Isolation of *Legionella Pneumophila* Serogroups 1, 8 & 10 (Causative Agents of Legionnaires' Disease) from Water Sources in Tehran, Iran

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**ABSTRACT**

In this survey, 187 samples collected from 9 different sources of water in Tehran such as: water coolers, neonates incubators, water bathes (37° C), little pools in parks or squares, cooling towers, hot or cold water taps, were examined for Legionnaires' disease agents. Inoculating water samples on selective and nonselective media resulted in isolation of several strains of gram negative bacteria. Among them, seven strains of *Legionella pneumophilia* which did not grow on any of the above media, were identified by indirect fluorescent antibody technique (IFA) and biochemical tests. Following confirmation by "Center National De Reference Des Legionelloses, Faculte of Medicine Alexis Carrel, Lyon", the Center identified *Legionella pneumophila* of serogroups of 1, 8 and 10. Out of 6 hospitals, 5 showed contaminated water having pneumonic Legionellosis agents.

**Keywords:** Legionnaires' disease, Legionella

**INTRODUCTION**

*Legionella pneumophila*, the agent of Legionnaires' disease, was identified following an outbreak of pneumonia caused by contaminated aerosols originating from a cooling tower 22 years ago [1]. One strain of these bacteria had been isolated in 1947 [2] and the first outbreak of disease reported in 1957 [3]. The members of Legionellaceae are distributed in natural water such as lakes, rivers, thermal springs [31] and manmade sources including cooling towers, air conditioning systems, water distribution devices in hospitals or hotels, and equipment of respiratory treatments. It appears that human infections occur following contact with these environmental sources and by contaminated water aerosols which are present in the air [4, 5, 6, 7].

Among of more than 41 species, *Legionella pneumophila* is predominant causative agent of pneumonic Legionellosis [8,18]. This species in turn contains several serogroups and all of them are pathogenic for human. *L. pneumophilla*, serogroup-1 is responsible for more than 80% of infections caused by this species [9, 10]. In spite of many reports concerning Legionellosis and *Legionella* isolation from environmental sources of different countries, there are a few reports about them from Iran [32, 38]. Therefore we decided to study a number of water sources for these agents in Tehran, Iran.

**MATERIALS AND METHODS**

**Locations of sampling.** In Tehran's hospitals, 187 samples of nine different water sources were collected and tested as follow: 75 water coolers (40.2%), 46 neonates incubators (24.6 %), 17 water bathes 37°C (9.1 %), 16 little pools in parks (8.5 %), hot and cold water taps (11.8%), cooling towers (2.1 %), hot and cold water tanks(3.7 %), were also sampled.

**Processing of Samples.** Water sample (30 ml) from each source was collected into sterilized tubes and transferred to the Microbiology Department for processing.
Laboratory of Vali-Asr Hospital in Tehran. They were concentrated by centrifuging at 2500 xg for 20 min. The supernatant was removed and the sediment was resuspended in 1 ml of the same water. Suspension (0.1 ml) was inoculated into each one of the following media, separately [11]: Buffered Charcoal Yeast Extract Agar (BCYE) containing 0.1% a-ketoglutarate (Oxoid), and selective media such as BCYE containing polymyxin B, glycine, vancomycin and anisomycin (MWY-Modified Wadowsky & Yee (Oxoid, England) or BMPA (BCYE containing polymyxin, anisomycin and cephamandole (Oxoid). Plates were incubated at 35°C in a humid atmosphere containing 5% CO2 and examined daily for 2-weeks [12, 13]. The colonies were stained by Gram’s method [12]. Gram negative bacilli which their colonies morphologically resembled Legionella, were subcultured on BCYE Agar and on the ordinary media such as Blood, MacConkey, EMB and Chocolate Agar [11, 14]. After incubation, Legionella-like colonies which failed to grow on any ordinary media were examined by indirect fluorescent antibody technique (IFA) for definitive identification.

**IFA Method.** IFA test performed using Merifluor Legionella Kit, (Meridian Diagnostic Inc.) [15] which contained: reagents of primary antibody (pool of lyophilized rabbit anti-Legionella antibodies), labeling (FITC-labeled goat anti-rabbit antibody), positive control antigen (a polyvalent pool of Legionella antigens) and negative control anti-body (lyophilized normal rabbit immunoglobulin). Briefly, suspensions of suspected colonies were prepared in 1% neutral formalin. After centrifugation, the supernatant was discarded and the sediment was washed 2x with buffer. Then, the sediment was resuspended in buffer and 10 ml of bacterial suspension was placed in each of 2 wells on the slide. The slide was fixed gently by heat and the primary antibody and the negative control antibody were added to the corresponding wells. After 30 min at room temperature, the slide was washed with PBS buffer and after drying it was labeled. After 30 min of incubation, the slide was washed, dried and then examined under fluorescent microscope.

