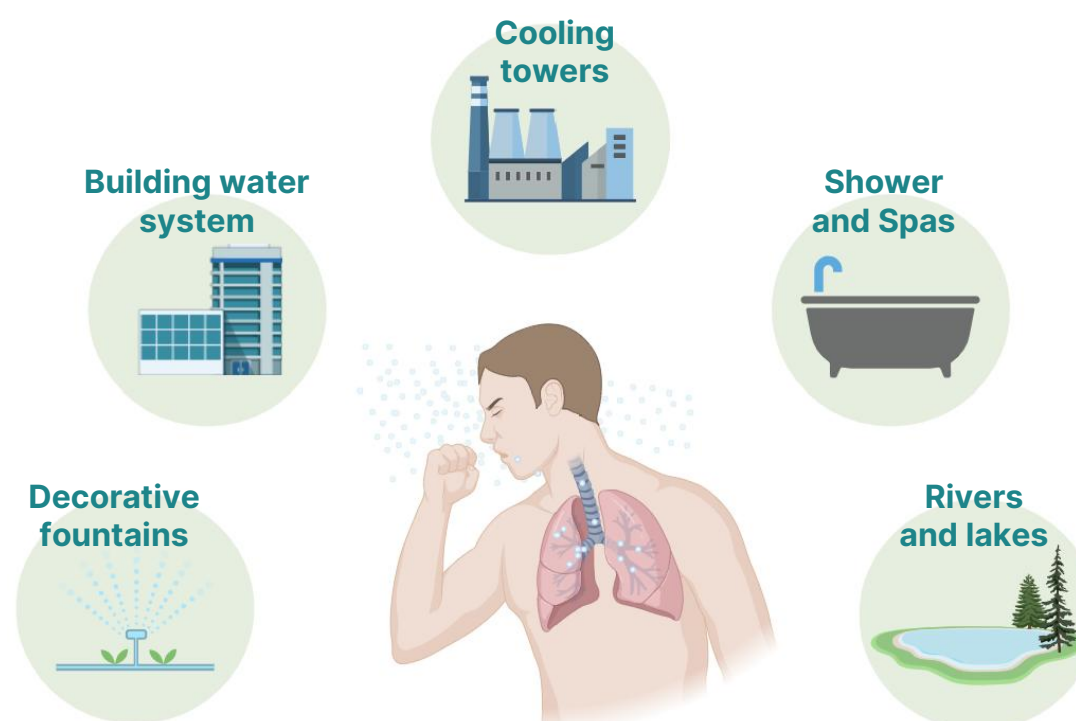




Legionella: A Hidden Threat, Calls for Precise Diagnosis

Legionella biofilm in water system

- Difficult for disinfectants to penetrate and eliminate
- Allows long-term survival of *Legionella*, acting as a persistent infection source
- Release of bacteria from biofilm into water increases aerosol transmission risk



Host-related risk factors

- Age \geq 50 years
- Smoking (current or historical)
- Immune system disorders
- Chronic lung disease
- Individuals with medical conditions

Figure. The transmission sources of *Legionella*^{1,2,3,4}

Legionnaires' disease, leading to severe pneumonia, demands a timely and accurate diagnosis

Overview

Legionellosis includes Legionnaires' disease and Pontiac disease, which are caused by *Legionella* bacteria, commonly transmitted through aerosols from water¹. The *Legionella* biofilm raises the risk of transmission, and the host condition increases the severity of infection (Figure).

Pontiac disease is an acute and self-limiting influenza-like illness.

Legionnaires' disease is a serious pneumonia caused by *Legionella* bacteria, with *Legionella pneumophila* being the most common species¹.

Outbreaks

Legionnaires' disease has been recorded in several outbreaks worldwide in 2025.

Austria announced an outbreak in February, confirming 41 cases. *Legionella* strains from patients were genetically related and the same type of *Legionella* was detected in the cooling tower of a plant⁵. **Australia** also confirmed 12 cases between March and April and detected *Legionella* bacteria in one cooling tower.

In May, *Legionella* bacteria were found in a hot spring in **Japan**, reaching 620 times the standard level. Three people were diagnosed with Legionnaires' disease and 47 users reported abnormal symptoms⁷.

Severe pneumonia

L. pneumophila is a major cause of severe **community-acquired pneumonia**, particularly in older adults and immunocompromised individuals⁸. It presents with fever, cough, dyspnea, and sometimes gastrointestinal or neurological symptoms¹.

The ATS/IDSA* guidelines recognize *Legionella* as a leading pathogen in ICU-level pneumonia, and delayed antibiotic therapy significantly increases mortality⁹. In severe cases, mortality ranges from 5% to over 30%^{8,9}.

Early and accurate diagnosis is critical to timely treatment and improved outcomes¹⁰.

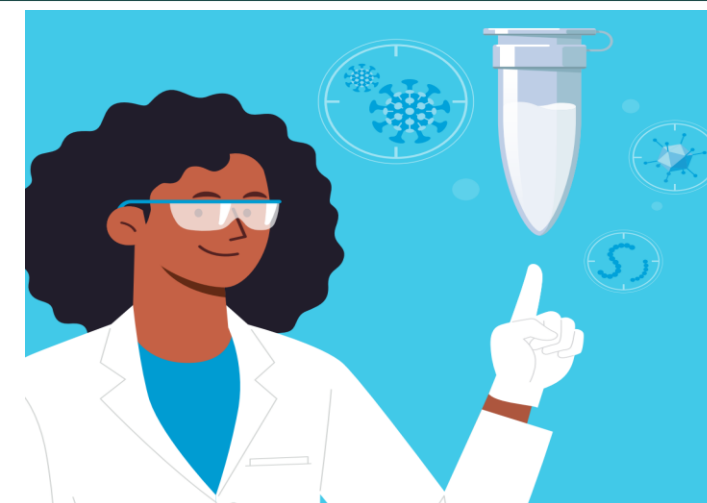
*American Society of Transplantation/ Infectious Diseases Society of America

Diagnosis

Legionnaires' disease can be diagnosed using various laboratory methods, including urinary antigen testing (UAT), culture, and molecular methods like PCR^{11,12}.

UAT typically detects *L. pneumophila* serogroup 1 only, but infections with other types can occur. Thus, it is recommended that UAT be combined with molecular testing on lower respiratory specimens¹².

PCR is advantageous for its speed and accuracy, showing 95-99% of sensitivity and >99% specificity. Furthermore, PCR can be more sensitive than culture for detecting *Legionella* infection after antibiotic treatment begins¹².



Seegene Solution

L. pneumophila not only causes pneumonia but also can develop into a severe illness. Therefore, fast detection is essential for an accurate diagnosis and timely intervention to stop the progression of the disease.

Allplex™ PneumoBacter and **Respiratory Panel 4 Assays** can differentiate *L. pneumophila* from other bacterial pathogens that often present with similar symptoms, making it useful for diagnosing respiratory infections.

Allplex™ PneumoBacter Assay and Allplex™ Respiratory Panel 4

- *Legionella pneumophila* (LP)
- *Haemophilus influenzae* (HI)
- *Streptococcus pneumoniae* (SP)
- *Mycoplasma pneumoniae* (MP)
- *Chlamydia pneumoniae* (CP)
- *Bordetella pertussis* (BP)
- *Bordetella parapertussis* (BPP)