Welcome to the Hotels and Hospitality Facilities Module, a supplement to the Legionnaires’ Disease Risk Communication Toolkit. This module should be used in conjunction with the Toolkit document and the other supplemental modules. The Hotels and Hospitality Facilities Module contains the following information:

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The individual chapters in the Legionnaires’ Disease Risk Communication Toolkit document provide foundational information applicable to all the settings in which exposure to Legionella most commonly occurs. The LDRC Toolkit document offers key information about Legionnaires’ disease (LD), identifies legal issues, discusses important considerations when communicating about LD with stakeholders and the public, and provides an overview of water management programs (WMPs). The information in these chapters applies to all the settings in which exposure to Legionella most commonly occurs. The LDRC Toolkit’s supplemental modules are a series of setting- and scenario-specific documents that address LD-related information and messaging targeted for that setting. The setting- and scenario-specific modules are:

- Healthcare Facilities
- Congregate Residential Facilities
- Hotels and Hospitality Facilities
- Community Settings
- Routine Environmental Test Results in the Absence of Cases

Each module also provides templates and sample messages for key communication items such as notification letters, public health orders, press releases, and health department advisories. The modules also identify practice tips and other resources to help state, tribal, local, and territorial (STLT) health agency staff communicate the risks of LD in these specific settings and scenarios to target audiences.

Variables Affecting LD Outbreaks

The goal of the modules is to provide STLT health agency staff with clear guidance about communicating LD risks in a specific setting or scenario and tools to use in those efforts. However, it is important to note that there are many factors that may affect a jurisdiction’s investigation, response, and communications about a specific LD outbreak. The following factors are just some of the variables that can influence the course of an LD outbreak—even within the same types of settings—and the response to it:

- Potential for population with increased risk for LD in the setting
- Overnight stay at the setting or not
- Commercial setting or non-commercial setting
- Length of exposure in the setting
- Mixed/hybrid settings (i.e., locations with features common to different LD risks)
- Environmental assessment and environmental sampling Legionella results

Above all, these modules provide a starting point from which to tailor risk communication about...
LD outbreaks in the identified setting. Each jurisdiction can make its own determination about the nature and scope of its investigation and response, and the messages and targets for communication, given the specifics of each LD outbreak and the jurisdiction’s laws, regulations, and policies.

**Module Components**

The setting- and scenario-specific modules follow the same format and include the following sections:

- **Scope of Module**—Provides a quick overview of the types of buildings and facilities addressed in the module.

- **Factors Affecting Investigation**—Discusses factors in the specific setting (e.g., healthcare, congregate residential) or scenario (i.e., routine environmental test results in the absence of cases) that help determine how a public health agency addresses LD cases or an outbreak in that setting.

- **Key Risk Factors**—Identifies and discusses the key risk factors in the setting that can give rise to Legionella growth and LD. This section addresses risk factors associated with buildings and facilities as well as factors affecting persons who occupy or visit the setting. Each module includes a one-page figure summarizing these key risk factors for quick reference.

- **Key Audiences and Messages Overview**—Identifies and addresses the key audiences for messaging in the module setting. The section discusses the relevance and role of each audience to the identification, investigation, mitigation, and prevention of Legionella and LD.

- **Key Audience and Messaging Tables**—A series of tables provides detailed messaging guides geared to each key audience in the setting or scenario. This section opens with an index table that lists all the messaging table templates by audience. Each series of color-coded key audience tables includes one or more messaging scenarios for that audience. Each messaging table contains an annotated, customizable template of text to include in communications about that scenario.

- **Toolkit Appendix**—Provides other samples and templates related to the content of the module.

Finally, the messaging needed in a specific scenario or outbreak will vary with the unique facts of that event and the laws and policies of the jurisdiction where it is occurring. For this reason, the information in each module and the messaging tables, templates, and samples should be used as a starting point to craft communications tailored to the user’s specific needs and circumstances.
Hotels and other types of hospitality facilities (e.g., resorts, motels, cruise ships) are among the most frequent settings for Legionnaires’ disease (LD) outbreaks (CDC, 2021a, see also CDC, 2021b). These types of facilities are susceptible to Legionella colonization because of the complexity and variety of water systems they contain, as well as the seasonality and variability in their occupancy rates, which can lead to stagnant or standing water favorable for Legionella growth.

Scope of Module
This module covers several kinds of facilities under the broad category of hotels and hospitality:

- Hotels, resorts, and motels
- Cruise ships*
- Casinos
- RV parks, state parks, campgrounds, and truck stops
- Recreational attractions like water slides, water parks, and amusement parks
- Bed and breakfast inns, vacation rentals, short-term residence rentals (whole or partial residence) (e.g., Airbnb, VRBO)

Factors Affecting Investigation
A case or outbreak of LD in a hotel or other hospitality facility may be considered to be travel-associated by CDC. The decision to conduct a full investigation of LD cases/outbreak in a hotel or other hospitality facility will depend on the identification of the number of cases within a defined time:

- Two or more cases of LD or Pontiac fever identified in people who:
  - Stayed overnight in the same accommodation during the exposure period for LD (14 days before date of symptom onset) or Pontiac fever (typically 24-72 hours before date of symptom onset), and

*About Cruise Ships...
While cruise ships are a hospitality venue that can be at risk for LD, the federal government is responsible for and takes the lead on intervention, mitigation, and risk communication activities.

International cruises/water vessels—CDC has jurisdiction over international cruise ships. Three programs/divisions are involved: (1) the Division of Global Migration and Quarantine (DGMQ) in the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), (2) the Division of Bacterial Diseases in the National Center for Immunization and Respiratory Diseases and (3) The Vessel Sanitation Program (VSP) in the National Center for Environmental Health.

Interstate cruises/water vessels—The FDA Interstate Travel Program is authorized to inspect passenger-carrying conveyances (including water vessels) that operate in interstate traffic and the facilities providing food, potable water, and waste handling services that support these types of conveyances.

State, tribal, local, and territorial health departments support these federal agencies through their epidemiological work identifying LD cases or outbreaks potentially linked to a cruise ship or other water vessel and informing the appropriate federal agency.
Had symptom onsets within 12 months of each other.

See CDC resources for public health agencies in determining the extent of a travel-associated investigation at https://www.cdc.gov/legionella/health-depts/epi-resources/outbreak-investigations.html#considerations-travel.

**Key Risk Factors in Hotel and Hospitality Facilities**

There are multiple factors that can make hotels and hospitality facilities especially susceptible to *Legionella* colonization and spread. While not all the risk factors identified below apply equally to every type of facility discussed in this module, they are hallmarks of the types of risks that are prevalent in hotels and hospitality settings. The risk factors discussed below relate to the building/facility itself and the people occupying it.

**Complex Potable and Drinking Water Distribution Systems**

Larger hotels and tourist accommodations are likely to have complex potable/drinking water systems that include recirculating hot water, long distribution or riser runs, multiple water heaters, and numerous fixtures. The complexity of a system increases opportunities for stagnant water, residual disinfectant loss, and temperatures favorable for *Legionella* colonization. Smaller hospitality facilities may not have the same level of complexity in their water systems; however, they may not receive the same level of ongoing maintenance as larger properties. These types of facilities can also undergo frequent construction or renovation to modernize and expand capacity, which can cause disruptions and changes in water pressure. These changes can dislodge biofilm and release *Legionella* into the water system, as well as introduce contaminants into the water system and potential stagnation in areas where water flow is reduced or cut off.

**Sources of Aerosolized Water**

This is a broad category that includes many different potential sources of *Legionella* within a hotel or other kinds of hospitality facilities. These can include aerosolized water from showers, faucets, hot tubs, pools, and decorative fountains or other water features.

**Buildings Systems with Cooling Towers**

Large facilities may have cooling towers, which if not properly maintained, can become colonized with *Legionella*. The bacteria are then dispersed through water droplets generated during cooling processes. Mist from cooling towers also poses a risk to the neighboring area around the cooling tower because the mist can drift and be inhaled by people outside and in other buildings. Facilities like large hotels, resorts, casinos, and even large truck stops can have one or more cooling towers. Smaller properties may or may not have cooling towers.

**Specific Building or Location**

Fluctuating occupancy levels in hospitality facilities may occur given the nature or location of an accommodation. This can increase the potential for *Legionella* colonization at a site and for people occupying it to be exposed. For example, seasonal campgrounds and RV parks with potable water systems, shower facilities, and...
recreational water features may be unoccupied for prolonged periods; water can become colonized if the systems are not maintained during periods of reduced occupancy. Similarly, if hotels or resorts have high vacancy rates and unused floors, water may stagnate in pipes and become a reservoir for _Legionella_. Vacancy issues were especially a consideration for the hospitality industry during the COVID-19 pandemic as these facilities experienced higher vacancy levels than usual (CDC, 2021c).

