Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Protection Surveillance Centre
Enhanced Surveillance of Legionellosis

hpsc

REPORT A CASE OF

Legionnaires' Disease ☐ or Pontiac Fever ☐ or Asymptomatic Legionella Infection ☐

PERSONAL DETAILS

Forename Initial _____ **Surname Initial** _____ **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 |_|_|_|_|_|_| **Date of first diagnosis** |_|_|_|_|_|_|

Did/does this patient have pneumonia? **Yes** ☐ **No** ☐ **Unknown** ☐

What were the other main clinical features? _____

Has the patient had an organ transplant? **Yes** ☐ **No** ☐ **Unknown** ☐

If **YES** please give details _____

Was the patient immunosuppressed for other reasons? **Yes** ☐ **No** ☐ **Unknown** ☐

If **YES** please give details _____

Please give details of any other underlying condition _____

Initial hospital of patient admission _____ **Date of admission** |_|_|_|_|_|_|

Outcome Death* ☐ Date of death |_|_|_|_|_|_| Death not due to this ID ☐

Still ill ☐ Recovering ☐ Recovered ☐ Unknown ☐

* Death should be directly due to Legionnaires' Disease

POTENTIAL NOSOCOMIAL CASE

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

Name of hospital/healthcare setting _____

Diagnosis on admission _____ Date of admission |_|_|_|_|_|_|

Type of ward or unit in which patient was resident _____

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

Name of hospital/healthcare setting before transfer _____

Date of stay |_|_|_|_|_|_| to |_|_|_|_|_|_|

POTENTIAL COMMUNITY ASSOCIATED CASE

If this is a potential community associated case, please give details:

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POTENTIAL TRAVEL ASSOCIATED CASE

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

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

* apartments/campsites/cruise ships/ferries etc.

Tour operator (if known) _____

Did the patient have other possible exposure while away, e.g. spa pools **Yes** ☐ **No** ☐ **Unknown** ☐

If **Yes**, give details _____

Permission was sought from the patient to provide their name to the hotel/ accommodation site in order to facilitate further investigation at that site if indicated? **Yes** ☐ **No** ☐ **Unknown** ☐

Definitions for Surveillance*

For surveillance purposes, please indicate what, in your opinion, is the single most likely source of exposure

TICK ONE ONLY

- Nosocomial (acute hospital) ☐
- Nosocomial (healthcare other) ☐
- Community definite ☐
- Community assumed ☐
- Travel abroad (commercial) ☐
- Travel abroad (private accommodation) ☐
- Travel in Republic of Ireland ☐
- Unknown ☐
- Other ☐

If **other**, please specify _____

Please state most likely country of infection _____

* See CIDR SOPs for definitions for surveillance

LABORATORY

Please report on all laboratory methods employed

A. Urinary Antigen Test (UAT)

Date of Specimen	Kit Used	Result
		Positive ☐ Negative ☐ Equivocal ☐ Unknown ☐ Not done ☐

B. Culture

Date of Specimen	Specimen Type	Species	Serogroup	Result
				Positive ☐ Negative ☐ Unknown ☐ Not done ☐
				Positive ☐ Negative ☐ Unknown ☐ Not done ☐

LABORATORY

Please report on all laboratory methods employed

C. Serology

Date of Serum	Assay used (IFAT/Other)	Titre
		< 1:64 ☐ 1:64 ☐ 1:128 ☐ 1:256 ☐ > 1:512 ☐
		< 1:64 ☐ 1:64 ☐ 1:128 ☐ 1:256 ☐ > 1:512 ☐

* Overall Serology Result **(Tick one box only)**

Single low titre ☐
Single high titre ☐
Negative (< 1:64) ☐
Fourfold rise in titre ☐
(based on same assay of paired sera)

* Give the result here and see definitions below
Single high titre: ≥1:128 using IFAT (or ≥1:64 in an outbreak)
Single low titre: <1:128 using IFAT (or <1:64 in an outbreak)
Negative: < 1:64
(HPA definitions)

If other test used (not IFAT), state assay: _____

D. PCR

Date of Specimen	Specimen Type	Result	Sequence type
		Positive ☐ Negative ☐ Unknown ☐	

E. Direct Immunofluorescence Microscopy for Antigen

Date of Specimen	Specimen type	Species	Serogroup	Result
				Positive ☐ Negative ☐ Unknown ☐

