

SURVEILLANCE REPORT

Legionellosis in Ontario: January 1, 2025 to
October 8, 2025

Published: October 9, 2025

Introduction

This report summarizes the epidemiology of laboratory confirmed cases of legionellosis in Ontario with a focus on cases occurring in 2025 and comparisons to trends in recent years.

Legionella are bacteria found in natural water environments and can grow in human-made water systems, such as plumbing, cooling towers, hot tubs, showers and decorative fountains. Individuals can become infected with *Legionella* by breathing in small droplets or vapour of contaminated water. Legionellosis is a spectrum of illness caused by *Legionella* infection, ranging from mild flu-like illness (Pontiac fever) to severe lung infection/pneumonia (Legionnaires' disease) that can result in hospitalization and death.

Legionellosis is a disease of public health significance under [Ontario Regulation 135/18 of the Health Protection and Promotion Act](#).¹ For additional information regarding legionellosis, including the provincial case definition, visit the [Ontario Ministry of Health Appendix 1: Case Definitions and Disease Specific Information Disease: Legionellosis](#), the [Public Health Ontario \(PHO\) webpage for Legionellosis](#), and the [Ontario Ministry of Health Legionella Investigation Reference Document](#).²⁻⁴

Key Messages

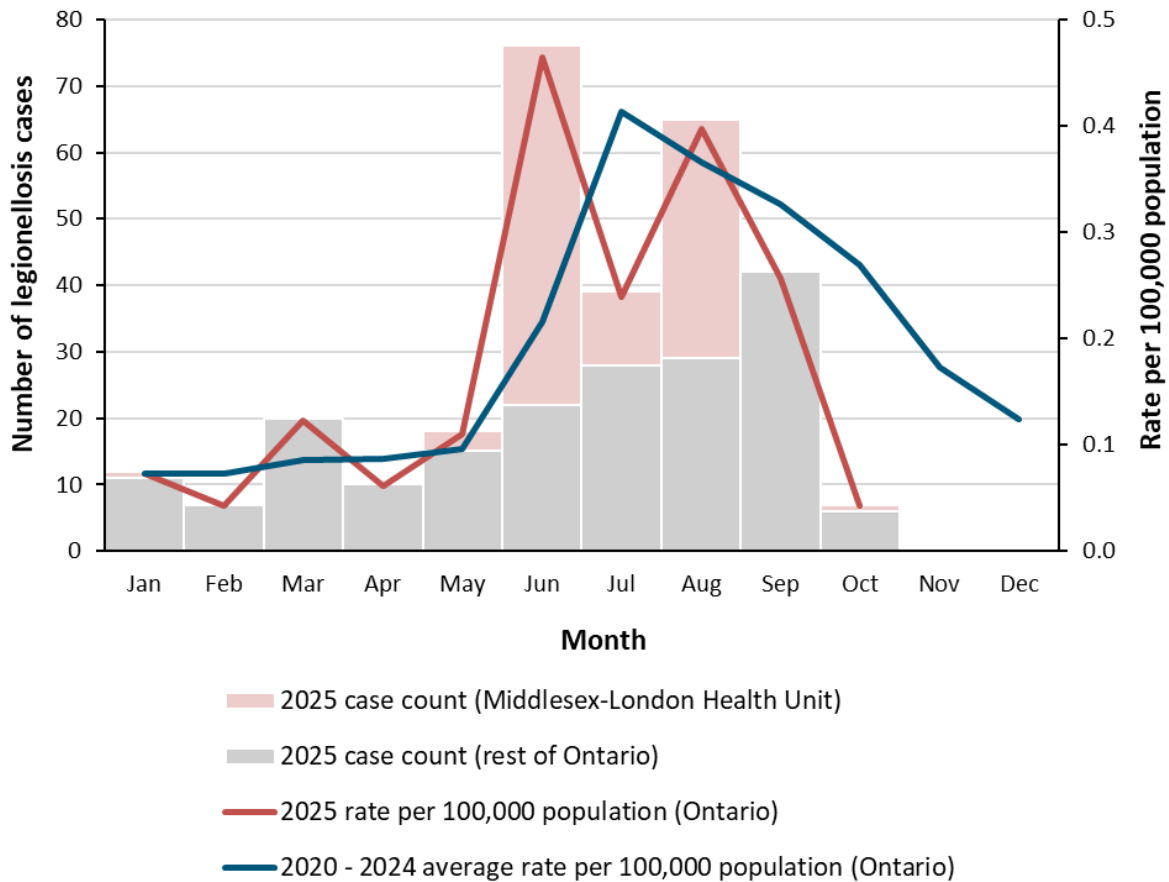
- *Legionella* bacteria are ubiquitous in the environment and most legionellosis cases reported in the province are sporadic and not linked to an identified outbreak.
- There have been 296 cases of legionellosis in Ontario with episode dates between January 1 and October 8, 2025.
 - Monthly rates of legionellosis cases per 100,000 population in 2025 increased in June and August with a decline in July, largely driven by outbreak-related cases reported by Middlesex-London Health Unit (MLHU).
- Over the course of the MLHU outbreak, there have been 106 cases of legionellosis in MLHU with episode dates between January 1 and October 8, 2025. These cases represent 35.8% (106/296) of all cases in Ontario with episode dates during this period.
 - Of the 106 legionellosis cases in MLHU, 104 (98.1%) were recorded as being related to the outbreak.
 - MLHU experienced a *Legionella* outbreak in 2024.⁵
 - This report contains some comparisons of trends in legionellosis cases for MLHU compared to the rest of Ontario. For the most up to date information on the outbreak, refer to MLHU's [website](#).⁶