**Hybrid Settings**

A hotel or other type of hospitality facility will likely have several different aspects to the property that make it a risk for _Legionella_ growth and spread. Hotels, resorts, motels, campgrounds, RV parks, casinos, and cruise ships can all contain pools, hot tubs, decorative fountains, and other recreational water features that produce water droplets. If private residences are used for bed and breakfast inns (B&Bs), vacation rentals, or short-term residence rentals (either the whole or partial residence, e.g., Airbnb, VRBO), they may be considered to be a hospitality facility for the purposes of an epidemiological investigation; however, these properties share many of the same features as private residences and often are not subject to the same tourist accommodation regulations as hotels. Each element is assessed as an individual functional unit as well as in the context of a hotel or other hospitality facility as a whole.

**Length of Stay in the Facility**

Because LD is associated with overnight stays or extended exposures to a source within a facility colonized with _Legionella_, the longer a person is at the facility—as an overnight guest, event attendee, employee, or otherwise working or spending prolonged periods in a hotel or hospitality setting—the greater the potential to contract LD.

**At-risk Persons in the Facility**

Some people may have factors that predispose them to acquiring LD, such as being aged 50 years and older, being a current or former smoker, or having a higher risk of infection (e.g., have a chronic illness, respiratory disease, or a weakened immune system). Other individuals may be at risk for LD based on the amount of time they spend in a facility and exposed to _Legionella_. As noted above, guests and employees are just some of the persons who may be at risk in hotel/hospitality settings. Special events or conferences may also draw large numbers of individuals.

Figure 1 describes risk factors that affect buildings and the persons using them. Specific facility types (e.g., hotels, casinos, campgrounds) that may have the listed risk factor are indicted in parentheses.

**Key Audiences and Messages**

Each hotel and hospitality facility has key audiences for messaging about LD identification, investigation, mitigation, and prevention. These persons and organizations will need foundational information about LD and material tailored to their perspectives in the LD event. Messaging may also evolve during the LD event as suspected outbreaks are confirmed and follow-up is indicated with affected persons and facilities. The key audiences for hotel and hospitality facilities are discussed below.
### Water Distribution Systems
- Complex potable/drinking water systems likely that include recirculating hot water, long distribution or riser runs, multiple water heaters, and numerous fixtures (hotels, resorts, casinos, cruise ships)
- Complex potable/drinking water distribution system possible (smaller hotels, motels, RV parks, campgrounds, truck stops, amusement/water parks)
- Less complex potable/drinking water distribution systems likely but potential for less frequent maintenance and water system management (B&Bs, vacation and short-term residence rentals, state parks, water slides)
- Technical water/non-potable systems of varying complexity possible (hotels, resorts, casinos, cruise ships, RV parks, campgrounds, truck stops, amusement/water parks)

### Building Systems with Cooling Towers
- Complex cooling systems with cooling towers likely (larger hotels, resorts, and casinos)
- Complex cooling systems with cooling towers possible (mid-sized hotels, resorts, and casinos, larger truck stops)
- Cooling towers unlikely (cruise ships, RV parks, campgrounds, B&Bs, vacation and short-term residence rentals)

### Hybrid Setting / Features of Multiple Settings
- Can include one or more recreational water features (e.g., pools, water slides, hot tubs) (all but truck stops)
- Can also be considered as a community setting (B&Bs, vacation and short-term residence rentals, truck stops)

### Personal Factors
#### Length of Time in Setting
- Overnight and multiple-night stays by guests (all)
- Attendees at all-day conferences or events (hotels, resorts)
- Employees/contractors working on site for extended periods (all)
- Employees/contractors living on site for extended periods (cruise ships, resorts, RV parks, campgrounds, B&Bs)
- Guests stay for long periods gaming, dining, attending shows, shopping, swimming (casinos, resorts, amusement/water parks)

### Persons with Risk Factors
- Can have guests, visitors, employees, contractors, and others with a cross-section of personal risk factors (all)

### Sources of Aerosolized Water
- Numbers and size of sources will vary with the type of facility
- Potential sources:
  - Showers and faucets (all)
  - Pools/water slides (all but truck stops)
  - Hot tubs (all but truck stops)
  - Decorative fountains (hotels, resorts, casinos, cruise ships)

### Features Specific to the Building or Location
- Unused rooms, floors, or buildings (all)
- Seasonal vacancies/periods (all)
- Potentially fewer staff for water system maintenance (smaller hotels, motels, resorts, casinos, RV parks, campgrounds, truck stops, B&Bs, vacation and short-term residence rentals)
- Technical water/non-potable systems of varying complexity possible (hotels, resorts, casinos, cruise ships, RV parks, campgrounds, truck stops, amusement/water parks)
- Potable water holding tanks (cruise ships, RV parks, campgrounds)
Facility
Owners, operators, and managers are generally both the operational and legal points of contact for suspected and confirmed public health communicable disease investigations and response activities. (This should be confirmed by the laws and regulations in a specific jurisdiction.) The appropriate parties to contact can also vary depending on the size and type of facility involved (e.g., owned by large corporation, franchise of a chain, small business).

The facility is also a key source of information about guests, employees, contractors, and other persons or organizations who stayed or visited it during the period under investigation. Depending on the laws, regulations, or policies of a jurisdiction, facility managers and employees may be required to use messaging supplied by a public health agency to communicate with potentially exposed persons or to alert prospective customers about an ongoing LD investigation; however, in other jurisdictions, public health agencies can recommend but not require specific messaging.

Should a facility raise concerns about sharing personally identifiable information about guests or visitors, note that federal and state laws provide exceptions to confidentiality requirements for public health purposes or other exceptions that would allow for access to information about individuals. (See LDRC Toolkit Chapter 3 “Access to Information and Confidentiality”.) Any questions or concerns about accessing or sharing personally identifiable information may be discussed with the public health agency’s legal counsel.

The facility owners and staff must understand the process for investigating and testing the facility’s water systems, cooling towers, and plumbed water features, as well as mitigation measures to address Legionella colonization. If general risk communication methods are ineffective at prompting action by the facility, messaging about and the use of public health orders or other enforcement mechanisms may be helpful.

Finally, public health agencies should consider requesting (or requiring) copies of all written materials and other notices shared with guests, staff, and visitors to ensure that the information being provided is accurate and complete. Correct information is especially important for persons potentially exposed to Legionella who should be monitored for symptoms and seek treatment if symptoms develop. Facilities subject to health orders may also be required to provide copies of all notices and notifications. Public health agencies should also confirm that facilities notify guests, staff, and visitors about the results of tests on its water systems arising from a public health investigation.

Guests and Visitors
Messaging for guests and visitors must be clear about LD and use plain language to address the cause, sources, risk factors, and symptoms of the disease. Messaging should include information about specific potential exposures at a facility and timing (if known). Consider including language advising recipients to speak with a medical provider if they develop symptoms within 14 days of exposure and how to speak with their doctor about the exposure. Points of contact with the public health agency and sources for additional information should also be clearly communicated, if appropriate.
Employees and Contractors
Similar to the messaging for guests and visitors, employees and contractors must receive clear information about LD in plain language that addresses the cause, sources, risk factors, and symptoms of the disease. Messaging should include information about specific potential exposures at a facility and when exposure likely occurred (if known). It should also address how the facility would like employees and contractors to proceed if they are sick or worried about having been exposed, and how to speak with their doctor about the exposure. Additionally, a jurisdiction’s occupational health and safety laws and workers’ compensation system, as well as obligations arising from union contracts and other agreements or personnel policies affecting the rights of employees or contractors can arise. Further, the issue of personal protective equipment (PPE) may arise if there are employees or contractors at higher risk (whether due to personal medical history or exposure risks due to job duties). Points of contact within the organization and the public health agency, employee rights, and sources for additional information should also be clearly communicated.

Persons with Confirmed LD
Persons who have been confirmed to have LD from an outbreak may require additional information as the public health investigation proceeds (e.g., for legal or medical purposes, out of interest or concern). Health agency staff should identify the extent and types of information that can be legally shared within the scope of their jurisdiction’s laws, and that the information released is supported by data and sound public health practice. Health agencies may also consider media releases with investigation updates to keep affected and interested persons informed. (See “Media and the Public” item below.)

Healthcare Providers and Facilities
Conducting outreach to healthcare providers and specific healthcare facilities in the community in which an LD outbreak is occurring/has occurred helps to educate them about LD and alert them to the signs and symptoms indicating a patient may be suffering from LD. The public health agency can also provide guidance on appropriate diagnostic testing and treatment, and instructions about retaining or forwarding clinical specimens or isolates. Health alerts sent by the public health agency to healthcare providers and facilities are used to highlight specific suspected or confirmed LD outbreaks and to inform practitioners and clinical laboratories how to report cases to the agency. Health agencies may also consider issuing health alerts to providers before the opening of seasonal attractions to remind them about LD signs and symptoms (or about waterborne illnesses generally) and how to report cases.

