

***Legionella pneumophila* serogroup 1 population in Italy by monoclonal subtyping**

M. CASTELLANI PASTORIS¹, M. MCINTYRE² AND P. GOLDONI¹

¹*Bacteriology and Medical Mycology, Istituto Superiore di Sanità, Rome, Italy*

²*Department of Microbiology, John Radcliffe Hospital, Oxford OX3 9DU, UK*

(Accepted 1 January 1989)

SUMMARY

The Oxford panel of monoclonal antibodies was used to subtype 83 strains of *Legionella pneumophila* serogroup 1 of human and environmental origin. The International panel was also used to subtype 50 of them. All the 18 patients' isolates were of the Pontiac subgroup, and 40/43 of the environmental strains of the Pontiac subgroup were associated with human infection. The remaining environmental strains were subgroups Olda (15 strains), Camperdown (5 strains), and Bellingham (2 strains). The Philadelphia subgroup was the commonest among the environmental strains tested with the international MABs panel.

This study confirms previous findings that *L. pneumophila* serogroup 1 isolates with the Pontiac (Oxford panel) or MAB-2 (international panel) reacting antigen marker seem to be more virulent than the other subgroups.

INTRODUCTION

Legionella pneumophila serogroup 1 is the most frequently recognized cause of legionellosis both in outbreaks and sporadic cases. However, the same microorganism is also frequently isolated from natural and man-made environments apparently unassociated with human infection.

L. pneumophila serogroup 1 is antigenically highly variable [1–4]. Different epitopes have been used to prepare monoclonal antibodies, and to identify monoclonal subtypes of this microorganism [5–11]. Typing schemes by indirect immunofluorescence have been developed using different panels of monoclonal antibodies [6, 7, 11]; recently three laboratories have devised a collaborative standardized subgrouping protocol using seven monoclonal antibodies [12].

Subgrouping schemes have been used in epidemiological studies, and in several instances have been useful in identifying the source and mode of transmission of human infections [6–7, 13–20]. Some subtypes have been more frequently associated with human infection than others [14, 17, 20, 21]. Other subtypes appear to be less commonly associated with disease. These results, however, may vary in different countries. Examination of a large number of strains is therefore

Correspondence and requests for reprints to: M. Castellani Pastoris, Istituto Superiore di Sanità, Department of Bacteriology and Medical Mycology, Viale Regina Elena 299, 00161 Rome, Italy.

necessary, to determine the real prevalence of different subtypes, their capability to survive in different environmental niches, and their correlation with human infections. For this reason we examined by monoclonal subtyping *L. pneumophila* serogroup 1 strains isolated throughout Italy.

MATERIALS AND METHODS

A total of 83 *L. pneumophila* serogroup 1 strains were stored between 1981 and May 1989, which had been isolated by us or sent to the Istituto Superiore di Sanità by other laboratories for identification. Eighteen were from patients, and 65 were environmental isolates, some of which were associated with Legionnaires' disease in the above-mentioned patients.

Isolates were identified as *L. pneumophila* serogroup 1 by their ability to grow on buffered charcoal-yeast extract agar supplemented with 1% alpha-ketoglutarate, their inability to grow in the absence of cysteine, and by direct immunofluorescence using specific fluorescent antiserum kindly provided by the Centers for Disease Control, Atlanta, USA. All the strains were positive for catalase, hippurate hydrolysis, β -lactamase production, and production of a brown pigment on tyrosine-supplemented medium; were variable for oxidase; and did not exhibit autofluorescence when exposed to long wave length ultraviolet light. The strains had been repeatedly passaged on buffered charcoal yeast-extract agar before storage at -80° .

The monoclonal antibodies (MABs) used were those of the Oxford panel [11]. The strains were typed at the Istituto Superiore di Sanità in Rome and the results confirmed in Oxford. Some were typed by Dr P. J. Dennis, PHLS, Porton Down, Salisbury (personal communication). The majority of the strains was also tested with the standardized international MABs panel [12] at the laboratory in Oxford. The indirect antibody test was performed with heat killed (65°C for 45–60 min) bacterial aqueous suspensions (turbidity equivalent to a McFarland 2 standard).

