Risk factors for sporadic and community acquired Legionnaire's disease metropolitan France, 2002-2004



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Introduction

Legionnaire's disease (LD)

- Common aetiology of community acquired bacterial pneumonia in adults
- High case fatality ratio
- Known risk factors have been mainly described from outbreak studies
- Sporadic, community-acquired LD:
- Accounts for > 50% of the cases of LD
- Risk factors remain uncertain

Objective

To identify individual, behavioural and environmental characteristics associated with sporadic and community acquired LD in order to implement preventive measures

Study methods

- Incident, matched case-control study
- Study period:Sept. 2002 Sept. 2004
- •Study population: residents in metropolitan France
- Case definition:

0.5 (0.3 - 0.7)

- Biologically confirmed LD
- Excluding: outbreak, nosocomial or nursing home exposure in the 10 days prior to the onset

Cases & controls

- Cases: recruited through mandatory notification
 - Exposure period: 10-days before disease onset
- Included consecutively until sample size completed (n=600 pairs)
- Matched with a control 1:1
- Controls: recruited by GPs of cases
 - Over the same period of exposure as cases
- Community
- Not known to be a LD case

Matching variables

- **Age:** $< 65 \text{ y: } \pm 10 \text{ y}$ $\geq 65 \text{ y: } \pm 5 \text{ y}$
- Sex

Methods

- Underlying illness: 3 categories
- 1. no underlying illness
- 2. chronic diseases
- **3.** malignancy, steroid use, immuno-suppression
- Location of residence within 5 km of case's residence.

Study variables

Standardized questionnaire:

- individual: oxygen use, smoking, alcohol, travel history, home ownership, water use...
- environmental exposures: home setting, origin of drinking water, hot water production, air-conditioning, plumber work at home & street, factory nearby and type, working place, aquatic parks...
- professional and leisure activities:
 profession, gardening, aquatic sports...

Results

Cases of legionnaires' disease & controls by type of exposure

Analysis on 546 matching pairs Individual Cases Controls Matched OR Age: 10 - 93 y (median, 55 y) exposure n (%) n (%) (95% CI) M/F sex ratio: 3.6 Tobacco **330** (61%) **117** (22%) **8.4** (5.7 12.3) Diagnosis by urinary antigen ~ 93% Travel history **175** (32%) 89 (16%) **2.8** (2.0 - 3.9) Case fatality: 3.5% (19/ 546) **85** (16%) **22** (4%) **4.7** (2.8 - 7.9) - Hotel Underlying illness: 29% **2** (< 1%) **12** (2%) **6** (1.3 - 27) - Camping - Cat 1: 71.1% (no underlying illness) Washbasin for personal - Cat 2: 22.5% (chronic diseases) **59** (11%) 35 (7%) **2** (1.2 - 3.2) - Cat 3: 6.4% (immunodeficiency) Home ownership **310** (58%) **420** (79%) 0.3 (0.2 - 0.5) 440 (82%) 469 (87%) 0.6 (0.4 - 0.9) Shower

Alcohol

Environmental	Cas n (9		Matched OR (95% CI)
Living in a block of flats	219 (41%)	159 (29%)	2.5 (1.8 - 3.7)
Suburbs vs downtown residence	141 (47%)	170 (56%)	0.7 (0.5 - 0.9)
Road works nearby	76 (17%)	113 (25%)	0.6 (0.4 - 0.8)
Individual hot water system	440 (84%)	468 (89%)	0.5 (0.4 - 0.8)
Air conditioning at home	10 (2%)	26 (5%)	0.3 (0.2 - 0.7)

Leisure activities	Cases n (%)	Controls n (%)	Matched OF (95% CI)
Gardening	140 (26%)	214 (40%)	0.5 (0.4 - 0.7)
Car wash	59 (11%)	111 (21%)	0.5 (0.3 - 0.7)
Use of pressurized water	6 (1%)	19 (3%)	0.3 (0.2 - 0.5)
Aquatic sports	32 (6%)	55 (10%)	0.5 (0.3 - 0.8)
Air conditioning at home	10 (2%)	26 (5%)	0.3 (0.2 - 0.7)

N = 465 pairs analysed	Matched OR (95% CI)
Tobacco	8.9 (5.3 - 15.0)
Travel history	
- Hotel	6.8 (3.1 - 14.8)
- Other	3.2 (1.8 - 5.9)
Use of Washbasin	
for personal hygiene	2.9 (1.4 - 6.2)
Alcohol	0.3 (0.2 - 0.6)
Home ownership	0.4 (0.3 - 0.7)
Gardening	0.4 (0.3 - 0.6)
Use of pressurized	

0.4 (0.2 - 0.8)

Multivariate model

Results

Multivariate model: Tobacco

Matched OR (95% CI)

Non smoker Reference

• Ex sm. \leq 20 y
• Ex sm. > 20 y
• Smoker \leq 20 y
• Smoker \leq 20 y / \leq 20 c
• Smoker \leq 20 y / > 20 c
• Smoker \leq 20 y / \leq 20 c
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Discussion

- Results show a strong association between:
- LD & Tobacco
- LD & Travel history
- Concordant to other studies
- Tobacco: first time such a dose-effect response is documented
- Limitations & Bias:
- Information only on the less severe cases
- Risk of overmatching over underlying illness and residence
- Residual confounding
- Some protective exposures are difficult to explain:
- Alcohol?
- Washbasin use, gardening... maybe surrogate variables for physical fitness

Discussion/Conclusions

Further analysis is ongoing to test:

These are **Preliminary results**.

- colinearity,
- possible differences between matching sets with missing values and the sets analysed,
- and differences between categories.

Conclusions

- Results show a strong association between LD and:
 - Tobacco
 - Travel history
- First time such a dose-effect response for tobacco is documented