Other Agencies and Governments
A public health agency may inform other divisions within the public health agency, other government agencies in its state/jurisdiction, and agencies in other units of government (i.e., local, regional, state, federal, tribal, territorial) about an LD outbreak as required by law, standard procedure, or voluntarily as public health partners. It is common practice and recommended by CDC that public health jurisdictions investigating a travel-associated LD outbreak post an Epi-X notification to alert public health practitioners in other jurisdictions since cases often reside in different jurisdictions than their travel destinations. Identifiable personal information can only be shared according to state and federal confidentiality laws and rules. Depending on the extent and nature of an LD event, other divisions, agencies, or units of government may have regulatory or other legal authority over the operation of a facility (e.g.,
building code enforcement, environmental health/sanitation inspections, recreational water inspections).

Media and the Public
Providing information to the media and the public about a suspected or confirmed LD outbreak is an important part of the risk communication process in many situations. However, it should be approached taking care to balance the privacy interests of the involved facilities and individuals with the right of the public to be made aware of public health threats. (See Chapter 3 “Accessing Information and Confidentiality” for more information.) LD cases or outbreaks associated with hospitality facilities may generate significant public and media attention. Issuing press releases and other statements about an LD outbreak at a specific hotel or other hospitality facility can help to identify other persons who may have been exposed and alert them to the symptoms to watch for during the incubation period. In some instances, proactive messaging with a suspected source facility may garner the facility’s voluntary cooperation with testing, investigation, mitigation, and prevention; some facilities may react to negative media attention by being hesitant to test or undertake mitigation activities unless ordered to do so. Providing updates on the status of an LD investigation can help to assure the public that the outbreak is being addressed and mitigated. Health agencies can also issue proactive media reports to remind facility owners/operators, employees, and patrons about LD (and other waterborne illnesses).

Hotel & Hospitality Facilities Module References

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# Hotels & Hospitality Facilities Module Selected Resources


This section of the module contains messaging tables that address key audiences associated with a suspect or confirmed LD case(s)/outbreak at a hotel or other hospitality facility. LD risk communication materials gathered from states, localities, and federal sources were used to help create the messaging tables in this module. Readers should consider the following when using the messaging tables:

- Each series of color-coded key audience tables includes one or more messaging scenarios for that audience.
  - The same colors are used across all the modules for the same audiences (e.g., materials for the press and public are in tables with orange banners).
- Each messaging table contains an annotated template of text to include in communications about that scenario.
  - Module users are free to choose which content to use in a template and modify it according to their needs.
- **Italized topic headings** introduce a series of bulleted statements with text that can be adapted into letters, handouts, or notices.
  - Topic headings are not necessarily intended to be used in messaging documents.
- [Text in brackets] can be edited or added by the user to tailor a document for the specific use.
  - For example, “The [state/local health agency] has identified...” becomes “The Anytown Health Department has identified...”
- [Italicized text in brackets] are instructions to the user and are not intended to be included in messaging documents.

The next page contains an index of the messaging tables and lists each key audience and messaging scenarios addressed. The index also lists the corresponding module page numbers for the messaging tables.

**IMPORTANT NOTE:**

The messaging indicated in a specific scenario or outbreak will vary with the unique facts of that event and the laws and policies of the jurisdiction where it is occurring. **For this reason, these messaging tables, templates, and samples should be used as a starting point to craft communications tailored to the user’s specific needs and circumstances.**
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Purpose of communication:
• Thank you for your cooperation with the [state/local health agency] investigation of a case of Legionnaires’ disease (LD) in a [person/guest/visitor] at your facility. [OR [State/local health agency] is investigating a case of LD in a [person/guest/visitor] at your facility.]
• LD is caused by exposure to Legionella bacteria.
• LD is one of the illnesses reported to the [state/local health agency] because of its potential to cause outbreaks.

Basics about LD:
• LD is a serious form of pneumonia (lung infection) that is spread from aerosolized water (water droplets) that contains Legionella bacteria.
• LD is generally not spread from person to person.
• Most healthy people do not get LD after being exposed to Legionella.
  ▪ Being 50 years or older or having certain risk factors such as being a current or former smoker, having chronic lung disease, having a weakened immune system, or taking medication that weakens your immune system can increase the chances of getting LD.
• Symptoms of LD include cough, muscle aches, fever, shortness of breath, and headache.
  ▪ Symptoms usually start 2 to 14 days after breathing in water droplets with Legionella.
• LD can be treated with antibiotics.
  ▪ Most people who get LD need care in a hospital but make a full recovery. However, LD can sometimes result in lung failure or death.

Sources of exposure:
[Edit sources as appropriate for facility:]
• Legionella is naturally found in freshwater environments, such as lakes and streams; however more commonly causes human infection when it grows and spreads in building water systems (e.g., hot water tanks and heaters, showerheads, sink faucets, large plumbing systems, hot tubs, cooling towers, other water sources like decorative fountains).
• [At this time, there is no direct evidence that this case of LD was acquired at your facility; however, we felt it was prudent to notify you.]

Suggested actions:
• You may wish to inform building staff, guests, and visitors about the LD case. [State/local health agency] can assist you with [and/or provide you with templates for] notifications.

[Continued next page]
You may wish to review your water/facility maintenance procedures to help minimize future risk.

Information about water management programs are available through the CDC at https://www.cdc.gov/legionella/wmp/overview.html.

[Facility name] may need to have a water management program (WMP).

- If [facility] does not have a WMP and it meets the characteristics outlined in ASHRAE Standard 188, it should develop and implement one. See the worksheet from CDC to identify which buildings or systems should have a WMP: https://www.cdc.gov/legionella/wmp/toolkit/wmp-risk.html.

- If [facility] does not meet the characteristics outlined in ASHRAE Standard 188 indicating the need for a WMP, consider implementing elements of a WMP according to facility or device characteristics.


**Actions potentially required:**

- [While there are currently no legal restrictions or actions required,] we are informing you to ensure that you have updated information and help you minimize the risk of *Legionella* in your facility’s water systems.

- If we determine that other people with LD also stayed at, work at, or visited your facility, we may ask for your assistance in investigating further.

**Communications requested:**

- Thank you for your active cooperation in the [state/local health agency] investigation.

- Please contact the [state/local public health agency or other agency] if you learn of other cases of LD among guests, staff, or visitors, regardless of where they live.

- Please contact [name, phone number, and email address of person/office] at the [state/local health agency or other agency] for more information or to answer questions.

**Templates & Samples**

See additional samples and templates in the LDRC Toolkit Appendix.
Purpose of communication:

- Thank you for your cooperation with the [state/local health agency] investigation of a case(/cases) of Legionnaires’ disease (LD) in a [guest/visitor/person] at your facility. [OR [State/local health agency] is investigating a case of LD in a [guest/visitor/person] at your facility.]
- The [state/local public health agency] has identified people diagnosed with LD who [were at/stayed as guests/visited] your facility within the LD incubation period (2–14 days).
- There is reasonable cause to believe that your property is or may be colonized with Legionella (the bacteria that cause LD) and that it may be a threat to public health.
- An environmental assessment of your facility by [state/local public health agency] is necessary and specific response activities may be needed based on the assessment findings.

Basics about LD:

- LD is a serious form of pneumonia (lung infection) that is spread from aerosolized water (water droplets) that contains Legionella bacteria.
- Most healthy people do not get LD after being exposed to Legionella.
  - Being 50 years or older or having certain risk factors such as being a current or former smoker, having chronic lung disease, having a weakened immune system, or taking medication that weakens your immune system can increase the chances of getting LD.
- Symptoms of LD include cough, muscle aches, fever, shortness of breath, and headache.
  - Symptoms usually start 2 to 14 days after breathing in water droplets with Legionella.
- LD can be treated with antibiotics.
  - Most people who get LD need care in a hospital but make a full recovery. However, LD can sometimes result in lung failure or death.
- LD is generally not spread from person to person.

Sources of exposure:

[Edit sources as appropriate for facility:]

- Legionella is naturally found in freshwater environments, such as lakes and streams; however more commonly causes human infection when it grows and spreads in building water systems (e.g., hot water tanks and heaters, showerheads, sink faucets, large plumbing systems, hot tubs, cooling towers, other water sources like decorative fountains).
**Actions required as applicable:**

- The [state/local public health agency] is requesting your assistance in gathering information about cases who were at the facility.

- An environmental assessment of your facility by the [state/local public health agency] is necessary to determine if there is potential for ongoing risk of exposure to *Legionella*.

- [If cases are linked to a specific device such as a decorative fountain, hot tub, or other device that aerosolizes water and there is evidence to suggest the device may be the source of the outbreak:]  
  - Remove [device] from service until [state/local public health agency] can conduct the environmental assessment.

- Upon completion of the environmental assessment, [state/local public health agency] personnel may recommend control measures as indicated by the assessment findings that your facility should undertake to mitigate any ongoing risk and prevent future *Legionella* colonization.

