

# CASE REPORT FORM

# Legionellosis

Legionellosis \_\_\_\_\_

EpiSurv No. \_\_\_\_\_

## Reporting Authority

Name of Public Health Officer responsible for case **OfficerName** \_\_\_\_\_

## Notifier Identification

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

Name of reporting source **ReportName** \_\_\_\_\_ Organisation **ReportOrganisation** \_\_\_\_\_

Date reported\* **ReportDate** \_\_\_\_\_ Contact phone **ReportPhone** \_\_\_\_\_

Usual GP **UsualGP** \_\_\_\_\_ Practice **GPPracticeName** \_\_\_\_\_ GP phone **GPPhone** \_\_\_\_\_

**GP/Practice address** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
**GPAddress** Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  **GeoCode** \_\_\_\_\_

## Case Identification

Name of case\* Surname **Surname** \_\_\_\_\_ Given Name(s) **GivenName** \_\_\_\_\_

**NHI number\*** **NHINumber** \_\_\_\_\_ **Email** **Email** \_\_\_\_\_

**Current address\*** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
**CaseAddress** Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  **GeoCode** \_\_\_\_\_

**Phone (home)** **PhoneHome** \_\_\_\_\_ **Phone (work)** **PhoneWork** \_\_\_\_\_ **Phone (other)** **PhoneOther** \_\_\_\_\_

## Case Demography

**Location** **TA\* TA** \_\_\_\_\_ **DHB\* DHB** \_\_\_\_\_

**Date of birth\*** **DateOfBirth** \_\_\_\_\_ **OR** **Age** **Age** \_\_\_\_\_  Days  Months  Years **AgeUnits**

**Sex\*** **Sex**  Male  Female  Indeterminate  Unknown

**Occupation\*** **Occupation** \_\_\_\_\_

**Occupation location** **PlaceOfWork1Type**  Place of Work  School  Pre-school

**Name** **PlaceOfWork1** \_\_\_\_\_

**Address** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
**PlaceOfWork1Address** Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  **GeoCode** \_\_\_\_\_

**Alternative location** **PlaceOfWork2Type**  Place of Work  School  Pre-school

**Name** \_\_\_\_\_

**Address** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
**PlaceOfWork2Address** Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  **GeoCode** \_\_\_\_\_

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

- NZ European **EthNZEuroean**  Maori **EthMaori**  Samoan **EthSamoan**  Cook Island Maori **EthCookIslandMaori**  
 Niuean **EthNiuean**  Chinese **EthChinese**  Indian **EthIndian**  Tongan **EthTongan**  
 Other (such as Dutch, Japanese) **EthOther** \*(specify) **EthSpecify1** \_\_\_\_\_ **EthSpecify2** \_\_\_\_\_

Legionellosis		EpiSurv No. _____	
<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
<b>Clinical features</b>			
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 (culture) of <i>Legionella</i> spp <span style="color: red;">Isolation</span>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Done <input type="radio"/> Awaiting Results
Detection of <i>Legionella</i> nucleic acid (e.g. NAAT, PCR) <span style="color: red;">NAAT</span>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Done <input type="radio"/> Awaiting Results
Detection of <i>Legionella pneumophila</i> sg 1 (Lp1) antigen in urine <span style="color: red;">Antigen</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 $\geq 256$ between paired sera tested at a reference laboratory using pooled antigen <span style="color: red;">IFAT256</span>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Done <input type="radio"/> Awaiting Results
Two <i>Legionella</i> spp serology titres of $\geq 512$ tested at a reference laboratory using pooled antigen <span style="color: red;">TwoT512</span>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Done <input type="radio"/> Awaiting Results
Single <i>Legionella</i> spp serology titre of $\geq 512$ tested at a reference laboratory using pooled antigen <span style="color: red;">Titre256</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
<b>CLASSIFICATION*</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>			
Organism* <span style="color: red;">AddLab</span> _____			
ESR Updated <span style="color: red;">AutoUpdated</span> <input type="checkbox"/>	Laboratory	<span style="color: red;">Laboratory</span> _____	
Date result updated <span style="color: red;">DateResultUpdated</span> _____	Sample Number	<span style="color: red;">SampleNumber</span> _____	
Entered pre-ESR updating	Species <span style="color: red;">Species</span> _____	Serogroup	<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> <b>If yes, specify Outbreak No.*</b> <span style="color: red;">OutbrkNo</span> _____			

**Risk Factors**

**Exposure to environmental sources of infection during incubation period(2-10 days) ?\*** ExpEnvSce       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\* EnvSceSpecify \_\_\_\_\_

**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)

b) Laboratory evidence\* SceConfLab       Yes     No     Unknown  
     e.g. same species identified in environmental samples case was exposed to

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

\_\_\_\_\_