

# 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)

- NZ European  Maori  Samoan  Cook Island Maori  
 Niuean  Chinese  Indian  Tongan  
 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 (culture) of *Legionella* spp  Yes  No  Not Done  Awaiting Results

Detection of *Legionella* nucleic acid (e.g. NAAT, PCR)  Yes  No  Not Done  Awaiting Results

Detection of *Legionella pneumophila* sg 1 (Lp1) antigen in urine  Yes  No  Not Done  Awaiting Results

A fourfold or greater rise in IFA titre against *Legionella* spp to  $\geq 256$  between paired sera tested at a reference laboratory using pooled antigen  Yes  No  Not Done  Awaiting Results

Two *Legionella* spp serology titres of  $\geq 512$  tested at a reference laboratory using pooled antigen  Yes  No  Not Done  Awaiting Results

Single *Legionella* spp serology titre of  $\geq 512$  tested at a reference laboratory using pooled antigen  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

**CLASSIFICATION\***  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 (2-14 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 = 2-14 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)

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

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

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

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

**Comments\***

\_\_\_\_\_