

CASE REPORT FORM

Legionellosis

Legionellosis _____	EpiSurv No. _____
---------------------	-------------------

Reporting Authority

Name of Public Health Officer responsible for case _____

Notifier Identification

Reporting source* General Practitioner Hospital-based Practitioner Laboratory
 Self-notification Outbreak Investigation Other

Name of reporting source _____ **Organisation** _____

Date reported* _____ **Contact phone** _____

Usual GP _____ **Practice** _____ **GP phone** _____

GP/Practice address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Case Identification

Name of case* Surname _____ Given Name(s) _____

NHI number* _____ **Email** _____

Current address* Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Phone (home) _____ **Phone (work)** _____ **Phone (other)** _____

Case Demography

Location **TA*** _____ **DHB*** _____

Date of birth* _____ **OR** **Age** _____ Days Months Years

Sex* Male Female Indeterminate Unknown

Occupation* _____

Occupation location Place of Work School Pre-school

Name _____

Address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Alternative location Place of Work School Pre-school

Name _____

Address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Ethnic group case belongs to* (tick all that apply)

<input type="checkbox"/> NZ European	<input type="checkbox"/> Maori	<input type="checkbox"/> Samoan	<input type="checkbox"/> Cook Island Maori
<input type="checkbox"/> Niuean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Tongan
<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) *(specify) _____			

Basis of Diagnosis

CLINICAL CRITERIA

Fits clinical description* Yes No Unknown

Clinical features

Clinical evidence of pneumonia Yes No Unknown

Radiological evidence of pneumonia Yes No Unknown

LABORATORY CRITERIA

Meets laboratory criteria for disease* Yes No Unknown

Isolation of *Legionella* spp from lung tissues, respiratory secretions, pleural fluid, blood or other tissues Yes No Not Done Awaiting Results

Demonstration of *Legionella* spp antigens in lung tissues, respiratory secretions or pleural fluid Yes No Not Done Awaiting Results

A fourfold or greater rise in (IFA) titre against *Legionella* spp to at least 128, between acute and convalescent phase sera Yes No Not Done Awaiting Results

A *Legionella* titre of >256 in convalescent phase serum Yes No Not Done Awaiting Results

A stable high *Legionella* titre (at least 512) in convalescent phase serum Yes No Not Done Awaiting Results

STATUS* Under investigation Probable Confirmed Not a case

ADDITIONAL LABORATORY DETAILS

Organism* _____

ESR Updated Laboratory _____

Date result updated _____ Sample Number _____

Entered pre-ESR updating _____ Species _____ Serogroup _____

Clinical Course and Outcome

Date of onset* _____ Approximate Unknown

Hospitalised* Yes No Unknown

Date hospitalised* _____ Unknown

Hospital* _____

Died* Yes No Unknown

Date died* _____ Unknown

Was this disease the primary cause of death?* Yes No Unknown

If no, specify the primary cause of death* _____

Outbreak Details

Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*

Yes If yes, specify Outbreak No.* _____

Risk Factors

Exposure to environmental sources of infection during incubation period(2-10 days) ?* Yes No Unknown

(Potential sources include hot water systems (e.g. showers), air conditioning, cooling towers, evaporative condensers, humidifiers, whirlpool spas, respiratory therapy devices, decorative fountains, potting mixes, mulches and compost)

If yes, specify details*

Was the case overseas during the incubation period (range = 2-10 days) for legionellosis?* Yes No Unknown

Does case smoke cigarettes?* Yes No Unknown

If yes, how many per day?*

Does the case suffer from immunosuppression or a debilitating condition?* Yes No Unknown

If yes, specify*

Other risk factors for legionellosis (specify)*

Source

Was a source *confirmed* by:*

a) Epidemiological evidence* Yes No Unknown

e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with known case

b) Laboratory evidence* Yes No Unknown

e.g. organism or toxin of same type identified in food or drink consumed by case

If yes, specify confirmed source: *

If not, were any *probable* sources identified?* Yes No Unknown

If yes, specify probable source(s):*

Comments*