



Legionellosis	EpiSurv No. <span style="color: red;">EpiSurvNumber</span>
<b>Basis of Diagnosis</b>	
<b>CLINICAL CRITERIA</b>	
Fits clinical description* <span style="color: red;">FitClinDes</span>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Clinical features	
Clinical evidence of pneumonia <span style="color: red;">ClinicEvid</span>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Radiological evidence of pneumonia <span style="color: red;">RadioEvid</span>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
<b>LABORATORY CRITERIA</b>	
Meets laboratory criteria for disease* <span style="color: red;">LabConf</span>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Isolation of <i>Legionella</i> spp from lung tissues, respiratory secretions, pleural fluid, blood or other tissues <span style="color: red;">Isolation</span>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
Demonstration of <i>Legionella</i> spp antigens in lung tissues, respiratory secretions or pleural fluid <span style="color: red;">Demonstration</span>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
A fourfold or greater rise in (IFA) titre against <i>Legionella</i> spp to at least 128, between acute and convalescent phase sera <span style="color: red;">Titre4x</span>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
A <i>Legionella</i> titre of >256 in convalescent phase serum <span style="color: red;">Titre256</span>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
A stable high <i>Legionella</i> titre (at least 512) in convalescent phase serum <span style="color: red;">Titre512</span>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
<b>STATUS*</b> <span style="color: red;">Status</span>	<input type="radio"/> Under investigation <input type="radio"/> Probable <input type="radio"/> Confirmed <input type="radio"/> Not a case
<b>ADDITIONAL LABORATORY DETAILS</b>	
Species (specify)* <span style="color: red;">Species</span>	_____
Serogroup (specify)* <span style="color: red;">Serogroup</span>	_____
<b>Clinical Course and Outcome</b>	
Date of onset* <span style="color: red;">OnsetDt</span>	_____ <input type="checkbox"/> Approximate <span style="color: red;">OnsetDtApprox</span> <input type="checkbox"/> Unknown <span style="color: red;">OnsetDtUnknown</span>
Hospitalised* <span style="color: red;">Hosp</span>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date hospitalised* <span style="color: red;">HospDt</span>	_____ <input type="checkbox"/> Unknown <span style="color: red;">HospDtUnknown</span>
Hospital* <span style="color: red;">HospName</span>	_____
Died* <span style="color: red;">Died</span>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date died* <span style="color: red;">DiedDt</span>	_____ <input type="checkbox"/> Unknown <span style="color: red;">DiedDtUnknown</span>
Was this disease the primary cause of death?* <span style="color: red;">DiedPrimary</span>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If no, specify the primary cause of death* <span style="color: red;">DiedOther</span>	
_____	
<b>Outbreak Details</b>	
Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*	
<input type="checkbox"/> Yes <span style="color: red;">Outbrk</span> If yes, specify Outbreak No.* <span style="color: red;">OutbrkNo</span> _____	
<b>Risk Factors</b>	
Exposure to environmental sources of infection during incubation period(2-10 days) ?* <span style="color: red;">ExpEnvSce</span>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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* <span style="color: red;">EnvSceSpecify</span>	
_____	

**Risk Factors continued**

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

Does case smoke cigarettes?\* **Smokes**  Yes  No  Unknown

If yes, how many per day?\* **NumSmokes** \_\_\_\_\_

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

If yes, specify\* **ImmunoSpec** \_\_\_\_\_

**Other risk factors for legionellosis (specify)\*****RiskOthSpecify****Source****Was a source *confirmed* by:\***

a) Epidemiological evidence\* **SceConfEpi**  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\* **SceConfLab**  Yes  No  Unknown

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

If yes, specify confirmed source:\* **SceConfSpecify** \_\_\_\_\_

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

If yes, specify probable source(s):\* **SceProbSpecify** \_\_\_\_\_

**Comments\*****Comments**