- You may [wish to/be required to] inform building staff, guests, and visitors about the LD cases/outbreak. [Health agency] can assist you with [and/or provide you with templates for] notifications.

- You may also [wish to/be required to] review your water/facility maintenance procedures to help minimize future risk.

- Information about water system maintenance is available through the Centers for Disease Control and Prevention (CDC) at [https://www.cdc.gov/legionella/wmp/overview.html](https://www.cdc.gov/legionella/wmp/overview.html).

- [Facility name] may need to have a water management program (WMP).
  - If [facility] does not have a WMP and it meets the characteristics outlined in ASHRAE Standard 188, it should develop and implement one. See the worksheet from CDC to identify which buildings or systems should have a WMP: [https://www.cdc.gov/legionella/wmp/toolkit/wmp-risk.html](https://www.cdc.gov/legionella/wmp/toolkit/wmp-risk.html).
  - If [facility] does not meet the characteristics outlined in ASHRAE Standard 188 indicating the need for a WMP, consider implementing elements of a WMP according to facility or device characteristics.

**Communications requested:**

- You may be contacted by [the state/local public health agency] to schedule an environmental assessment of the facility.

- In the meantime, if you have additional information and questions, or if you learn of other cases of LD among guests, staff, or visitors, regardless of where the guest lives, please contact [name, phone, email] at the [the state/local public health agency].

**Templates & Samples**

See additional samples and templates in the *LDRC Toolkit Appendix*.
## Hotels & Hospitality—Messaging for Facilities

### Messaging Purpose:
- Investigation at an uncooperative or non-compliant hotel or other hospitality facility
  AND/OR
- Investigation is needed for public health purposes
  AND/OR
- Remediation is indicated per investigation findings
  - Facility is uncooperative/non-compliant with public health requests
  - Ordering the facility to allow assessment or investigation and take actions required by law to mitigate conditions giving rise to LD
  - A decision may be made to send a final notice before issuing an order or combining the two.
- The legal requirements for notice and an order depend on a specific jurisdiction’s laws and should be followed.

### Purpose of communication:
- On [date(s)], the [state/local public health agency] contacted [facility name] because there is reasonable cause to believe that the property is or may be colonized with *Legionella* (the bacteria that causes Legionnaires’ disease (LD) and that it may be a threat to public health.
- The [state/local public health agency] has identified [number of people/person(s)] diagnosed with LD who report [being at/visiting] your facility from [date range], which is within the LD incubation period of 2 to 14 days.
- [Facility] has not responded to requests to [allow an environmental assessment, perform environmental sample testing for *Legionella*, and/or has not undertaken remediation measures indicated].
- This notice is a final request to [allow an environmental assessment, perform environmental sample testing for *Legionella*, and/or undertake remediation measures] before a [health order] is issued mandating compliance.
  - [OR] [[Facility] is ordered pursuant to [cite state/local law] to [allow the property to undergo an environmental assessment, perform environmental sample testing for *Legionella*, and/or take the required actions to mitigate the conditions that promote *Legionella* growth and spread].]

### Sources of exposure:
[Edit sources as appropriate for facility:]
- *Legionella* is naturally found in freshwater environments, such as lakes and streams; however, it more commonly causes human infection when it grows and spreads in building water systems (e.g., hot water tanks and heaters, showerheads, sink faucets, large plumbing systems, hot tubs, cooling towers, other water sources like decorative fountains).

### Actions required:
[Edit actions as appropriate for facility:]
- An environmental assessment of your facility by the [state/local public health agency] is necessary to determine if there is potential for ongoing risk of exposure to *Legionella*.

[Continued next page]
If cases are linked to a specific device such as a decorative fountain, hot tub, or other device that aerosolizes water and there is evidence to suggest the device may be the source of the outbreak:

- Remove [device] from service until [state/local public health agency] can conduct the environmental assessment.

Upon completion of the environmental assessment, [state/local public health agency] personnel may recommend control measures as indicated by the assessment findings that your facility should undertake to mitigate any ongoing risk and prevent future Legionella colonization.

Failure to comply with this [final notice] [and/or order] may result in further administrative, civil, and criminal penalties.

Communications requested:

- You may be contacted by [the state/local public health agency] to schedule an environmental assessment of the facility if you do not respond to this notice.
- In the meantime, if you have additional information and questions, or if you learn of other cases of LD among guests, staff, or visitors, regardless of where they live, please contact [name, phone, email] at the [state/local public health agency].

Templates & Samples

See additional samples and templates in the LDRC Toolkit Appendix
[Note: This order may be modified with revised requirements as additional information about the condition of the hotel or hospitality facility becomes available or initial response activities are implemented. If the facility does not comply with the initial order, additional administrative, civil, or criminal proceedings may be required.]

Introduction:

- Hotel/hospitality facility name has been issued a [license] by the [health/other agency name] to operate a [identify type of hotel/hospitality facility, e.g., resort, casino, water park].
- Based on information and belief, you are the [facility owner, person in control, registered agent OR other] of [hotel/hospitality facility name and address] (the “Property”).
  - If you are not the [owner, person in control, or registered agent OR other] of the Property, please contact [health agency contact name] at [phone number/email address] immediately.
- [Samples were taken from [several locations at] the Property by [state/local/other health agency name/CDC] as part of a Legionella outbreak in [community name OR at the Property].]
  - [Preliminary testing by [health agency/CDC] has detected the presence of Legionella bacteria in the Property’s [list sites, e.g., hot tub, water heater, faucet heads sinks/showers, cooling towers, decorative fountains ].]
- The [health agency] has identified [case(s)/an outbreak] of legionellosis among persons at or associated with the Property.
- [If facility failed to comply with previous required actions:] [Facility name] failed to take previously identified required actions identified by the [health agency] [include list].

Legionella basics:

[Include basic information about Legionella as appropriate:]

- [Legionella bacteria can cause Legionnaires’ disease (LD) or related conditions that may adversely affect public health.]
  - [People may be exposed to Legionella when they inhale aerosolized water droplets containing the bacteria.]
  - [Legionella can grow in a building’s water systems or devices (e.g., hot water heaters, pipes, water storage tanks, cooling towers, decorative fountains, hot tubs).]

Statement of authority:

- Pursuant to [cite statute authorizing the public health order], this Order is being issued based on [reasonable cause OR (other legal standard specified in authorizing statute)] to believe that the Property is or may be [colonized by Legionella OR a source of a communicable disease] that could constitute a
thrust to public health [OR other language contained in authorizing statute].

- [[Cite statute authorizing regulation of hotel/hospitality facility type or authorizing public health investigation] authorizes the [health director] to require [emergency action OR other standard in statute] to protect the health, safety, and welfare of any [guests, occupants] at [hotel/hospitality facility type].]

- In accordance with [cite statute authorizing public health investigation], the [health director] may investigate incidents of communicable disease.
  - These investigations can include assessments of buildings and conveyances and their contents and laboratory analysis of samples collected during the course of investigations [OR other similar language from applicable statute].

- Further, [pursuant to [cite statute authorizing public health action if different statute]], the [health agency] may take actions necessary to protect public health, including ordering that specific measures be undertaken at the Property [OR other similar language from applicable statute].

**Actions ordered:**

- You are ordered to authorize entry to and submit Property to investigation by [health agency].

- The Property at issue and water systems and devices therein may not be [moved, caused to move, or allowed to move from its current location OR (other language contained in authorizing statute)] until authorization is received from the [health agency].

- The [health agency] issues this Order to [identify actions required (e.g., implement water system control measures, temporarily close property)] as [identified below OR listed in Appendix/Exhibit ___].
  - [Note: required actions can be listed in the text of the order instead of an in appendix.]

- This Order will be in effect until the [health agency] determines that all components of this Order have been satisfied and there are no additional cases of legionellosis associated with the Property.

- If subsequent samples collected from the Property test positive for *Legionella* at any time, appropriate response activities should be undertaken, and this Order may be further modified or extended.
  - [If the [health agency] receives a new report of a case of legionellosis that is epidemiologically linked to the Property, a new or amended Order may be issued.]

- Failure to abide by this Order and further instructions from [health agency] may result in fines, criminal penalties, and/or other further legal action.

**To contest or appeal order:**

- If you object to this Order, you may [request a hearing] in the [administrative body or court name] in accordance with [statute citation].
  - [Note: Include information about your jurisdiction’s administrative procedures and judicial processes available for contesting or appealing the order.]

[Continued next page]
Contact information and signatures:

- If you have any questions, information, or concerns, please contact [health agency contact name] at [phone number/email address] immediately.
- This Order is issued under my authority as the [health director or other official’s title] for the [jurisdiction or health agency] on this [date] day of [month and year].
  - [Signature block for health/other official]

Proof of service:

- [I hereby certify that this Order was served [by mail/posting/in-hand/(other)] to the above-named individual and upon the establishment listed above.]
- [Date] at [time AM/PM] by [signature and print name of person serving order].