**Biochemical Tests.** The suspected isolates were identified as Legionella spp. by IFA test. Furthermore, more than 41 species and 63 serogroups of Legionella have been recognized worldwide through the research on patients and environmental sources which represent the distribution of the Legionnaires’ disease agents in different countries [18,19, 20].

**RESULTS**

187 water samples collected from diverse locations (Table 1), were inoculated to the selective and nonselective media. After incubation period, 244 strains of different bacteria including 129 (53%) strains of gram negative bacilli were isolated. Seven strains with the code of: 104, 105, 106, 110, 127, 155 and 174 were suspected to be Legionella spp. These gram-negative strains were identified based on morphology of the colonies and also based on their growth on the BCYE, MWY, BMPA media and lack of growth on ordinary media. All of these strains were identified as Legionella pneumophila by IFA [9] and by biochemical tests. These strains were positive by oxidase, P-lactamase, hippurate hydrolysis and by IFA tests. They had weaker reaction with catalase.

The isolated strains were lyophilized and sent to "Centre National De Refferences Des Legionelloses Faculte De Medicine Alexis Carrel, Lyon, France" for confirmation of serogroups. This center confirmed three serogroups (1, 8 & 10) of Legionella pneumophila. The results also showed that 6 out of 17 water bates and one out of 46 neonatal incubators were also contaminated with Legionella. Table 2 shows that 3 out of 6 strains of L. pneumophila which were recovered from 37°C water baths in Vali-Asr, Imam Khomeini, Dr. Shariati and Amirkabir Hospitals belonged to serogroup-1, 2 strains belonged to serogroup-8 and one strain of unknown serogroup. The 7th strain which was isolated from the neonatal incubator belonged to the serogroup-10.

**DISCUSSION**

This study report, we have isolated seven serogroups of L. pneumophila from water sources. So far, more than 41 species and 63 serogroups of Legionella have been recognized worldwide through the research on patients and environmental sources which represent the distribution of the Legionnaires’ disease agents in different countries [18,19, 20].
There are many natural water sources in Iran, including lakes, rivers, hot and mineral spring waters which are used by thousands of people every year. Contamination of these sources can serve as a focus for the spread of Legionella organisms. Legionella may also be distributed by contaminated equipment [18, 33, 37] such as water supplies of hospitals, hot water tanks, cooling towers, respiratory therapy devices, dental units, decoration fountains and any other sources in which water is left for a period of time.

In this study, 7 strains of Legionella-like organisms which were isolated from water sources, were later identified as L. pneumophila. Previous studies have demonstrated that L. pneumophila is the major causative agent of Legionnaires’ disease [21, 22, 23], and about 85% to 90% of all cases were due to this species [8, 18]. The isolation of L. pneumophila from the environmental sources proves the existence of Legionnaires’ disease in Iran. Although, all of the 15 known serogroups of L. pneumophila are pathogenic for human, specially serogroup-1 is responsible for the 80% of the infections [10]. Isolation and role of L. Pneumophila serogroups 8 & 10 in infection have been reported previously [23].

Our data indicate that almost half of the isolated strains were serogroups-1 which show the higher prevalence of this serogroup in water sources. The majority of contaminated sources were 37°C water baths. A survey on the mist-machine in a grocery store conducted by CDC (Center for Disease Control) showed 33 cases of Legionnaires’ disease in persons who had been exposed for more than 30 min [24]. They had bought the items which located close to the mist-machine. The contamination of 1/3 of water baths in our study and that of CDC study may indicate that the lab personnel who are in close contact with the equipment such as water baths are at high risk of acquiring the infection.

The outbreaks of Legionnaires’ disease and Pontiac fever, Non-pneumonic form, among young children and neonates have been previously reported [23, 25, 26]. Also, isolation of L. pneumophila from the humidification trays of five out of seven incubators in neonatology unit of a hospital [36] and inhalation of aerosols produced by contaminated humidifiers [33, 34] show that the neonates who are taking care of in these systems may be exposed to the Legionnaires’ disease agents. In this study we have confirmed the presence of L. pneumophila by isolation of serogroup-10 from humidification tray of one neonatal incubator.

Distribution of L. pneumophila strains isolated from different therapeutic centers, (Table 2), shows that at least one strain of L. pneumophila was isolated from each studied center. This is a matter which should be noticed in view of the health of the lab personnel and hospitalized patients. Some factors which stimulate the growth and isolation of Legionella, such as water stagnation, favorable temperature, presence of commensal bacteria and combination of water sediment [27, 28, 36], may have been present in 37°C water baths which were studied.

With attention to the conference of Legionellosis which presented in 4th Iranian congress of infectious and tropical disease (abstracts, Tehran University of Medical Sciences, 1993) and the other reports related to Legionnaires’ disease from Iran [32] and recovery of a few strains of L. pneumophila in this study, it is necessary to do more research on different water sources and patients that are suspected to have Legionellosis in Iran. These studies will really determine the possible relation between presence of organisms in environment and disease outbreaks in the patients. According to our data, this is the first report of isolation of three serogroups of L. pneumophila in Iran.

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