



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**MARK T. BENTON** • Assistant Secretary for Public Health  
Division of Public Health

September 27, 2019

To: North Carolina Hospital Laboratories  
From: Zack Moore, MD, MPH, State Epidemiologist  
Scott Shone, PhD, HCLD(ABB), Director, NC State Laboratory of Public Health

**Subject: Increase in Legionnaires' Disease cases in western North Carolina**

This memo provides laboratories with information regarding the increase in reported Legionnaires' disease cases in western North Carolina and requests for specimen submission to the State Laboratory of Public Health.

*Background:*

State and local health agencies are investigating cases of Legionnaires' disease in individuals who attended the NC Mountain State Fair held in Fletcher, NC, Sept. 6–15, 2019. Public health officials are currently investigating whether and how people might have been exposed to *Legionella* bacteria at this event.

*Request for clinical specimens:*

**We are asking that laboratories submit available clinical respiratory specimens obtained between Sept. 7–30, 2019 from patients with confirmed or suspected Legionnaires' disease who attended the Mountain State Fair.**

If there are patients with confirmed or suspected Legionnaires' disease who are still hospitalized and attended the Mountain State Fair and do not have respiratory specimens available, we request that clinicians consider ordering a lower respiratory or sputum culture for *Legionella* (regardless of antibiotic exposure) and the laboratory forward the specimen to the State Laboratory of Public Health.

*Specimen submission instructions:*

Clinical Specimens and Isolates

Please complete all fields on the attached form ([DHHS-4121](#)). Ensure two of the identifiers match the labels on the primary specimen container.

Specimen Handling

All clinical specimens and isolates must be shipped using at least two cold packs within an insulated shipping container. *Legionella* isolates must be shipped on Buffered Charcoal Yeast Extract (BCYE) or equivalent slants.

Specimen Shipping

Ship completed form and specimens or isolates overnight Monday through Thursday in accordance with DOT/IATA requirements to:

North Carolina State Laboratory of Public Health  
Attn: Special Bacteriology Laboratory  
4312 District Drive  
Raleigh, NC 27607

For shipping labels or specimen handling questions, please contact Tom Lawson (919-807-8803) or Joanne Touchberry (919-807-8793) at the North Carolina State Laboratory of Public Health.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH**

LOCATION: 225 North McDowell St., Raleigh, NC 27603  
MAILING ADDRESS: 1902 Mail Service Center, Raleigh, NC 27699-1902  
www.ncdhhs.gov • TEL: 919-733-7301 • FAX: 919-733-1020

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

# SPECIAL/ATYPICAL BACTERIOLOGY

N.C. Department of Health and Human Services  
 State Laboratory of Public Health  
 4312 District Drive • P.O. Box 28047  
 Raleigh, NC 27611-8047

Please Give All Information Requested

Attach Printed Label Below

Patient Information	Last Name				
	First Name	MI			
	Maiden Name/Surname				
	Address/Attention:				
	Street Address:		Address 2:	City:	
	State:	Zip Code:	County Code:	County Name:	Phone Number:
	SSN: _____/_____/_____		Medicaid Number (if applicable): _____		
	Medical Record Number:		Date of Birth: _____/_____/_____		
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Transgender M2F <input type="checkbox"/> Female <input type="checkbox"/> Transgender F2M <input type="checkbox"/> Unknown <input type="checkbox"/> Transgender Unknown <input type="checkbox"/> Ambiguous		Race (mark all that apply): <input type="checkbox"/> White <input type="checkbox"/> American Indian/ <input type="checkbox"/> Black      Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ <input type="checkbox"/> Unknown      Pacific Isles		Ethnicity: <input type="checkbox"/> Hispanic or Latino Origin <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
Submitter	EIN: _____-_____-_____		Submitter Name:		
	Address:		Address 2:	City:	
	State:		Zip Code:	County Name:	
	Phone Number:		Email Address:	Fax Number:	
	Ordering Provider NPI:		Ordering Provider First and Last Name:		
Specimen	Collection Date: _____/_____/_____		Reason for Testing (ICD-10 Dx Code): _____		
	<b>Specimen Type:</b> <input type="checkbox"/> Isolated Organism (describe): _____ _____ _____ <input type="checkbox"/> Smear <input type="checkbox"/> Clinical		<b>Specimen Source:</b> <input type="checkbox"/> Blood <input type="checkbox"/> NP <input type="checkbox"/> Bronchial Wash <input type="checkbox"/> CSF <input type="checkbox"/> Bronchial Lavage <input type="checkbox"/> Bronchial Brush <input type="checkbox"/> Urine <input type="checkbox"/> Throat/Pharyngeal <input type="checkbox"/> Sputum <input type="checkbox"/> Sterile Body Fluid Site: _____ <input type="checkbox"/> Wound Site: _____ <input type="checkbox"/> Genital Site: _____ <input type="checkbox"/> Other: _____		
	<b>Examine For:</b> <input type="checkbox"/> Presumptive GC for confirmation <input type="checkbox"/> Legionella DFA <input type="checkbox"/> GC <input type="checkbox"/> Legionella Culture <input type="checkbox"/> GC susceptibility <input type="checkbox"/> Listeria <input type="checkbox"/> N. meningitides Group <input type="checkbox"/> Vibrio <input type="checkbox"/> H. influenza Type <input type="checkbox"/> Reference ID** (fill out information below) <input type="checkbox"/> Bordetella PCR <input type="checkbox"/> Bordetella Culture		Laboratory Number:   <p style="text-align: center;"><i>Do Not Write in this Space</i></p>		
	<b>Other</b> **For Reference ID: describe organism, including biochemical reactions: _____ _____ _____				