Reply to Gamage et al

To the Editor—We thank Gamage et al for their thoughtful comments on our article [1, 2]. The Veterans Health Administration (VHA) has demonstrated leadership among healthcare systems in the United States in the implementation of legionellosis prevention policies through a system-wide directive [3].

We appreciate the opportunity to address what Gamage et al interpret as an “inconsistency” between the observation that there is “no safe level” of Legionella in hospital water systems and the lack of a strong recommendation to perform routine environmental testing for Legionella in all hospital settings. The Centers for Disease Control and Prevention encourages all building owners, but especially healthcare facilities, to develop comprehensive water safety management plans. Routine environmental sampling can be performed as part of a comprehensive prevention strategy. However, as we described in our article and as this outbreak demonstrated, there are many challenges to the appropriate use and interpretation of routine environmental testing for Legionella. In addition, there are knowledge gaps regarding how to use this information as a measure of risk for disease transmission, including but not limited to infectious dose, susceptibility of potential hosts, and virulence of the strain. Because of these challenges, if a facility makes the decision to perform routine environmental sampling for Legionella, that facility must also be prepared to eliminate Legionella from the system if it is detected.

We applaud VHA’s leadership in attempting to address many of these questions and commend them for taking such an active role in implementing stringent legionellosis prevention policies throughout their healthcare network. We would be delighted to work with VHA to systematically review data assessing the impact and outcomes from implementation of the VHA Directive, which could provide valuable evidence for the further development and implementation of effective legionellosis prevention practices for both the VHA and for non-VHA settings.

Note

Potential conflicts of interest. All authors: No potential conflicts of interest.

All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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