F. Other Method

Date of Specimen	Method used	Specimen type	Species	Serogroup	Result
					Positive ☐ Negative ☐ Unknown ☐

Laboratory where microbiology carried out _____

If specimen was sent to a reference laboratory, give details _____

Environmental Investigation

Has an environmental investigation been undertaken? **Yes** ☐ **No** ☐ **Pending** ☐ **Unknown** ☐

If **YES**

A) Were *Legionella* bacteria isolated? **Yes** ☐ **No** ☐ **Unknown** ☐

If **Yes**, please specify: Species _____ Serotype _____

B) Please tick sites from which samples were taken that tested **positive for *Legionella***
(May tick more than one site)

Cooling tower ☐ Cold water system ☐ Hot water system ☐ Water system ☐

Whirlpool/Spa ☐ Holding tank ☐ Windscreen wiper fluid ☐ Unknown ☐

Other, please specify _____

C) Did the clinical and environmental isolates match? **Yes** ☐ **No** ☐ **Pending** ☐ **Unknown** ☐ **Not applicable** ☐

Epi Linked/Outbreaks

1. Is this case known to have exposure to the same common source of *Legionella* as another confirmed case of Legionnaires' Disease? **Yes** ☐ **No** ☐ **Unknown** ☐

If **YES**, please give details: _____

_____

2. Was this case known to be exposed to an environmental source of laboratory confirmed *Legionella* e.g. water system, cooling tower etc? **Yes** ☐ **No** ☐ **Unknown** ☐

3. Is this case linked to an outbreak of Legionnaires' Disease? **Yes** ☐ **No** ☐ **Unknown** ☐

If **YES**, please record the CIDR outbreak ID here ☐

COMMENTS

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

Position Held _____ Signature _____ Date ☐☐☐☐☐☐☐☐

Checklist A. Patient's exposures in the 14 days prior to onset of symptoms

Did the patient	Details	Dates
Visit a sports centre or club that had a whirlpool spa		
Use a whirlpool spa anywhere else		
Use a shower (at home or elsewhere)		
Attend a dentist or a dental hygienist		
Use a nebuliser (not an inhaler)		
Spend any time near building works		
Spend any time near fountains (indoors or outdoors)		
Attend a garden show/DIY show		
Visit a public building e.g. attend a seminar, cinema, theatre, hotel, hospital		
Visit a commercial car wash		
Work near/involving cooling towers		
Use commercial soils and compost including bark or sawdust		
Work with water/water storage systems		
Spend time aboard a ship/ ferry		
Use pressure water spraying equipment e.g. home car wash pressure cleaner		
Have exposure to windscreen wiper fluid		
Use in the home setting a heated birthing pool (filled in advance of labour incorporating both a re-circulation pump + heater)		

Is the case aware of anyone else with Legionnaires' disease, now or in the past? **Yes** ☐ **No** ☐ **Unknown** ☐

If yes, give details _____

Is the case aware of anyone with similar symptoms to themselves? **Yes** ☐ **No** ☐ **Unknown** ☐

If yes, give details _____

Checklist B. Diary of patient's movements in the 14 days prior to onset of symptoms

Date (count back 14 days from onset of symptoms)	**Morning**	**Afternoon**	**Evening**	**Night**

CASE DEFINITIONS FOR LEGIONNAIRES' DISEASE

(i) Confirmed case

A clinical diagnosis of pneumonia with laboratory evidence of at least one of the following three:

- Isolation of *Legionella* spp. from respiratory secretions or any normally sterile site
- Detection of *Legionella pneumophila* antigen in urine
- Significant rise in specific antibody level to *Legionella pneumophila* serogroup 1 in paired serum samples

(ii) Probable case

A clinical diagnosis of pneumonia and laboratory evidence of at least one of the following four:

- Detection of *Legionella pneumophila* antigen in respiratory secretions or lung tissue e.g. by DFA staining using monoclonal-antibody derived reagents
- Detection of *Legionella spp.* nucleic acid in respiratory secretions, lung tissue or any normally sterile site
- Significant rise in specific antibody level to *Legionella pneumophila* other than serogroup 1, or other *Legionella spp.* in paired serum samples
- Single high level of specific antibody to *Legionella pneumophila* serogroup 1 in serum

Please return this form to:

Health Protection Surveillance Centre, 25-27 Middle Gardiner Street, Dublin 1

Fax: 01 - 8561299

Version 12.0 - 18th August 2014