RESULTS

Eighteen of the 83 strains were isolated from post mortem lung tissue or from respiratory secretions of patients with Legionnaires' disease. Forty-two of the environmental isolates were from the water supply or respiratory equipment of hospitals; 18 from the water supply of hotels; 3 came from a public facility for elderly and handicapped persons, 1 of which was isolated from the water of a garden fountain; 1 was from the water supply of a cultural centre, and 1 from the water of our Institute.

All the strains isolated from patients belonged to the Pontiac subgroup (Table 1), as did the majority of the environmental strains (66%). With the exception of three strains these were all associated with Legionnaires' disease. Fifteen isolates were Oldas, five were Camperdown, and two were Bellingham. The 17 isolates for which information was available were apparently unassociated with human infection.

Table 1. *L. pneumophila* serogroup 1 isolates by monoclonal antibody typing (Oxford and international panels)

Strains <i>n</i>	City	Origin	Actual source	Associated with disease (outbreak or sporadic)	Monoclonal subgroup	
					Oxford	International
4	Lido di Savio	Hotel 1	Ps	Yes (o)	Pontiac	Philadelphia
1	Lido di Savio	Hotel 2	Ps	Yes (o)	Pontiac	Philadelphia
1	Diano Castello	Hotel	Ps	Yes (s)	Pontiac	Knoxville
1	Rimini	Hospital	Pa		Pontiac	Benidorm
3			Ps	Yes (o)	Pontiac	Benidorm
1	Bari	CAI	Pa		Pontiac	Benidorm
12	Torino	Hospital 1	Pa		Pontiac	Not Tested
2			Oh	Yes (o)	Pontiac	Not Tested
14			Ps	Yes (o)	Pontiac	Philadelphia (2 strains tested)
1			Ps		Bellingham	Bellingham
2	Torino	Hospital 2	Po	NK	Pontiac	Philadelphia
5	Paestum	Hotel	Ps	Yes (o)	Pontiac	Knoxville (1 strain tested)
2	Meldola	Public Institution	Ps	Yes (o)	Pontiac	Knoxville
1			Fo		Pontiac	Not Tested
1	Roma	CAI	Pa		Pontiac	Philadelphia
1	Roma	Cultural Centre	Ps	Yes (o)	Pontiac	Philadelphia
1	Roma	ISS	Ps	No	Bellingham	Bellingham
1	Monza	CAI	Pa		Pontiac	Benidorm
1	Monza	CAI	Pa		Pontiac	Allentown
1	Como	CAI	Pa		Pontiac	Allentown
1	Molveno	Hotel 1	Ps	Yes (s)	Pontiac	Philadelphia
1	Molveno	Hotel 2	Ps	Yes (s)	Pontiac	Philadelphia
1	Cattolica	Hotel	Ps	Yes (s)	Pontiac	Benidorm
4	Folgaria	Hotel	Ps	Yes (o)	Pontiac	Philadelphia
7	Firenze	Hospital 1	Ps	no	5 Olda, 2 Camperdown	5 Olda, 2 Camperdown
1			Ac	No	Olda	Olda
7	Firenze	Hospital 2	Ps	*	5 Olda, 2 Camperdown	5 Olda, 2 Camperdown
5	Messina	Hospital	Ps	NK	4 Olda, 1 Camperdown	4 Olda, 1 Camperdown

CAI. Community acquired infection.

ISS. Istituto Superiore di Sanità, Rome.

Ps. Plumbing system; Pa, patient; Oh, oxygen humidifiers; Po, pools, Fo, fountain;

Ac, air conditioner.

NK. Not known.

*, One case serologically diagnosed, no isolate available.

Using the international typing scheme 6 patient isolates subtyped as Benidorm (3 strains), Allentown (2 strains), and Philadelphia (1 strain). The subgroups of the environmental isolates associated with disease were Philadelphia (14 strains), Benidorm (5 strains), and Knoxville (2 strains). There were no differences between strains isolated during outbreaks or associated with sporadic cases.

