



## Updated alert to General Practitioners: Legionnaires' disease associated with travel to Bali

### KEY POINTS

- There have been 5 cases of Legionnaires' disease diagnosed in Australians who holidayed in Bali during December 2010, 3 of whom are from WA, bringing the total since August 2010 to 10. All cases stayed in the same area in central Kuta.
- Given the large number of West Australians holidaying in Bali, please consider the diagnosis of Legionnaires' disease in returned travelers with consistent illnesses, especially in middle-aged and elderly people with risk factors.
- Macrolides, doxycycline or ciprofloxacin are the appropriate antibiotics for treatment of suspected or confirmed legionellosis.

Dear Doctor

Further to our previous alert of 2 September 2010, there have been a further 5 cases of Legionnaires' disease diagnosed in Australians after their return from holidays in Bali in the latter part of December, including 3 from WA. In total, there have now been 10 confirmed cases of *Legionella pneumophila* serogroup 1 (LP1) infection associated with Bali travel in the period August to December 2010 (6 from WA).

Cases have been aged between 41 and 82 years and all have been severely ill with pneumonia, with most requiring treatment in an ICU. Most, but not all, have had some identified risk conditions, which include smoking, diabetes, chronic respiratory disease, renal disease or immunocompromising illnesses. All cases were most likely infected in the central Kuta area of Bali, and most stayed in the same hotel. Indonesian health authorities are investigating possible sources in Bali.

Legionellosis is a bacterial infection with both pneumonic ("Legionnaires' disease") and non-pneumonic ("Pontiac fever") clinical forms. Both forms typically present with fever, myalgia, headache, malaise, and anorexia. Diarrhoea and confusion may also occur. The pneumonic form of the disease additionally causes a dry cough and shortness of breath and not infrequently progresses to respiratory failure.

Please consider appropriate testing and treatment for middle aged and elderly people recently returned from Bali who have illnesses consistent with Legionnaires' disease. Chest X-ray findings in legionellosis are variable and include patchy or focal areas of consolidation or bilateral involvement. A positive urinary antigen test is specific for LP1 organisms. Other diagnostic options include acute and convalescent serology and PCR/culture of respiratory specimens.

Appropriate therapy for legionellosis includes macrolides (erythromycin or azithromycin), doxycycline or ciprofloxacin.

**Dr Paul Armstrong**  
**DIRECTOR, Communicable Disease Control Directorate**