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Introduction

Including these agents in initial treatment regimen is prudent if Legionella infection is suspected based on an on-going outbreak in the area, travel history, or extra-pulmonary symptoms. It was found during the first reported outbreak of legionnaire's disease that tetracycline and erythromycin are more effective than other antibiotics, such as β -lactam antibiotics, whereas the use of steroids has been associated

synthesis [6]. Currently, these therapies are not available for clinical use. Person-to-person transfer is usually not considered a route of transmission for legionella, however, reports are emerging showing person-to-person transfer as shown in (Figure 2). Despite these reports, person-to-person contact seems to be the exception. The best means of preventing disease is by thwarting the contamination of water supplies [7]. Water temperature, pipe age, and pipe configuration have been shown to play a role in the contamination of water supplies with Legionella. Current recommendations to prevent Legionella contamination include maintaining water temperature outside the optimal temperature for Legionella growth, preventing stagnation, superheat-and- flush or point-of-use filters, UV irradiation, and chemical disinfection. Currently there are no clear recommendations as to optimal combination of preventative measures; therefore, despite the method of prevention utilized, the World Health Organization recommends quarterly water testing [8]. Classically, pneumonia due to C pneumonia presents as a mild illness predominated by fever and cough, often preceded by upper respiratory symptoms of rhinitis and sore throat. A study of an outbreak by Conklin and colleagues, duration of cough ranged from 64 days with a mean of few days [9]. Although the classic presentation is associated with non-productive cough, approximately patients presented with sputum production in outbreaks of C pneumonia infection in earlier years. The presentation is especially difficult to distinguish from pneumonia due to Mycoplasma pneumonia or respiratory viruses [10]. Despite previous suggestions that hoarseness and laryngitis are more common in infection from C pneumonia than from M pneumonia, comparison of clinical features