Highlights

- As in previous years, cases of legionellosis in Ontario in 2025 began increasing in June. There were 76 cases with an episode date in June, 39 cases in July, and 65 cases in August. To date, there have been 42 cases with episode dates in September and 7 cases in October ([Figure 1](#)).
- Of all cases between June and August, 56.1% (101/180) occurred in MLHU.
- Case counts for MLHU were lower in July but higher in June and August 2025 compared to the same months in 2024. There are currently no cases with episode dates in September, compared to 3 cases the previous year. To date, there is one case in October 2025, similar to October 2024 ([Figure 2](#)).
- As with previous years, the highest rates of legionellosis in Ontario in 2025 have occurred among males and older adults ([Table 1](#)).
- Legionellosis rates varied by public health unit (PHU), with the highest rate to date in 2025 observed in MLHU with 17.7 cases per 100,000 population ([Figure 3](#)).
- In 2025, the proportion of positive tests among all *Legionella* tests conducted by PHO (percent positivity) increased at the end of June, peaking at approximately 10% at the start of July. After a decline in late July, percent positivity increased throughout August and was over 6% at its peak. Weekly percent positivity declined to approximately 2% in the last two weeks with complete data ([Figure 4](#)).
- Legionellosis case severity is presented in Table 2 and interpretation of the data should consider the possible impact of delays in reporting and that data for 2025 is only for a partial year. The proportion of legionellosis cases to-date in 2025:
 - With hospitalization reported is 71.3%, which is lower than the annual average for the period from 2020 to 2024 (75.6%).
 - Resulting in a fatal outcome is 7.1%, which is higher than the annual average for the period from 2020 to 2024 (6.4%) ([Table 2](#)).