APPENDIX OR EXHIBIT LANGUAGE

The [health agency] orders you to take the following required actions associated with the Property:

[Note: The required actions in a particular scenario will depend on the type of hotel or other hospitality facility and the specific water systems/devices in which Legionella has been identified. Broadly, required actions can be identified as administrative, disease surveillance, required notifications, environmental health, and other required actions.

The required actions listed below are examples of some types of action that can be ordered. They are intended for illustrative purposes only and are not a complete list of all appropriate required actions.]

Administrative required actions:

- Immediately notify the [health agency program or contact person name] at [contact information] if you or personnel at the Property are unable to comply with any of the identified required actions.

Disease surveillance required actions:

- Immediately notify the [health agency program, contact person name, OR agency disease reporting line] at [contact information] of any probable, suspect, or confirmed cases of legionellosis and any known [guests, visitors, staff, contractors, or volunteers] exhibiting any symptoms compatible with legionellosis.

Notification required actions:

Provide written notice

- Immediately provide the [attached] public health notice from the [health agency] to all [guests, visitors, staff, and volunteers] at the Property.

[Continued next page]
The information in the public health notice should be communicated to all current [guests, visitors, staff, and volunteers] and those who visited or occupied the Property [before [date] OR between dates of ___ and ___].

- Immediately notify all [guests, visitors, staff, and volunteers] at [the time of check in OR identify date, time or event], using documents provided by the [health agency], of the Legionella outbreak occurring at the Property.

**Post notice**
- The public health notice or other signage provided by the [health agency] should be posted at all entries to the Property, on the front entrance, and placed within view of [guests, visitors, staff, and volunteers] at the [front desk, foyer, reception area, etc.] of the Property.
  - The public health notice should also be posted in staff areas of the Property.
  - A copy of the public health notice shall also be given to all [guests, visitors, staff, and volunteers].

**Record of notice**
- You are advised to retain documentation that each notification was made.
- [Records of notification shall be provided to the [health agency].]

**Environmental health required actions:**

[Note: Environmental health required actions will vary depending on the type and size of hotel or other hospitality facility, the water systems/devices involved, the extent of Legionella colonization, and the regulatory authority/policies of the health agency. The items below are samples of possible environmental health required actions. These items are examples only and not an exhaustive list of appropriate actions.]

**Retain consultant to assess water systems**
- **Example 1:** Within [72, 48 OR ___] hours of this Order, hire at your own expense the services of a Legionella consultant or environmental consulting firm to assess the Property’s water systems.
- **Example 2:** Retain the services of an environmental consultant who is both (1) able to develop and implement an ASHRAE 188-compliant water management program (WMP) and (2) capable of Legionella environmental testing at an ELITE member laboratory (or able to subcontract with such a laboratory).
  - The chosen consultant must be reviewed and approved by the [health agency] prior to conducting any assessments or services. The deadline for complying with this provision is [date].
  - If the Property’s contract with the consultant terminates early for any reason, then the Property must immediately implement and maintain an ASHRAE 188-compliant WMP with another environmental consultant that meets the same criteria above for selection of the initial consultant.

**Perform environmental assessment/develop environmental sampling plan**
- **Example 1:** Within [24 OR ___] hours of hire, have an assessment performed by the consultant and
provide the [health agency] with a written summary of actions taken toward remediation at least every [48 OR ___] hours.

- **Example 2:** Direct the consultant to contact [health agency contact name] at [contact information] within [24 hours OR ___] of the consultant’s selection to determine the actions necessary for developing the Property’s *Legionella* sampling plan.
  - Submit the sampling plan to [health agency contact name] at [contact information] within [7 days OR ___] of selecting the consultant.
  - Within [48 hours OR ___] of sampling plan approval by the [health agency], perform all *Legionella* sampling tests in accordance with the sampling plan.

### Remediation plan

- **Example 1:** In response to any positive *Legionella* sample results, [and if directed so by the [health agency],] prepare and submit for approval a remediation plan that addresses [, but is not necessarily limited to,] the following:
  - A short-term remediation plan, to be submitted within [72 hours OR ___], describing methods and corrective actions for controlling the risks of legionellosis from the Property’s water system. The short-term remediation plan must be substantially implemented within [96 hours OR ___] of approval by the [health agency].
  - A long-term prevention plan describing the water system management and the ongoing operational methods for controlling and monitoring the growth of *Legionella* within the Property’s water systems and devices. A draft of the plan must be presented to the [health agency] no later than [30 days OR ___] after being directed to complete a plan.

### Conduct response activities

- **Example 1:** Initiate remediation actions within [24 OR ___] hours of hiring the environmental consultant.
- **Example 2:** Increase the temperatures of water heaters on the property to a minimum of [140 OR ___] degrees Fahrenheit, while following local and state anti-scald regulations. The deadline for complying with this provision is [date].
- **Example 3:** Restrict the use of tap water at the Property and use bottled water until [facility] can provide satisfactory proof to the [health agency] that [0.2-micron biological OR ___] point of use filters are installed on all showerheads, sink and tub faucets, and other water sources intended for use in the facility.

### Testing water systems/devices for *Legionella*

- **Example 1:** The Property’s water system shall be tested for *Legionella* according to the investigation sampling plan devised by [Property OR consultant name] to verify the effectiveness of treatment of the Property’s water system.
- **Example 2:** The WMP shall require testing according to the investigation sampling plan for *Legionella* using traditional spread-plate culture methods, that testing be performed at least quarterly, and that the investigation sampling plan shall remain in place [through the termination date of this Order].

[Continued next page]
Example 3: At a minimum, each set of tests performed as part of the investigation sampling plan shall include a representative sample of the building’s water system, including but not limited to the following locations: [edit as appropriate: distal, medial, and proximal locations from the water distribution system, hot water heaters, devices that use water, cooling towers].

Example 4: Provide results of all water testing to [health agency contact name] within [one business day OR (other timeframe)] of receipt via email [OR other method] to [email address/other].

Example 5: Perform ongoing Legionella testing to confirm remediation and report results to the [health agency] as they become available.

Other required actions:

[Additional information regarding feasible, required technical actions to be implemented will be provided to you in a timely manner.]
Overview:

- Legionnaires’ disease (LD) is a form of pneumonia (lung infection) caused by *Legionella* bacteria.

Sources of exposure:

- *Legionella* bacteria can occur in freshwater environments and in water systems in built environments.
- *Legionella* grow well in warm water and can multiply in large or complex water systems, like those found in [hotels, resorts, casinos, or cruise ships] [OR hotel/hospitality facility name].
- [Edit sources as appropriate for facility type:] Likely sources of exposure in a [hotel or other hospitality] facility include water in showers (and other potable water), cooling towers, hot water heaters, hot tubs, and decorative fountains.
- People can become sick when they breathe in mist from a water source (e.g., shower) that contains *Legionella*.
- LD cannot normally be spread from person to person.

Persons at risk:

- Most healthy people do not get LD after being exposed to *Legionella*.
- Being 50 years or older or having certain risk factors such as being a current or former smoker, having chronic lung disease, having a weakened immune system, or taking medication that weakens the immune system can increase the chances of getting LD.

Signs and symptoms:

- Symptoms of LD include cough, muscle aches, fever, shortness of breath, and headache.
- Symptoms usually start 2 to 14 days after breathing in mist or water droplets that contain *Legionella*.
- Symptoms of LD may be similar to those of other respiratory diseases, such as COVID-19. It is important that people discuss the potential for LD with their doctors because the treatment for LD is different than for COVID-19.
- LD is diagnosed using chest x-rays or physical exams to check for pneumonia and tests for infection with *Legionella*.

[Continued next page]
**Hotels & Hospitality—Messaging for Facilities**

**Messaging Purpose:** General information about LD risks for persons associated with a hotel or other hospitality facility (continued)

**Treatment:**
- LD is treated with antibiotics (drugs that kill bacteria in the body).
- Most people who get LD need care in a hospital but make a full recovery. However, LD can sometimes result in lung failure or death.

**Contact information:**
- Please contact [name, phone number, and email address of person/office] at the [hotel or hospitality facility] for more information or if you have questions.
- Further information is also available from the [state/local health agency and/or CDC website].

**Templates & Samples**

See additional samples and templates in the LDRC Toolkit Appendix
Basics about LD:
- Legionnaires’ disease (LD) is a serious form of pneumonia (lung infection) that is spread from aerosolized water (water droplets) that contains Legionella bacteria.
- Symptoms of LD can include cough, muscle aches, fever, shortness of breath, and headache.
  - Symptoms usually start 2 to 14 days after breathing in water droplets that contain Legionella.
- Most healthy people do not get LD after being exposed to Legionella.
  - Being 50 years or older or having certain risk factors such as being a current or former smoker, having chronic lung disease, having a weakened immune system, and taking medication that weakens the immune system can increase the chances of getting LD.
- LD can be treated with antibiotics. Most people who get LD need care in a hospital but make a full recovery. However, LD can sometimes result in lung failure or death.
- The bacteria are generally not spread from person to person.

