitalization with pneumonia
- The form indicates that ARPHS have requested the sample be taken

All other samples will be rejected with a comment indicating that testing will not be performed in the absence of pneumonia. The sample will be stored for the period of one week and discarded unless discussed with a clinical microbiologist at Labtests.

This change in practice would take effect after a period of consultation with stakeholders including LabPLUS, Clinical Microbiologists, Infectious Diseases, ARPHS, ESR and the Respiratory service. Communication to General practitioners will be provided by Labtests.

3. CONSULTATION PROCESS

3.1. What are we consulting on?

We are consulting on restricting legionella serology testing in primary care.

3.2. Who is being consulted?

Consultation with stakeholders will include:

- Auckland regional public health service
- DHB respiratory and infectious diseases physicians
- DHB clinical microbiologists
- Primary care including PHOs
- ESR Legionella laboratory

4. CONSULTATION TIMELINE

Consultation document	Friday 18 th March 2016
Feedback	Until 5pm Friday 8 th April 2016
Decision and announcement	Friday 15 th April 2016

5. HOW TO GIVE FEEDBACK

Please give feedback to:

Dr Arlo Upton

Clinical Microbiologist and Medical Director, Labtests and Northland Pathology Laboratory

Arlo.upton@labtests.co.nz

6. DECISION

The decision will be made available on the Labtests and LabPLUS websites, and those giving feedback will also be informed of the decision by email.