

Supportive Testimony Presented to The Senate Environmental Resources & Energy Committee

By: Meilin Young, MD

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Good morning, Chairman Yaw, Chairwoman Comitta and the esteemed members of the Senate Environmental Resources & Energy Committee. Thank you for introducing SB 1125 – Legionnaires’ Disease Risk Management in Public Water Systems. And thank you for the opportunity to provide written testimony in connection with the proposed legislation.

Legionnaires’ disease, a severe and sometimes deadly form of pneumonia caused by the bacterium *Legionella pneumophila*, is on the rise across the United States with Pennsylvania showing some of the highest rates of infection and illness. Case rates in Pennsylvania have increased by nearly 66% in the last five years with only four other states with higher rates. However, this may be a gross underestimate and many cases are left underdiagnosed. In clinical practice, majority of patients are managed in the office. They may call their physician having pneumonia-like symptoms but not sick enough to go to the ER or urgent care. They may be prescribed an antibiotic and get better. The population of patients who do go to the ER or urgent care may be prescribed antibiotics or treatment without being further tested. The truly ill, those who are hypoxic (low oxygen saturation), have a fever, white count, imaging showing a large pneumonia process, become admitted and have further testing. This is when legionella is tested. This is a long winded process with only the truly sick and admitted being tested for legionella and other pathogens that cause pneumonia (viral or bacterial). This is why the numbers may seem as “not so bad” when in reality, is likely worse than we can fathom.

Take a minute to remember any family members, friends, or acquaintances who have ever been in the hospital. Have they had such severe respiratory illness of needing a breathing tube and breathing machine because they could not breathe on their own anymore? Let’s take it one step further, have those individuals be sedated, potentially paralyzed, or flipped on their abdomen while on the ventilator? I have taken care of many individuals with such severe pneumonias or respiratory disease that this had to be done. Ironically, I had a patient with *Legionella pneumophila* pneumonia who had to undergo such a protocol in the ICU just two months ago. Based on clinical criteria, her disease state was categorized as severe ARDS, which stands for acute respiratory distress syndrome. ARDS alone, not accounting for any other issue or organ system involvement, has a mortality of 46%. This patient survived, she was one of the lucky ones.

We know Legionnaires’ disease is contracted by inhaling the bacteria that are living in mists from poorly treated or stagnant waters in building water systems. This legislation introduced by Senator Joe Pittman and Senator Wayne Fontana would help to identify risks associated with Legionnaires’ disease and formalize steps for prevention and mitigation. This is a public health concern and would prevent future Pennsylvanians from contracting a disease. My patient was one of the lucky ones, I cannot guarantee that others will not be so lucky. So please, I implore you to do something about this, pass this legislation so that your constituents, and your loved ones, may be protected.

Sincerely,



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