DISCUSSION

Sixty-one (73.5%) of the 83 *L. pneumophila* serogroup 1 strains isolated in Italy were of the Pontiac subgroup by the Oxford MABs panel. All of the 18 patient isolates were of the Pontiac subgroup; 40/43 of the environmental strains of the Pontiac subgroup were associated with human infection. Twenty-two of the 65 environmental strains tested belonged to the subgroups Olda (15 strains), Camperdown (5 strains), and Bellingham (2 strains) and were not associated with cases of Legionnaires' disease. *L. pneumophila* serogroup 1 isolates from water supply of an hospital in Firenze (hospital 2) were of the subgroups Olda and Camperdown. In that hospital one nosocomial case was diagnosed (sero-conversion), but unfortunately no clinical isolate was available for examination. In another hospital in Firenze (hospital 1) the plumbing system was found to be colonized by the subgroups Olda and Camperdown and the air conditioner by the subgroup Olda, but no cases occurred among the patients. However it should be noted that clinicians used erythromycin immediately the first respiratory symptoms appeared. Among 17 environmental isolates of an hospital in Torino (hospital 1) one was of the Bellingham subgroup. This strain was isolated from a shower after control measures were adopted raising the hot water temperature. At that time no further nosocomial cases of Legionnaires' disease were detected at the hospital.

There was a relatively high number of isolates of the Camperdown subgroup which is usually rare.

The Philadelphia subgroup is commonest among the environmental strains tested with the international MABs panel.

L. pneumophila serogroup 1 is most commonly associated with Legionnaires' disease, although it is ubiquitous in the environment. A number of monoclonal antibody subtyping schemes have been developed for epidemiological studies [6, 7, 11, 12]. These have also been useful in identifying possible correlations between antigenic subgroups and virulence [17, 20–22].

This study confirms previous findings that *L. pneumophila* serogroup 1 isolates with the Pontiac (Oxford panel) or MAb-2 (international panel) reacting antigen marker are more virulent than the other subgroups [20–22] in that they are more commonly isolated from cases of Legionnaires' disease. In this study all of the strains isolated from patients were of the Pontiac subgroup, as were a high proportion of environmental isolates associated with outbreaks.

More information on strains isolated from epidemic and sporadic cases, and from different ecosystems associated with human disease will increase our understanding of virulence factors in subgroups and the capability of subgroups to survive in different environmental niches.

ACKNOWLEDGEMENTS

We are grateful to the following for some of the strains: Professor A. Moiraghi Ruggenini (Torino), Dr L. Franzin (Torino), Dr E. F. Viganò (Monza), Dr I. Dell'Eva (Trento), Dr G. Balducci (Rimini), Dr A. Belli (Firenze), and Dr S. Delia (Messina).

We would like to thank Dr P. J. Dennis, (Porton Down, Salisbury) for subtyping some of the strains with the Oxford panel, and Dr J. Tobin (Oxford) for his support and advice.