Trends

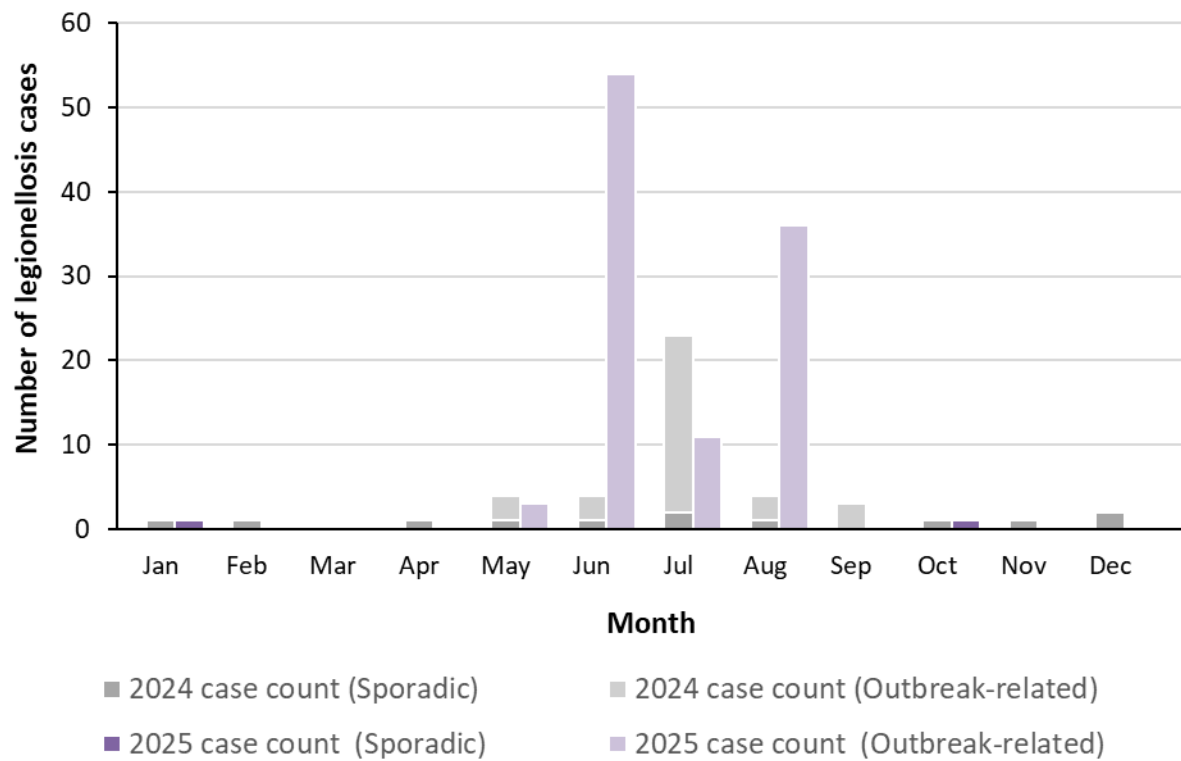
Figure 1: Confirmed Legionellosis Case Counts and Rates per 100,000 Population in Ontario: Year 2025* Compared to Average Rate for 2020 - 2024, by Month



Data Source: Cases: Public Health Information System (iPHIS). Population denominators: Statistics Canada and Ontario Ministry of Finance [extracted 2025 Oct 8].

*2025 includes data from January 1 to October 8 only.

Figure 2: Confirmed Legionellosis Case Counts in Middlesex-London Health Unit: Year 2025* Compared to 2024, by Month



Data Source: Integrated Public Health Information System (iPHIS) [database] [extracted 2025 Oct 8].
*2025 includes data from January 1 to October 8 only.

Table 1: Confirmed Legionellosis Case Counts and Rates per 100,000 Population in Ontario, by Sex* and Age: Year 2025 Compared to the Average of the Previous Five Years (2020 - 2024)**

