

Appendix J



Health Protection Surveillance Centre

SURVEILLANCE SCHEME FOR LEGIONNAIRES' DISEASE



Objectives:

- To detect clusters or outbreaks of legionella infection in the Republic of Ireland through the surveillance of all reported cases.
- To identify sources of infection so that control measures can be applied to prevent further cases.
- To disseminate legionella surveillance information to all those who need to know.

REPORT OF A CASE OF

Legionnaires' Disease or Pontiac Fever or Asymptomatic Legionella Infection

PERSONAL DETAILS

Initials of patient _____ 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 ____/____/____

Did this patient have pneumonia? Yes No Not sure

What were the other main clinical features? _____

Has the patient had a recent organ transplant? Yes No Not sure

Was the patient immunosuppressed for other reasons? Yes No Not sure

If YES please give details _____

Please give details of any other underlying condition _____

Hospital for patient admission _____ Date of admission ____/____/____

Outcome Death (date of death ____/____/____) Still ill Recovered Not known

SUSPECTED HOSPITAL ACQUIRED CASE

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

Diagnosis on admission _____ Date of admission ____/____/____

Type of ward or unit in which patient was resident _____

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

Name of hospital before transfer _____ Date of stay ____/____/____ to ____/____/____

SUSPECTED COMMUNITY ACQUIRED CASE

Sporadic Cluster please specify _____

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SUSPECTED TRAVEL ASSOCIATED CASE

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

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

*apartments/composites/cruise ships etc.

Tour operator (if known) _____

Did the patient bathe in a whirlpool/spa? Yes No Not sure Details: _____

LEGIONELLA MICROBIOLOGY RESULTS

A Culture Not done

	Date	Specimen	Species	Serogroup
1				
2				

Result:
Positive Negative
Positive Negative

B Urine ELISA

Date	Kit used	Result:
		Positive <input type="checkbox"/> Negative <input type="checkbox"/>

C Serology Not done

	IFAT (Immunofluorescent antibody test)		RMAT (rapid microagglutination antibody test)	
Date collected				
Titre				

D Immunofluorescent demonstration of antigen

	Date	Specimen	Species	Serogroup
1				
2				

Result:
Positive Negative
Positive Negative

E Other Method (specify) _____

Date	Specimen

Result:
Positive Negative

CASE DEFINITIONS FOR LEGIONNAIRES' DISEASE

(i) **Confirmed case:**

A clinical diagnosis of pneumonia with laboratory evidence of one or more of the following:

- Isolation of any legionella organism from respiratory secretions, lung tissue or blood
- Demonstration of a specific antibody response (fourfold or greater rise) to *L. pneumophila* serogroup 1 or other serogroups or other *Legionella* species by the indirect immunofluorescent antibody test or by microagglutination
- The detection of specific legionella antigen in urine using validated reagents.

(ii) **Probable case:**

A clinically compatible case, or a clinically compatible case with an epidemiological link, and one of the following:

- A single high titre in specific serum antibody to *L. pneumophila* serogroup 1, other serogroups or other *Legionella* species
- Detection of specific legionella antigen in respiratory secretions or direct fluorescent antibody (DFA) staining of the organism in respiratory secretions or lung tissue using evaluated monoclonal reagents.

Laboratory where microbiology carried out _____

Laboratory confirmation at:

Name of reporting doctor(s) (please print) _____

Position Held _____ Signature _____ Date _____

Please return this form to:
Director, Health Protection Surveillance Centre, 25 – 27 Middle Gardiner Street, Dublin 1
01 - 8561299

06/11/2007