Sources of exposure:
- Legionella can be found in freshwater environments and in water systems in built environments.
- Legionella grow well in warm water and can multiply in large or complex water systems, like those found in [hotel or hospitality facility type or name].
  - Likely sources of exposure in a facility include water in sinks and showers, cooling towers, hot water heaters, hot tubs, and decorative fountains [edit sources as appropriate for setting].
- Legionella bacteria are common in the environment and can persist unless proper steps are taken to control it.

Investigation:
- An environmental assessment can help determine if there are conditions and devices that could promote Legionella growth and spread.
- Testing environmental samples from the facility’s water systems for Legionella can help to determine if a facility is [potentially] colonized with the bacteria.

Mitigation:
- Water systems that are suspected to be colonized with Legionella should undergo response activities.
  - [Cleaning and other response activities may be [requested/required] by [state/local health agency] to address an [ongoing community-associated] LD outbreak even if a source of infection has not yet been determined.]

[Continued next page]
Recommended mitigation measures may include:

- Flushing of the facility’s water systems.
- Installation of point-of-use filters on water fixtures in guest, staff, and public areas.
- Restricting use of water that cannot be filtered.
- Determining adherence to the facility’s water management program (WMP).
- Ensuring that routine or investigative environmental sampling is conducted and reviewing results.
- Working with facility to optimize the WMP and reduce the risk of [and control] *Legionella* growth.
- Installation of supplemental disinfection systems in water systems throughout the facility.
- Working with facility to address identified deficiencies.
- Determining if the deficiencies have been properly addressed.

**Prevention:**

- To prevent *Legionella* growth, building water systems should be properly monitored and maintained.
- Many community facilities should consider having a water management program (WMP).
  - If the facility does not have a WMP and it meets the characteristics outlined in ASHRAE Standard 188, it should develop and implement one. See the worksheet from CDC to identify which buildings or systems should have a WMP: https://www.cdc.gov/legionella/wmp/toolkit/wmp-risk.html.

**Contact information:**

- Please contact [name, phone number, and email address of person/office] at the [state/local health agency or other agency] if your facility tests positive for *Legionella*, you learn of [any/other] cases of LD, or for more information or questions.

**Templates & Samples**

See additional samples and templates in the *LDRC Toolkit Appendix*.
Purpose of communication:

• The [state/local health agency] is investigating [number] case[s] of Legionnaires’ disease (LD) associated with [facility name].

• Prior guests or visitors at [the facility] have been diagnosed with LD, which is a serious form of pneumonia (lung infection) caused by exposure to *Legionella* bacteria.

• [Facility is/We are] cooperating with the [state/local health agency] investigation of potential sources of exposure to the bacteria (e.g., showers, hot tubs, other sources of water in the facility).

• Records at [the facility] indicate you were a prior guest or visitor of the facility during the period when exposure to *Legionella* was possible [give dates if known].

Sources of exposure:

• *Legionella* can occur in freshwater environments and in water systems in built environments.

• *Legionella* grow well in warm water and can multiply in large or complex water systems, like those found in [hotel/hospitality facility type] like [facility name].

• Sources of exposure can include water used for showering, hot tubs, decorative fountains, and cooling towers. [Identify suspected sources at the facility, if known].

• People can become sick when they breathe in mist from a water source containing *Legionella*.

• LD cannot normally be spread from person to person.

Persons at risk:

• Most healthy people do not get LD after being exposed to *Legionella*.

• Being 50 years or older or having certain risk factors such as being a current or former smoker, having chronic lung disease, having a weakened immune system, or taking medication that weakens your immune system can increase the chances of getting LD.

Signs, symptoms, and treatment:

• Symptoms of LD can include cough, muscle aches, fever, shortness of breath, and headache.

• Symptoms usually start 2 to 14 days after breathing in mist or droplets that contain *Legionella*.

• Symptoms of LD may be similar to those of other respiratory diseases, such as COVID-19. It is important to discuss the potential for LD with your doctor because the treatment for LD is different than for COVID-19.

• LD is treated with antibiotics (drugs that kill bacteria in the body).

• Most people who get LD need care in a hospital but make a full recovery. However, LD can sometimes result in lung failure or death.

[Continued next page]
Action requested:

- If you develop[ed] the symptoms of LD within two weeks (14 days) of staying at the facility, please seek medical attention right away.
- Please also show this letter to your doctor so that they know to test you for LD as indicated by your symptoms.
  - LD is diagnosed using chest x-rays or physical exams to check for pneumonia and tests for infection with *Legionella*.
  - Ask your doctor to test you with a urine test and a respiratory (sputum/phlegm) culture or PCR before administering antibiotics.
  - If you test positive, ask your doctor to report your illness to [health agency] immediately.
  - Speak with your doctor about other precautions they may recommend.

Contact information:

- Please contact [name, phone number, and email address of person/office] at the [state/local health agency] for more information or if you have questions.
- Please share this notice with others who stayed in your room or visited [facility] with you.

Templates & Samples

See additional samples and templates in the LDRC Toolkit Appendix
Purpose of communication:

- [Facility name] has been notified by the [state/local health agency] that persons who previously stayed at or visited [facility] [during/since] [time period] have been diagnosed with Legionnaires’ disease (LD) within two weeks (14 days) of being at the facility
- LD is a serious form of pneumonia (lung infection) that is spread from aerosolized water (water droplets) that contains Legionella bacteria.
- We are cooperating with the [state/local health agency] investigation of potential sources of exposure to Legionella.
- Tests have been conducted to determine possible sources of Legionella at [facility].
  - Results of water sample testing confirmed that Legionella was present in the [facility’s] [water system and/or other sites.]
- The investigation is still in progress and [facility] will continue to work with [state/local health agency] to take appropriate actions to protect the health of guests, visitors, and staff and to disinfect the water system.

Sources of exposure:

- Legionella can occur in freshwater environments and in water systems in built environments.
- Legionella grow well in warm water and can multiply in large or complex water systems, like those found in hotels and other hospitality settings. Sources of exposure can include water used for showering, hot tubs, decorative fountains, and cooling towers.
- People can become sick when they breathe in mist from a water source containing Legionella.
- LD cannot normally be spread from person to person.

Persons at risk:

- Most healthy people do not get LD after being exposed to Legionella.
- Being 50 years or older or having certain risk factors such as being a current or former smoker, having chronic lung disease, having a weakened immune system, or taking medication that weakens your immune system can increase the chances of getting LD.

Signs, symptoms, and treatment:

- Symptoms of LD can include cough, muscle aches, fever, shortness of breath, and headache.
- Symptoms usually start 2 to 14 days after breathing in mist or droplets that contain Legionella.
- Symptoms of LD may be similar to those of other respiratory diseases, such as COVID-19. It is important to discuss the potential for LD with your doctor because the treatment for LD is different than for COVID-19.
• LD is treated with antibiotics (drugs that kill bacteria in the body).
• Most people who get LD need care in a hospital but make a full recovery. However, LD can sometimes result in lung failure or death.

**Action requested:**
• If one or more of the above risk factors are a concern for you, consider rescheduling your stay.
• If you plan to stay and have special concerns about your risk for infection: (1) do not use bathroom sinks, showers, or bar sinks in your hotel room; (2) avoid being in the same room with people using showers and sinks; (3) use bottled water for drinking water and for personal hygiene needs (for example, brushing teeth); and (4) avoid other sources of mist (e.g., hot tubs, decorative fountains) while at [facility].
• If you develop the symptoms of LD within two weeks (14 days) of staying at the facility, please seek medical attention right away.
• Please also show this letter to your doctor so that they know to test you for LD as indicated by your symptoms.
  ▪ LD is diagnosed using chest x-rays or physical exams to check for pneumonia and tests for infection with *Legionella*.
  ▪ Ask your doctor to test you with a urine test and a respiratory (sputum/phlegm) culture or PCR before administering antibiotics.
  ▪ If you test positive, ask your doctor to report your illness to [health agency] immediately.
  ▪ Speak with your doctor about other precautions they may recommend.

**Contact information:**
• Please contact [name, phone number, and email address of person/office] at the [state/local health agency] for more information or if you have questions.
• Please share this notice with others who plan to stay in your room or visit [facility] with you.

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**Templates & Samples**

See additional samples and templates in the *LDRC Toolkit Appendix*
Purpose of communication:

• The [state/local health agency] has notified [facility name] that [number] of its prior guests and visitors [during/since] [time period] have been diagnosed with Legionnaires’ disease (LD) within two weeks (14 days) of staying at the facility.

• LD is a serious form of pneumonia (lung infection) that is spread from aerosolized water (water droplets) that contains Legionella bacteria.