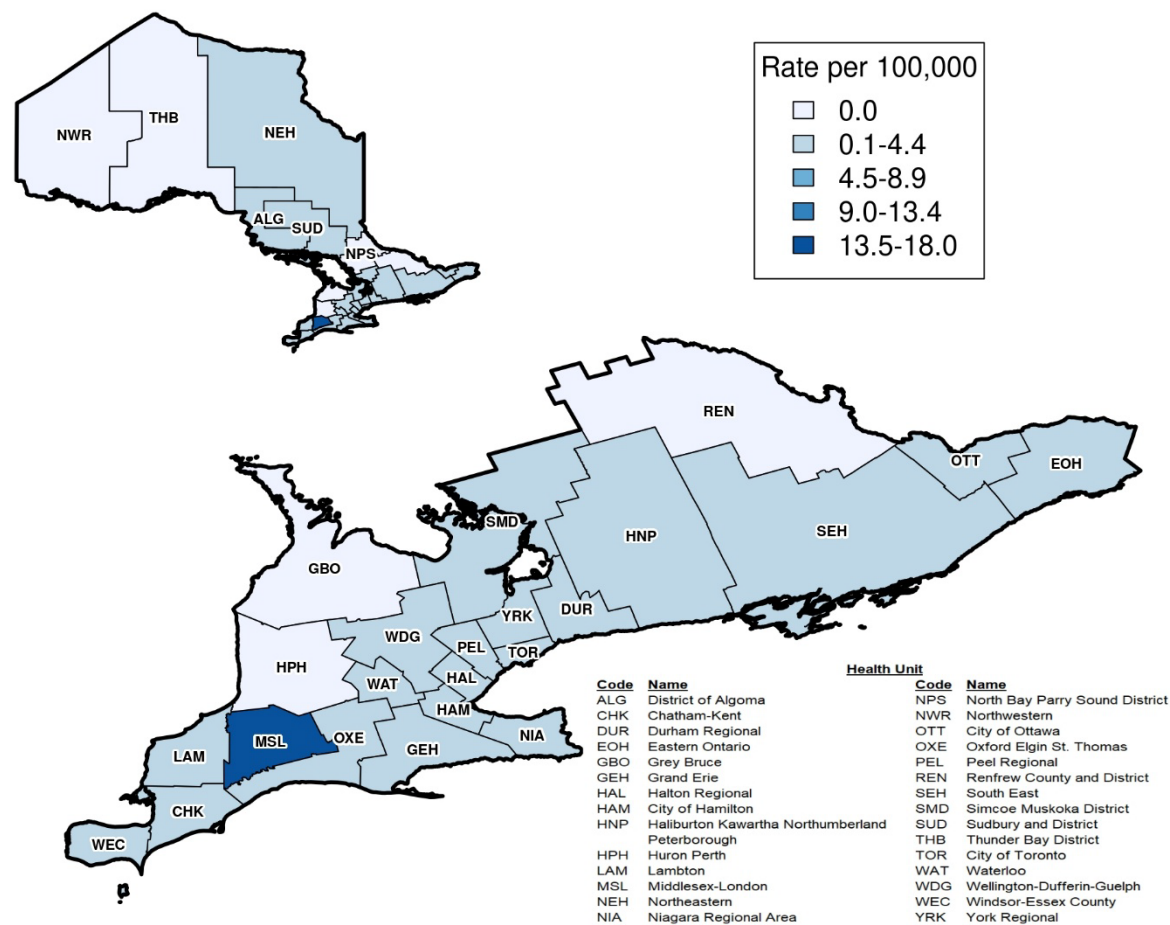
Sex and Age Group (years)	Total Number of Cases Between January 1 to October 8, 2025	Rate per 100,000 Population Between January 1 to October 8, 2025	Average Number of Cases Annually Between January 1, 2020 to December 31, 2024	Average Annual Rate per 100,000 Population Between January 1, 2020 to December 31, 2024
Female	103	1.3	113.8	1.5
Male	192	2.4	237.8	3.1
Did not specify	1	N/A	0.0	N/A
0 – 19	0	N/A	1.0	0.0
20 – 39	20	0.4	16.4	0.4
40 – 59	83	2.1	105.0	2.7
60 – 79	149	4.5	184.4	6.0
≥80	44	5.7	44.6	6.4
Unknown	0	N/A	0.2	N/A
Total	296	1.8	351.6	2.3

Data Source: Cases: Integrated Public Health Information System (iPHIS) [database]. Population denominators: Statistics Canada and Ontario Ministry of Finance [extracted 2025 Oct 8].