REFERENCES

1. Brown A, Vickers RM, Edler EM, Lema M, Garrity GM. Plasmid and surface antigen markers of endemic and epidemic *Legionella pneumophila* strains. *J. Clin Microbiol* 1982; **16**: 230–5.
2. Collins MT, Cho SN, Hoiby N, Espersen F, Back L, Rief JS. Crossed immunoelectrophoretic analysis of *Legionella pneumophila* serogroup 1 antigens. *Infect Immun* 1983; **39**: 1428–40.
3. Joly JR, Kenny GE. Antigenic analysis of *Legionella pneumophila* and *Tatlockia micdadei* (*Legionella micdadei*) by two dimensional (crossed) immunoelectrophoresis. *Infect Immun* 1982; **35**: 721–9.
4. Thomason BM, Bibb WF. Use of absorbed antisera for demonstration of antigenic variation among strains of *Legionella pneumophila* serogroup 1. *J Clin Microbiol* 1984; **19**: 794–9.
5. Guillet JG, Hoebeke J, Tram C, Marullo S, Strosberg D. Characterization serological specificity and diagnostic possibilities of monoclonal antibodies against *Legionella pneumophila*. *J Clin Microbiol* 1983; **18**: 793–7.
6. Joly JR, Chen YY, Ramsay D. Serogrouping and subtyping of *Legionella pneumophila* with monoclonal antibodies. *J Clin Microbiol* 1983; **18**: 1040–6.
7. McKinney RM, Thacker L, Wells DE, Wong MC, Jones WJ, Bibb WF. Monoclonal antibodies to *Legionella pneumophila* serogroup 1: Possible applications in diagnostic tests and epidemiologic studies. *Zentralbl Bakteriol Abt 1: Orig [Reihe] A* 1983; **255**: 91–5.
8. Miyazaki T, Koga H, Nakashima M, et al. Production of monoclonal antibodies against *Legionella pneumophila* serogroup 1. *Microbiol Immunol* 1985; **29**: 275–84.
9. Para MF, Plouffe JF. Production of monoclonal antibodies to *Legionella pneumophila* serogroups 1 and 6. *Clin. Microbiol* 1983; **18**: 895–900.
10. Sethi KK, Drüeke V, Brandis H. Hybridoma-derived monoclonal immunoglobulin M antibodies to *Legionella pneumophila* serogroup 1 with diagnostic potential. *J Clin Microbiol* 1983; **17**: 953–7.
11. Watkins ID, Tobin JO'H. Studies with monoclonal antibodies to *Legionella* species. In: Thornsberry C, Balows A, Feeley JC, Jakubowski W, eds. *Legionella: Proceedings of the 2nd International Symposium*. Washington DC: American Society for Microbiology 1984: 259–62.
12. Joly JK, McKinney RM, Tobin JO'H, Bibb WF, Watkins ID, Ramsay D. Development of a standardized subgrouping scheme for *Legionella pneumophila* serogroup 1 using monoclonal antibodies. *J Clin Microbiol* 1986; **23**: 768–71.
13. Garbe PL, Davis BJ, Weisfeld JS, et al. Nosocomial Legionnaires' disease: Epidemiologic demonstration of cooling towers as a source. *J A M A* 1985; **254**: 521–4.
14. Joly JR, Winn WC. Correlation of subtypes of *Legionella pneumophila* defined by monoclonal antibodies with epidemiological classification of cases and environmental sources. *J Infect Dis* 1984; **150**: 667–71.
15. Meenhorst PL, Reingold AL, Groothuis DG, et al. Water-related nosocomial pneumonia caused by *Legionella pneumophila* serogroup 1 and 10. *J Infect Dis* 1985; **152**: 356–63.
16. Moiraghi Ruggenini A, Castellani Pastoris M, Dennis PJ, et al. *Legionella pneumophila* in a hospital in Torino, Italy – A retrospective one-year study. *Epidemiol Infect* 1989; **102**: 21–9.
17. Plouffe JF, Para MF, Maher WE, Hackman B, Webster L. Subtypes of *Legionella pneumophila* serogroup 1 associated with different attack rates. *Lancet* 1983; **ii**: 649–50.
18. Ribeiro CD, Burge SH, Palmer SR, Tobin JO'H, Watkins ID. *Legionella pneumophila* in a hospital water system following a nosocomial outbreak: prevalence, monoclonal antibody subgrouping and effect of control measures. *Epidemiol Infect* 1987; **98**: 253–62.
19. Ruf B, Schürmann D, Horbach I, Seidel K, Pohle HD. Nosocomial legionella pneumonia: demonstration of potable water as the source of infection. *Epidemiol Infect* 1988; **101**: 647–54.

20. Watkins ID, Tobin JO'H, Dennis PJ, Brown W, Newnham RS, Kurtz JB. *Legionella pneumophila* serogroup 1 subgrouping by monoclonal antibodies-an epidemiological tool. *J Hyg* 1985; **95**: 211-6.
21. Brindle RJ, Stannett PJ, Tobin JO'H. *Legionella pneumophila*: monoclonal antibody typing of clinical and environmental isolates. *Epidemiol Infect*; **99**: 235-9.
22. Dournon E, Bibb WF, Rajagopalan P, Desplaces N, McKinney RM. Monoclonal antibody reactivity as a virulence marker for *Legionella pneumophila* serogroup 1 strains. *J Infect Dis* 1988; **157**: 496-501.