• [Facility] is cooperating with the [state/local health agency] investigation of potential sources of exposure to Legionella.

• Tests have been conducted to determine possible sources of Legionella at [facility].
  ▪ Results of water sample testing confirmed that Legionella was present in the [facility’s] [water system and/or other sites].

• The investigation is still in progress and [facility] will continue to work with [state/local health agency] to take appropriate actions to protect the health of guests, visitors, and staff and to disinfect the water system.

Sources of exposure:

• Legionella can occur in freshwater environments and in water systems in built environments.

• Legionella grow well in warm water and can multiply in large or complex water systems, like those found in [facility]. Sources of exposure can include water used for showering, hot tubs, decorative fountains, and cooling towers.

• People can become sick when they breathe in mist from a water source containing Legionella.

• LD cannot normally be spread from person to person.

Persons at risk:

• Most healthy people do not get LD after being exposed to Legionella.

• Being 50 years or older or having certain risk factors such as being a current or former smoker, having chronic lung disease, having a weakened immune system, or taking medication that weakens your immune system can increase the chances of getting LD.

Signs, symptoms, and treatment:

• Symptoms of LD can include cough, muscle aches, fever, shortness of breath, and headache.

• Symptoms usually start 2 to 14 days after breathing in mist or droplets that contain Legionella.

• Symptoms of LD may be similar to those of other respiratory diseases, such as COVID-19. It is important
to discuss the potential for LD with your doctor because the treatment for LD is different than for COVID-19.

- LD is treated with antibiotics (drugs that kill bacteria in the body).
- Most people who get LD need care in a hospital but make a full recovery. However, LD can sometimes result in lung failure or death.

**Action requested:**

- If one or more of the above risk factors are a concern for you, consider rescheduling your stay.
- If you plan to stay and have special concerns about your risk for infection: (1) do not use bathroom sinks, showers, or bar sinks in your hotel room; (2) avoid being in the same room with people using showers and sinks; (3) use bottled water for drinking water and for personal hygiene needs (for example, brushing teeth); and (4) avoid other sources of mist (e.g., hot tubs, decorative fountains) while at [facility].
- If you develop the symptoms of LD within two weeks (14 days) of staying at the facility, please seek medical attention right away.
- Please also show this letter to your doctor so that they know to test you for LD as indicated by your symptoms.
  - LD is diagnosed using chest x-rays or physical exams to check for pneumonia and tests for infection with *Legionella*.
  - Ask your doctor to test you with a urine test and a respiratory (sputum/phlegm) culture or PCR before administering antibiotics.
  - If you test positive, ask your doctor to report your illness to [health agency] immediately.
  - Speak with your doctor about other precautions they may recommend.

**Contact information:**

- Please contact [name, phone number, and email address of person/office] at the [state/local health agency] for more information or if you have questions.
- Please share this notice with others who plan to stay in your room or visit [facility] with you.

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**Templates & Samples**

See additional samples and templates in the *LDRC Toolkit Appendix*
Purpose of communication:
- Guests, staff, or visitors have been diagnosed with Legionnaires’ disease (LD) after recently staying at, working in, or visiting this facility.
- LD is a serious pneumonia (lung infection) that people can get by breathing in small water droplets, or mist, containing *Legionella* bacteria.

Sources of exposure:
- Water tests at this property show *Legionella* has been, and may still be, in this facility’s water system.

Persons at risk:
- Your risk of LD may increase if you are 50 years or older, smoke cigarettes, or have certain medical conditions, such as lung disease or a weakened immune system.

Signs, symptoms, and treatment:
- Symptoms of LD can include cough, muscle aches, fever, shortness of breath, and headache.
- Symptoms usually start 2 to 14 days after breathing in mist or droplets that contain *Legionella*.
- Symptoms of LD may be similar to those of other respiratory diseases, such as COVID-19. It is important to discuss the potential for LD with your doctor because the treatment for LD is different than for COVID-19.
- Your doctor should prescribe you an antibiotic for treatment if you develop symptoms and are diagnosed with LD.
- Most people who get LD need care in a hospital but make a full recovery. However, LD can sometimes result in lung failure or death.

Action requested:
- If one or more of the above risk factors are a concern for you, consider rescheduling your stay.
- If you plan to stay and have special concerns about your risk for infection:
  - Do not use bathroom sinks, showers, or bar sinks in your [hotel] room.
  - Avoid being in the same room with people using showers and sinks.
  - Use bottled water for drinking water and for personal hygiene needs (for example, brushing teeth).
  - Avoid other sources of mist (e.g., hot tubs, decorative fountains) while at [facility].

[Continued next page]
Messing Purpose: Posted notice in a hotel or other hospitality facility with prior LD cases and positive environmental samples (continued)

- If you develop the symptoms of LD within two weeks (14 days) of staying at the facility, please seek medical attention right away.

Communications requested:
- Please contact [name, phone number, and email address of person/office] at the [state/local health agency] for more information or if you have questions.
- Please share this notice with others who are staying your room or visiting [facility] with you.

Templates & Samples
See additional samples and templates in the LDRC Toolkit Appendix
Purpose of communication:

- On [date], [facility name] was notified that one or more guests, visitors, or staff at [facility] have become sick with Legionnaires' disease (LD).
- LD is a serious form of pneumonia (lung infection) that is spread from aerosolized water (water droplets) that contains Legionella bacteria.
- [Facility] is cooperating with the [state/local health agency] investigation of potential sources of exposure to Legionella.
- This message is to provide you with information about LD and to inform you about the steps being taken to address any health concerns.

Sources of exposure:

- Legionella can occur in freshwater environments and in water systems in built environments.
- Legionella grow well in warm water and can multiply in large or complex water systems, like those found in [facility]. Sources of exposure can include water used for showering, hot tubs, decorative fountains, and cooling towers.
- People can become sick when they breathe in mist from a water source containing Legionella.
- LD cannot normally be spread from person to person.

Persons at risk:

- Most healthy people do not get LD after being exposed to Legionella.
- Being 50 years or older or having certain risk factors such as being a current or former smoker, having chronic lung disease, having a weakened immune system, or taking medication that weakens your immune system can increase the chances of getting LD.

Signs, symptoms, and treatment:

- Symptoms of LD can include cough, muscle aches, fever, shortness of breath, and headache.
- Symptoms usually start 2 to 14 days after breathing in mist or droplets that contain Legionella.
- Symptoms of LD may be similar to those of other respiratory diseases, such as COVID-19. It is important to discuss the potential for LD with your doctor because the treatment for LD is different than for COVID-19.
- LD is treated with antibiotics (drugs that kill bacteria in the body).
- Most people who get LD need care in a hospital but make a full recovery. However, LD can sometimes result in lung failure or death.

[Continued next page]
Action being taken:

- [Edit response as applicable:] To ensure that staff, guests, and visitors are protected while possible sources of Legionella exposure are being investigated, [facility] will continue to work with [state/local health agency] to take appropriate actions to protect the health of staff, guests, and visitors [and to disinfect the water system, as needed].
  - We have also installed extra water treatments in hot water systems throughout our facility and are installing water filters on the showerheads and sinks.
  - No showers are allowed in [staff/guest areas] that do not have a filter attachment.
  - The cold water in ice machines and drinking water fountains [may/should not] be used.
- [Edit response as applicable:] Staff (employees, volunteers, and contractors) who have or are experiencing symptoms of LD during [timeframe] should seek medical attention immediately.
- [Facility name] will also contact staff who took sick leave during this time.
- [We are also offering staff [counseling and] information services. If you would like to use these services or want more information, contact [your manager/name].]

Action requested:

- If you are not sick, there is no need for you to see a doctor.
- If you are at increased risk for getting LD based on the risk factors listed above and are concerned about getting sick, or if you are currently or become sick with a cough, muscle aches, fever, shortness of breath, or headache, see your private healthcare provider right away or contact [name/office] to arrange to see a doctor.
  - Tell the doctor that you work in a [hotel/hospitality facility] where there has been a [case/outbreak] of LD so they can test you for LD if indicated by your symptoms.
  - If you test positive, ask your doctor to report your illness to [health agency] immediately.
  - Speak with your doctor about any other precautions they may recommend.
- If you see a doctor, notify [name/office] so our [facility] can track your illness.
- If you have any concerns or questions, please discuss them with [your manager/name].

Contact information:

- Please contact [name, phone number, and email address of person/office] at the [state/local health agency] for more information or if you have questions.

Templates & Samples

See additional samples and templates in the LDRC Toolkit Appendix
Purpose of communication:

- [State/local public health agency] has confirmed [number] person[s] with Legionnaires’ disease (LD) associated with [hotel/hospitality facility name].
- The person[s] with LD were likely exposed to *Legionella* bacteria during [timeframe] based on clinical symptoms and the incubation period of LD.
- The [state/local public health agency] is working [hotel/hospitality facility name], [in conjunction with the CDC,] to identify potential sources of exposure and mitigate risk of additional cases.