*This report uses the terminology sex to reference the reported values for the gender field in iPHIS. Three values for sex are derived from the data entered in iPHIS: Male, Female, and Did Not Specify Male or Female; information from all three is combined when presenting total counts or rates.

**2025 includes data from January 1 to October 8 only.

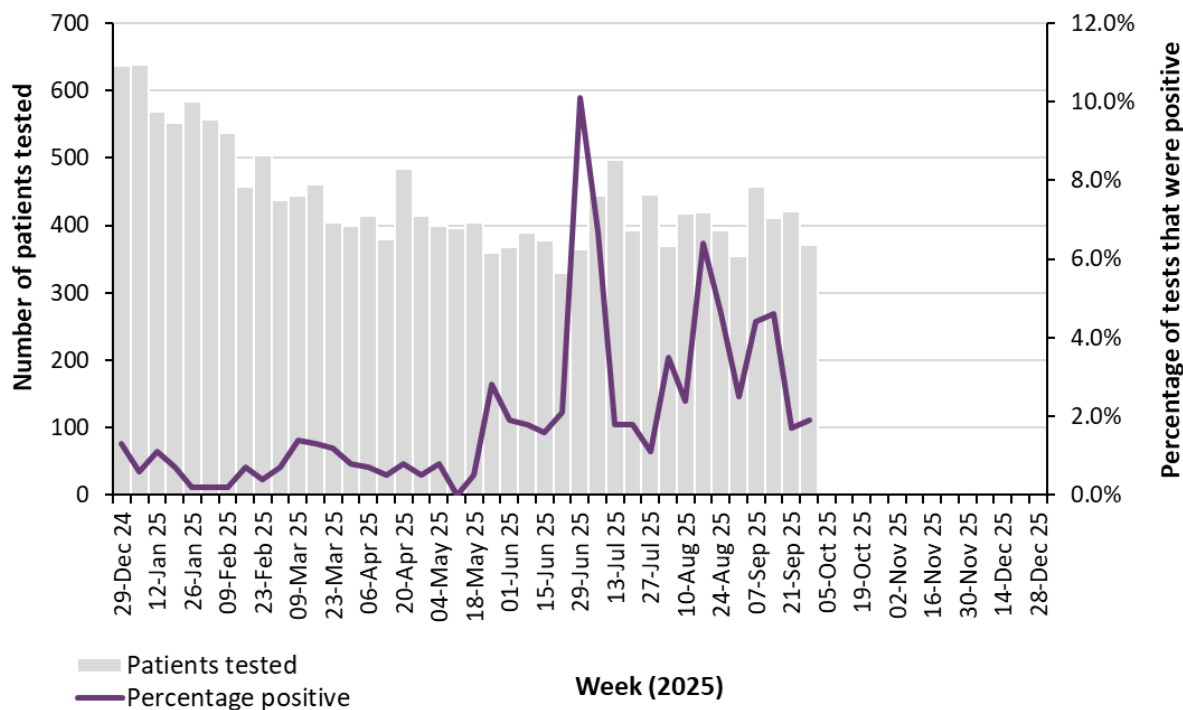
Figure 3: Rate of Confirmed Legionellosis Cases from January 1 to October 8, 2025 in Ontario, by Public Health Unit



Data Source: Cases: Integrated Public Health Information System (iPHIS) [database]. Population denominators: Statistics Canada and Ontario Ministry of Finance [extracted 2025 Oct 8].

Testing

Figure 4: Number of Individuals Tested for *Legionella* and Percent Positivity in Ontario, by Week, 2025*



Data Source: PHO Laboratory Information Management System

Note: Testing for the most recent week is not complete due to pending results. Includes all *Legionella* testing methods conducted by Public Health Ontario's laboratory. An individual is considered positive if a specimen was positive by any validated test method. Week was assigned based on the date the specimen was received at Public Health Ontario's laboratory; start dates of each week are presented on the x-axis.

*The first week contains data from December 29-31, 2024.

