NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Alister F. Martin, MD, MPP
Commissioner

2026 Health Alert #26: Cluster of Legionnaires' Disease in parts of Melrose and Morrisania in the South Bronx

Please distribute to staff in Internal Medicine, Pulmonary and Intensive Care Medicine, Geriatrics, Primary Care, Infectious Diseases, Emergency Medicine, Family Medicine, Laboratory Medicine, and Infection Control/Epidemiology.

- The New York City (NYC) Health Department is currently responding to a cluster of individuals with Legionnaires' disease in parts of Melrose and Morrisania in the South Bronx. Clinicians should remain alert for possible cases of legionellosis and conduct appropriate diagnostic testing.
    - Legionnaires' disease cannot be clinically distinguished from other causes of pneumonia.
    - Test for *Legionella* by respiratory culture, polymerase chain reaction (PCR), and urine antigen, especially if test results for other respiratory infections are negative.
    - Attempt to obtain respiratory cultures using specialized media, even if PCR or urine antigen tests are positive, as respiratory cultures are the only specimen type that can be genetically sequenced to match to environmental cultures.
- Promptly report cases to the NYC Health Department and submit all confirmed *Legionella* isolates to the NYC Public Health Laboratory (PHL) for sub-typing and whole genome sequencing.
- For detailed Legionnaires' disease information, including clinical and testing guidance, see June 1, 2026 NYS and NYC Legionellosis Health Advisory.

September 10, 2026

The NYC Health Department is actively responding to a cluster of individuals with Legionnaires' disease in parts of Melrose and Morrisania in the South Bronx (impacted ZIP codes: 10451 and 10456), which, as of September 10, 2026, includes 5 confirmed cases, one death, and additional suspected cases that are pending confirmation.

NYC clinicians should maintain a high index of suspicion for legionellosis among all adults with pneumonia. Identification and diagnostic testing of Legionnaires' disease is critical for informing treatment decisions and helping the NYC Health Department

identify and address outbreaks, particularly through matching clinical isolates to environmental isolates.

Epidemiology: Legionnaires' disease follows a seasonal pattern in NYC, with an increased number of cases reported from June to October each year.

Clinical Presentation: Clinical suspicion of Legionnaires' disease should be elevated for people presenting with pneumonia, especially if they report residing in or visiting the above ZIP codes, recent travel, recent inpatient care at a healthcare facility, recent exposure to hot tubs, or if the person lives in a congregate setting such as a long-term care facility. People at higher risk for Legionnaires' disease include those who are 50 years or older, those who smoke, and people with chronic lung disease, immunocompromising conditions, systemic malignancy, or comorbid conditions such as diabetes or renal/hepatic failure.

Testing: Diagnostic testing for *Legionella* includes respiratory culture, polymerase chain reaction (PCR), and urine antigen testing. Respiratory tract specimens for *Legionella* culture should ideally be obtained before initiation of antibiotics, although antibiotics should not be delayed in order to obtain a specimen. Cultures can be ordered after the initiation of antibiotics. Clinicians must specifically request the specimen be cultured for *Legionella* (i.e., not a general respiratory bacterial culture), as specialized media (buffered charcoal yeast extract [BCYE] agar) is required. Because PCR and urine antigen tests cannot be used for genetic sequencing, respiratory cultures using BCYE are critical for public health response as these are matched to environmental cultures in an attempt to identify a source. See the Diagnostic Testing table here for more details.

Treatment: Empiric treatment of community-acquired pneumonia in hospitalized patients should always include adequate coverage for *Legionella* with either a macrolide (e.g., azithromycin) or a respiratory fluoroquinolone (e.g., levofloxacin). In addition, antibiotics with adequate *Legionella* coverage are recommended for people with community-acquired pneumonia who reside in or have visited impacted ZIP codes regardless of the need for hospitalization.

Public Health Reporting: To promptly report cases to the NYC Health Department or for additional questions, call the Provider Access Line at 866.692.3641. Laboratories should send all confirmed *Legionella* isolates to the NYC PHL for serotyping and whole genome sequencing using PHL eOrder. Select Legionella serotyping and send isolates to 455 1st Avenue, New York, NY 10016.

As always, we appreciate your collaboration to address Legionnaires' disease and other infectious disease concerns in the city.

Resources:

- June 1, 2026 NYS and NYC Legionellosis Health Advisory
- American Thoracic Society/Infectious Diseases Society of America Guidelines for Diagnosis and Treatment of Adults with Community-Acquired Pneumonia
- NYC PHL eOrder