Action required:

- Healthcare providers should report probable, suspect, and confirmed cases of LD to the [state/local public health agency] as soon as possible.
- [Include jurisdiction-specific notifiable disease reporting requirements and processes for *Legionella*/*legionellosis*.]

Action requested:

- Healthcare providers should consider LD when evaluating patients with community-acquired pneumonia:
  - Ask patients about travel (including local travel), any healthcare visits, or possible exposure to other community sources of *Legionella* in the 14 days prior to symptom onset.
  - Keep in mind that the initial presentation of LD may be similar to other respiratory diseases, such as COVID-19, and prompt identification of *Legionella* infection can inform antibiotic treatment.
- Diagnostic testing for LD should include both urinary antigen and culture or PCR of lower respiratory secretions before treatment is administered. Lower respiratory specimens should be collected even if antibiotic therapy has been initiated.
  - Lower respiratory specimens (e.g., sputum, bronchoalveolar lavage) should be collected and frozen. [It may be possible to perform additional *Legionella* testing on lower respiratory specimens even if they do not test positive by culture or PCR.]
  - Isolation of *Legionella* by culture or PCR is important for public health investigation.
    - Molecular techniques can be used to compare clinical isolates to environmental isolates and confirm the outbreak source.
    - [Cultured specimens from patients who reported exposure to the facility under investigation should be retained for potential additional testing at [the state public health laboratory].]
- [Note if state PH laboratory is available to support testing (may not be applicable in some jurisdictions).]
- See [state/local public health agency] at [website] for additional information.
- Additional treatment information is available on the CDC website at https://www.cdc.gov/legionella/clinicians.html.

[Continued next page]
Hotels & Hospitality—Messaging for Healthcare Providers and Facilities

**Messaging Purpose:** Alert to healthcare providers about LD case(s)/outbreak in a hotel or other hospitality facility (continued)

**Contact Information:**
- Please contact [name, phone number, and email address of person/office] at the [state/local health agency] for more information or to answer questions.

**Templates & Samples**

See additional samples and templates in the *LDRC Toolkit Appendix*
Overview:
- [State/local public health agency] is investigating [number] confirmed case[s] of Legionnaires’ disease (LD).
- Persons with LD were likely exposed to Legionella [during/since timeframe] at [hotel/hospitality facility name].
- The [state/local public health agency] is working with [hotel/hospitality facility] to inform current and former [residents, employees, volunteers, and contractors] who are known to have been at [hotel/hospitality facility] during/since [timeframe] based on [facility’s] records.
- Cases reside in [number] states ([list states]) [and [other countries (list)]].
- Investigation of any suspected illness identified through this notification will be communicated and coordinated with the respective state [or local] health department[s].
- Additional potential cases [are/may be] under investigation.

Potential sources and dates of exposure:
- The [number] confirmed case[s] of LD report [identify potential source of exposure, e.g., overnight stays at [hotel/hospitality facility]].
- Illness onset dates range from [date] to [date].
- The [state/local public health agency] is currently working to identify the source of these infections and mitigate the risk of additional cases.

Clinical and laboratory:
- All persons’ illnesses were diagnosed by [identify diagnostic methods such as Legionella urinary antigen testing and respiratory (sputum/phlegm) culture or PCR ].
- [Number] cases were hospitalized and [no/number] deaths have been reported [as of/since] [date].

Environmental investigation:
- The [state/local health agency] is working with [hotel/hospitality facility name] to ensure [include applicable]:
  - Environmental assessment of the facility’s water systems to identify conditions favorable for Legionella growth and spread.
  - Testing of the facility’s water systems for Legionella.
  - Flushing of the facility’s water systems.
  - Installation of point-of-use filters on water fixtures in guest rooms, staff, and public areas.
  - Restricting use of water that cannot be filtered.
  - Determining adherence to the facility’s water management program (WMP).
Ensuring that routine or investigative environmental sampling is conducted and reviewing results.

Working with the facility to optimize the WMP and reduce the risk of [and control] *Legionella* growth.

Installation of supplemental disinfection systems in various water systems throughout the facility.

Working with the facility to remediate identified deficiencies.

Determining if any identified deficiencies have been properly addressed.

**Action requested:**

- Whenever possible, diagnostic testing of guests, visitors, and staff at [hotel/hospitality facility name] with community-acquired pneumonia should include collection of urine for antigen testing and lower respiratory specimens for culture or PCR of *Legionella* before antibiotics are administered.
  - Lower respiratory specimens should be collected even if antibiotic therapy has been initiated.
  - Lower respiratory specimens (e.g., sputum, bronchoalveolar lavage) should be collected and frozen. [It may be possible to perform additional *Legionella* testing on lower respiratory specimens even if they do not test positive by culture or PCR.]
  - Isolation of *Legionella* by culture or PCR is important for public health investigation. Molecular techniques can be used to compare clinical isolates to environmental isolates and confirm the outbreak source.
  - [If possible, isolates obtained should be saved/stored appropriately (rather than discarded) to allow [public health agency/laboratory] to conduct molecular comparisons if needed.] [OR [If isolates are obtained, the [public health agency/laboratory] should be consulted for coordination of/next steps related to molecular comparisons.]

- The [state/local public health agency] is requesting that state and local health departments examine reports of suspect or confirmed cases of legionellosis to determine whether any could be associated with contact to [hotel/hospitality facility] as a guest, staff member, or visitor since [date/timeframe].

**Contact information:**

- Public health/agency officials who identify cases of LD among persons with a history of contact to [hotel/hospitality facility] and illness onsets within 14 days of exposure are asked to contact [name, phone number, email address of person/office] at the [state/local health agency].

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**Templates & Samples**

See additional samples and templates in the *LDRC Toolkit Appendix*
Overview:

- The [state/local public health agency] is investigating [number] case[s] of Legionnaires’ disease (LD) among people who were [guests/other] at [hotel/hospitality facility] in [timeframe].
- LD is a potentially serious pneumonia (lung infection) that people can get when exposed to *Legionella* bacteria.
- Based on when they first had symptoms of LD, the people were at the [hotel/hospitality facility] for [all/part] of the time when they could have been exposed to the bacteria.
- [If applicable:] [Hotel/hospitality facility] is cooperating with the [state/local health agency] investigation of the potential sources of exposure to *Legionella*.
- [Additional potential cases are under investigation.]

**Potential sources of exposure:**

- *Legionella* occur in freshwater environments and in water systems in built environments.
- The bacteria can become a health concern when they grow and spread in building water systems, like hot tubs, cooling towers, hot water tanks, large plumbing systems, and decorative fountains.
- People can become sick when they breathe in mist from a water source (e.g., shower) containing *Legionella*.
- Outbreaks are most commonly associated with facilities that have complex water systems like hospitals, hotels, or large apartment buildings.
- *Legionella* cannot normally be spread from person to person.

**Persons at risk:**

- Most healthy people do not get LD after being exposed to *Legionella*.
- Being 50 years or older or having certain risk factors such as being a current or former smoker, having chronic lung disease, having a weakened immune system, or taking medication that weakens your immune system can increase the chances of getting LD.

**Signs, symptoms, and treatment:**

- The symptoms of LD include cough, muscle aches, fever, shortness of breath, and headache.
- Symptoms usually start 2 to 14 days after breathing in mist or water droplets that contain *Legionella*.
- Symptoms of LD may be similar to those of other respiratory diseases, such as COVID-19. It is important that people discuss the potential for LD with their doctors because the treatment for LD is different than for COVID-19.
- LD can be treated with antibiotics; however, it can cause severe illness requiring hospitalization and sometimes results in lung failure or death.

[Continued next page]
Hotels & Hospitality—Messaging for Media and the Public

**Messaging Purpose:** Press release/alert about LD case(s)/outbreak at a hotel or other hospitality facility (continued)

**Action requested:**

- The [state/local public health agency] recommends that people who are at increased risk for LD consider postponing their visit to the [hotel/hospitality facility].
- [Add one or more quotes from PH agency staff:]
  - *Sample quote from PH official:* ["Legionnaires’ disease is a serious infection. We want to make sure the public is aware of the potential risk of this disease so that each person can make a decision for themselves about visiting the [hotel/hospitality facility name] in the best interest of their health."]
- If an individual visited [hotel/hospitality facility] and developed symptoms of LD within 14 days of their visit, they should contact their healthcare provider and seek medical attention as soon as possible.

**Contact information:**

- If you have information or questions about this outbreak, please contact [name, phone number, and email address of person/office] at the [state/local health agency].
- [A public inquiry phone line is available to answer questions [hour] AM - [hour] PM, [including over the weekend], by calling [phone number].
- For further information on Legionnaires’ disease, please visit the [state health agency website and/or] CDC webpage at [www.cdc.gov/legionella/].

**Templates & Samples**

See additional samples and templates in the *LDRC Toolkit Appendix*