





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					
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 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 to					
POTENTIAL COMMUNITY ASSOCIATED CASE					
If this is a potential community associated case, please give details:					







	DOTENT	AL TRAVEL ASSOCIAT	TED CASE			
If the patient spent any	nights away from hon	ne in the 14 days before	onset, please give det	tails:		
Country	Town or Resort	Hotel/other accommod (including room number	Dates of stay n To			
* apartments/campsites/cruit 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 yes No Unknown indicated?						
	De	finitions for Surveillan	ce*			
For surveillance p exposure	ourposes, please ind	cate what, in your opin	ion, is the single mo	ost likely source of		
TICK ONE ONLY						
Nosocomial (acute	Nosocomial (acute hospital) Travel abroad (commercial)					
Nosocomial (health	•		el abroad (private acc	· —		
•	Community definite Travel in Republic of Ireland					
Community assume	ea	Unki Othe	nown			
If other , please spe	ecify	Othe	;I			
				_		
Please state most I	ikely country of infecti	on				
* See CIDR SOPs for def	initions for surveillance					
000 0.2.1 00. 0.01 00.		LABORATORY				
Please report on all la	aboratory methods e	employed				
A. Urinary Antigen Te	est (UAT)					
Date of Specimen		Result				
				Positive		
		Negative Equivocal				
				Unknown Not done		
Not done						
B. Culture						
Date of Specimen	Specimen Type	Species	Serogroup	Result		
				Positive		
				Negative ☐ Unknown ☐		
				Not done		
				Positive		
				Negative		
				Unknown ☐ Not done ☐		







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C. Serology				
Date of Serum Assay used (IFAT/Other)	Titre			
< 1:64 1:64 ^	1:128			
< 1:64 _ 1:64 _ 7	1:128			
* Overall Serology Result (Tick one box only)	ere and see definitions below			
Single low titre Single high titre:	≥1:128 using IFAT (or ≥1:64 in an outbreak			
Single high titre Single low titre: < Negative: < 1:64	1:128 using IFAT (or <1:64 in an outbreak)			
Negative (< 1:64)	(HPA definitions)			
Fourfold rise in titre				
(based on same assay of paired sera) If other test used (not IFAT), state	assay:			
D. PCR				
Date of Specimen Specimen Type Result	Sequence type			
Positive				
Negative □				
Unknown LI				
E. Direct Immunofluorescence Microscopy for Antigen				
Date of Specimen Specimen type Species	Serogroup Result			
	Positive 🔲			
	Negative ☐ Unknown ☐			
	Olkilowii L			
F. Other Method				
Date of Specimen Method used Specimen type Speci	ies Serogroup Result			
	Positive [
	Negative Unknown			
	Olikilowii			
Laboratory where microbiology carried out				
Laboratory where microbiology carried out If specimen was sent to a reference laboratory, give details				
If specimen was sent to a reference				
If specimen was sent to a reference laboratory, give details	Pending Unknown			
If specimen was sent to a reference laboratory, give details Environmental Investigation				
If specimen was sent to a reference laboratory, give details Environmental Investigation Has an environmental investigation been undertaken? Yes No				
If specimen was sent to a reference laboratory, give details Environmental Investigation Has an environmental investigation been undertaken? Yes No If YES A) Were Legionella bacteria isolated? Yes No	Pending Unknown			
If specimen was sent to a reference laboratory, give details Environmental Investigation Has an environmental investigation been undertaken? Yes No If YES A) Were Legionella bacteria isolated? Yes No If Yes, please specify: Species Secondary.	Pending Unknown Unknown erotype			
If specimen was sent to a reference laboratory, give details Environmental Investigation	Pending Unknown Unknown erotype			
If specimen was sent to a reference laboratory, give details Environmental Investigation Has an environmental investigation been undertaken? Yes No If YES A) Were Legionella bacteria isolated? Yes No If Yes, please specify: Species Set B) Please tick sites from which samples were taken that tested positive for (May tick more than one site)	Pending Unknown Unknown erotype Legionella Water system			
If specimen was sent to a reference laboratory, give details Environmental Investigation	Pending Unknown Unknown erotype Legionella Water system			







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Epi Linked/Outbreaks	
1. Is this case known to have exposure to the same common source of <i>Legionella</i> as another confirmed case of Legionnaires' Disease?	Yes No Unknown
If YES , please give details:	
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2. Was this case known to be exposed to an environmental source of laboratory confirmed <i>Legionella</i> 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







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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)		
past?	e with Legionnaires' disease, now or in the	Yes No Unknown
If yes, give details		
Is the case aware of anyone wit	h similar symptoms to themselves?	Yes No Unknown
If yes, give details		





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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