Severity

Table 2: Hospitalizations and Deaths among Confirmed Legionellosis Cases in Ontario, by Sex* and Age: Year 2025 Compared to the Average of the Previous Five Years (2020 - 2024)**

Sex and Age Group (years)	Number (%) of Cases Hospitalized Between January 1 to October 8, 2025	Average Number (%) of Cases Hospitalized per Year Between January 1, 2020 to December 31, 2024	Number (%) of Cases with a Fatal Outcome Between January 1 to October 8, 2025	Average Number (%) of Cases with a Fatal Outcome per Year Between January 1, 2020 to December 31, 2024
Female	71/103 (68.9)	85.4/113.8 (75.0)	7/103 (6.8)	6.8/113.8 (6.0)
Male	139/192 (72.4)	180.4/237.8 (75.9)	14/192 (7.3)	15.8/237.8 (6.6)
Did not specify	1/1 (100.0)	0/0 (0.0)	0/1 (0.0)	0/0 (0.0)
0 – 19	0/0 (0.0)	0.8/1 (80.0)	0/0 (0.0)	0/1 (0.0)
20 – 39	14/20 (70.0)	11.6/16.4 (70.7)	0/20 (0.0)	0.6/16.4 (3.7)
40 – 59	62/83 (74.7)	77.8/105 (74.1)	3/83 (3.6)	2.4/105 (2.3)
60 – 79	104/149 (69.8)	140.8/184.4 (76.4)	10/149 (6.7)	14.6/184.4 (7.9)
≥80	31/44 (70.5)	34.8/44.6 (78.0)	8/44 (18.2)	5/44.6 (11.2)
Unknown	0/0 (0.0)	0/0.2 (0.0)	0/0 (0.0)	0/0.2 (0.0)
Total	211/296 (71.3)	265.8/351.6 (75.6)	21/296 (7.1)	22.6/351.6 (6.4)

Data Source: Ontario. Ministry of Health. Integrated Public Health Information System (iPHIS) [database]. Toronto, ON: King's Printer for Ontario [extracted 2025 Oct 8].

*This report uses the terminology sex to reference the reported values for the gender field in iPHIS. Three values for sex are derived from the data entered in iPHIS: Male, Female, and Did Not Specify Male or Female; information from all three is combined when presenting total counts or rates.

**2025 includes data from January 1 to October 8 only.

Technical Notes

Data Sources

- The data for this report were based on information entered in the Ontario Ministry of Health (MOH) integrated Public Health Information System (iPHIS) database **as of 9 a.m., October 8, 2025**.
- Testing and percent positivity data was obtained from PHO's Laboratory Information Management System **as of October 8, 2025**.
- Population estimates used to calculate rates for cases were calculated using the Ontario 2020 to 2022 population estimates⁷, sourced from Statistics Canada, and the Ontario 2023 to 2025 population projections⁸, sourced from the Ontario Ministry of Finance.

