

REPORT A CASE OF

Legionnaires' Disease or Pontiac Fever or Asymptomatic Legionella Infection

PERSONAL DETAILS

Forename Initial _____ Surname Initial _____ Sex: Male Female

Date of Birth [][][][][][][][][] Age _____ Occupation _____

Home Address (please give postcode if known)

Work Address

CLINICAL HISTORY OF CASE

Date of onset of symptoms of legionellosis [][][][][][][][][] Date of first diagnosis [][][][][][][][][]

Did/does this patient have pneumonia? Yes No Unknown

What were the other main clinical features? _____

Has the patient had an organ transplant? Yes No Unknown

If YES please give details _____

Was the patient immunosuppressed for other reasons? Yes No Unknown

If YES please give details _____

Please give details of any other underlying condition _____

Initial hospital of patient admission _____ Date of admission [][][][][][][][][]

Outcome Death* Date of death [][][][][][][][][] Death not due to this ID

Still ill Recovering Recovered Unknown

* Death should be directly due to Legionnaires' Disease

POTENTIAL NOSOCOMIAL CASE

If the patient was in hospital or in another healthcare setting for any time in the 14 days BEFORE the date of onset of symptoms of legionellosis:

Name of hospital/healthcare setting _____

Diagnosis on admission _____ Date of admission [][][][][][][][][]

Type of ward or unit in which patient was resident _____

If the patient was transferred from another hospital or healthcare setting, please give details:

Name of hospital/healthcare setting before transfer _____

Date of stay [][][][][][][][][] to [][][][][][][][][]

POTENTIAL COMMUNITY ASSOCIATED CASE

If this is a potential community associated case, please give details:

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POTENTIAL TRAVEL ASSOCIATED CASE

If the patient spent any nights away from home in the 14 days before onset, please give details:

Country	Town or Resort	Hotel/other accommodation* (including room number if known)	Dates of stay	
			From	To

* apartments/campsites/cruise ships/ferries etc.

Tour operator (if known) _____

Did the patient have other possible exposure while away, e.g. spa pools Yes No Unknown

If **Yes**, give details _____

Permission was sought from the patient to provide their name to the hotel/ accommodation site in order to facilitate further investigation at that site if indicated? Yes No Unknown

Definitions for Surveillance*

For surveillance purposes, please indicate what, in your opinion, is the single most likely source of exposure

TICK ONE ONLY

- | | | | |
|-------------------------------|--------------------------|---------------------------------------|--------------------------|
| Nosocomial (acute hospital) | <input type="checkbox"/> | Travel abroad (commercial) | <input type="checkbox"/> |
| Nosocomial (healthcare other) | <input type="checkbox"/> | Travel abroad (private accommodation) | <input type="checkbox"/> |
| Community definite | <input type="checkbox"/> | Travel in Republic of Ireland | <input type="checkbox"/> |
| Community assumed | <input type="checkbox"/> | Unknown | <input type="checkbox"/> |
| | | Other | <input type="checkbox"/> |

If **other**, please specify _____

Please state most likely country of infection _____

* See CIDR SOPs for definitions for surveillance

LABORATORY

Please report on all laboratory methods employed

A. Urinary Antigen Test (UAT)

Date of Specimen	Kit Used	Result
		Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal <input type="checkbox"/> Unknown <input type="checkbox"/> Not done <input type="checkbox"/>

B. Culture

Date of Specimen	Specimen Type	Species	Serogroup	Result
				Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Not done <input type="checkbox"/>
				Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Not done <input type="checkbox"/>

LABORATORY

Please report on all laboratory methods employed

C. Serology

Date of Serum	Assay used (IFAT/Other)	Titre
<input type="text"/>		< 1:64 <input type="checkbox"/> 1:64 <input type="checkbox"/> 1:128 <input type="checkbox"/> 1:256 <input type="checkbox"/> > 1:512 <input type="checkbox"/>
<input type="text"/>		< 1:64 <input type="checkbox"/> 1:64 <input type="checkbox"/> 1:128 <input type="checkbox"/> 1:256 <input type="checkbox"/> > 1:512 <input type="checkbox"/>

* Overall Serology Result (Tick one box only)

- Single low titre
- Single high titre
- Negative (< 1:64)
- Fourfold rise in titre
- (based on same assay of paired sera)

* Give the result here and see definitions below
Single high titre: $\geq 1:128$ using IFAT (or $\geq 1:64$ in an outbreak)
Single low titre: $< 1:128$ using IFAT (or $< 1:64$ in an outbreak)
Negative: $< 1:64$
 (HPA definitions)

If other test used (not IFAT), state assay: _____

D. PCR

Date of Specimen	Specimen Type	Result	Sequence type
<input type="text"/>		Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/>	

E. Direct Immunofluorescence Microscopy for Antigen

Date of Specimen	Specimen type	Species	Serogroup	Result
<input type="text"/>				Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/>

F. Other Method

Date of Specimen	Method used	Specimen type	Species	Serogroup	Result
<input type="text"/>					Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/>

Laboratory where microbiology carried out _____

If specimen was sent to a reference laboratory, give details _____

Environmental Investigation

Has an environmental investigation been undertaken? Yes No Pending Unknown

If YES

A) Were *Legionella* bacteria isolated? Yes No Unknown

If Yes, please specify: Species _____ Serotype _____

B) Please tick sites from which samples were taken that tested **positive for *Legionella***
(May tick more than one site)

Cooling tower Cold water system Hot water system Water system

Whirlpool/Spa Holding tank Windscreen wiper fluid Unknown

Other, please specify _____

C) Did the clinical and environmental isolates match? Yes No Pending Unknown Not applicable

Checklist A. Patient's exposures in the 14 days prior to onset of symptoms

Did the patient	Details	Dates
Visit a sports centre or club that had a whirlpool spa		
Use a whirlpool spa anywhere else		
Use a shower (at home or elsewhere)		
Attend a dentist or a dental hygienist		
Use a nebuliser (not an inhaler)		
Spend any time near building works		
Spend any time near fountains (indoors or outdoors)		
Attend a garden show/DIY show		
Visit a public building e.g. attend a seminar, cinema, theatre, hotel, hospital		
Visit a commercial car wash		
Work near/involving cooling towers		
Use commercial soils and compost including bark or sawdust		
Work with water/water storage systems		
Spend time aboard a ship/ ferry		
Use pressure water spraying equipment e.g. home car wash pressure cleaner		
Have exposure to windscreen wiper fluid		
Use in the home setting a heated birthing pool (filled in advance of labour incorporating both a re-circulation pump + heater)		

Is the case aware of anyone else with Legionnaires' disease, now or in the past?

Yes No Unknown

If yes, give details _____

Is the case aware of anyone with similar symptoms to themselves?

Yes No Unknown

If yes, give details _____