Data Caveats for iPHIS

- iPHIS is a dynamic disease reporting system that allows ongoing updates to previously entered data. As a result, data extracted from iPHIS represent a snapshot at the time of extraction and may differ from previous or subsequent reports.
- These data only represent laboratory-confirmed cases of legionellosis reported to public health and recorded in iPHIS. As a result, all case counts are subject to varying degrees of underreporting due to a variety of factors, such as disease awareness and medical care seeking behaviours, that may depend on severity of illness, clinical practices, and changes in laboratory testing and reporting behaviours.
- Only legionellosis cases meeting the confirmed case classification as listed in the Ontario Ministry of Health (MOH) surveillance case definitions are included in the reported case counts.
 - Provincial surveillance case definitions available online under the [Infectious Diseases Protocol](#)² are the most current.
 - Changes to provincial surveillance case definitions and disease classifications have occurred over the years and thus may impact the analysis of trends over time. Cases are classified in iPHIS based on the Ontario MOH surveillance case definitions in use at the time the case was identified.
 - PHO's technical report "[Factors Affecting Case Definition Changes in Ontario 1991-2016](#)"⁹ provides more detailed information on this topic.
- Cases are reported based on the Episode Date, which is an estimate of the onset date of disease for a case. In order to determine this date, the following hierarchy exists in iPHIS: Onset Date > Specimen Collection Date > Lab Test Date > Reported Date.
 - For example: If an Onset Date exists, it will be used as the Episode Date. If Onset Date is not available, then the next available date in the hierarchy (i.e., Specimen Collection Date) will be used, and so on.
- Duplicate case records may be included if they were not identified and resolved at either the local or provincial level prior to data extraction from iPHIS.
- Public Health Ontario conducts the majority of Legionella testing in the province.
- Interpretation of severity data for 2025 should consider the possible impacts of lags in reporting:
 - Hospitalized legionellosis cases were determined based on a reported intervention type description of "Hospitalization" or "ICU" and a reported intervention start date on or after the case's episode date.
 - Fatal legionellosis cases were determined based on a case outcome description of "Fatal" and the type of death not being reported as "Reportable disease was unrelated to cause of death."
- Cases for which the Diagnosing Health Unit (DHU) was reported as MOHLTC (to signify a case that is not a resident of Ontario) were excluded from this analysis.

References

1. *Designation of Diseases*, O Reg 135/18. Available from: <https://www.ontario.ca/laws/regulation/180135>
2. Ontario. Ministry of Health. Ontario public health standards: requirements for programs, services and accountability. Infectious disease protocol. Appendix 1: case definitions and disease-specific information. Disease: Legionellosis. Effective: May 2022 [Internet]. Toronto, ON: King's Printer for Ontario; 2022 [cited 2025 Jul 16]. Available from: <https://www.ontario.ca/files/2025-01/moh-ophs-legionellosis-en-2022-05-01.pdf>
3. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Legionellosis (*Legionella*, Legionnaires Disease) [Internet]. Toronto, ON: King's Printer for Ontario; 2024 [updated 2024 Dec 13; cited 2025 Jul 16]. Available from: <https://www.publichealthontario.ca/en/Diseases-and-Conditions/Infectious-Diseases/Respiratory-Diseases/Legionellosis>
4. Ontario. Ministry of Health. *Legionella* Investigation Reference Document [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Jul 16]. Available from: <https://www.ontario.ca/files/2025-01/moh-ophs-legionellosis-en-2025-01-06.pdf>
5. Middlesex-London Health Unit. Middlesex-London Health Unit Declares End of *Legionella* Outbreak. Middlesex-London Health Unit News [Internet]. 2024 Oct 11 [cited 2025 Jul 16]. Available from: <https://www.healthunit.com/news/Legionella-outbreak-over>
6. Middlesex-London Health Unit. Confirmed Legionnaires Disease Cases in the Middlesex-London Region [Internet]. [cited 2025 Jul 16]. Available from: <https://www.healthunit.com/confirmed-legionnaires-disease-cases>
7. Statistics Canada. Table 17-10-0134-01: estimates of population (2016 census and administrative data), by age group and sex for July 1st, Canada, provinces, territories, health regions (2018 boundaries) and peer groups [Internet]. Ottawa, ON: Government of Canada; 2023 Mar 2 [extracted 2023 Mar 13]. Available from: <https://doi.org/10.25318/1710013401-eng>
8. Population Reporting. Population projections public health unit, 2023-2046 [data file]. Toronto ON: Ministry of Finance [producer]; Toronto, ON: Ontario. Ministry of Health, IntelliHealth Ontario [distributor]; [data extracted 2024 Jun 10]
9. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Appendix: factors affecting case definition changes in Ontario, 1991-2016 [Internet]. Toronto, ON: King's Printer for Ontario; 2018 [cited 2025 Feb 13]. Available from: https://www.publichealthontario.ca/-/media/Documents/A/2018/appendix-factors-reportable-diseases-ontario-1991-2016.pdf?rev=b261bd175c184250a8e22df0f1866902&sc_lang=en

Citation

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