Health Protection Surveillance Centre Enhanced Surveillance of Legionellosis
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
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
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
POTENTIAL COMMUNITY ASSOCIATED CASE
If this is a potential community associated case, please give details:



Health Protection Surveillance Centre Enhanced Surveillance of Legionellosis

hpsc

Page 2 of 6 POTENTIAL TRAVEL ASSOCIATED CASE

Country	Tour or Desert	dation* Da		ates of stay	
Country	Town or Resort	(including room numb		From	То
apartments/campsites/cru	•				
our operator (if know	·				
id the patient have of	ther possible exposur	e while away, e.g. spa po	ols Yes	No	Unknown
Yes, give details					
ermission was sough	nt from the patient to p	provide their name to the h her investigation at that s	notel/] No 🗌	Unknown
	D	efinitions for Surveillan	ce*		
For surveillance	purposes, please ind	dicate what, in your opir	nion, is the sing	gle most lik	ely source of
exposure					
TICK ONE ONLY		_			
Nosocomial (acute	• •		rel abroad (com	,	
Nosocomial (health	,		el abroad (priva		odation)
Community definite			el in Republic o	of Ireland	
Community assum	iea	Othe Othe	nown		
		Othe	51		
lf other , please sp	ecify				
Please state most	likely country of infect				
		tion			
* See CIDR SOPs for de	finitions for surveillance	tion			
* See CIDR SOPs for de	finitions for surveillance				
Please report on all	laboratory methods	LABORATORY			
Please report on all	laboratory methods	LABORATORY			Result
Please report on all A. Urinary Antigen T	laboratory methods	LABORATORY		P	ositive
Please report on all A. Urinary Antigen T	laboratory methods	LABORATORY		P	
Please report on all A. Urinary Antigen T	laboratory methods	LABORATORY		P N E U	ositive
Please report on all A. Urinary Antigen T	laboratory methods	LABORATORY		P N E U	ositive
Please report on all A. Urinary Antigen T Date of Specimen	laboratory methods	LABORATORY		P N E U	ositive
Please report on all A. Urinary Antigen T Date of Specimen B. Culture	laboratory methods	LABORATORY	Serogro	P N E U N	ositive
Please report on all A. Urinary Antigen T Date of Specimen B. Culture	laboratory methods ⁻ est (UAT)	LABORATORY employed Kit Used		P N E U N	ositive egative quivocal nknown ot done Result
Please report on all A. Urinary Antigen T Date of Specimen G. Culture	laboratory methods ⁻ est (UAT)	LABORATORY employed Kit Used		P N E U N N	ositive egative quivocal nknown ot done Result Positive Negative
Please report on all A. Urinary Antigen T Date of Specimen B. Culture	laboratory methods ⁻ est (UAT)	LABORATORY employed Kit Used			ositive egative quivocal nknown ot done Result
Please report on all A. Urinary Antigen T Date of Specimen 	laboratory methods ⁻ est (UAT)	LABORATORY employed Kit Used		U P N E U N N N N	ositive egative quivocal nknown ot done Result Positive Negative Jnknown
Please report on all A. Urinary Antigen T Date of Specimen 	laboratory methods ⁻ est (UAT)	LABORATORY employed Kit Used		U P N E U N N F N I I N	ositive
Please report on all A. Urinary Antigen T	laboratory methods ⁻ est (UAT)	LABORATORY employed Kit Used		U P N E U U N N F N I I I I	ositive

H E	Health Prote Enhanced St	ection Surve urveillance o				hpso
ueannacht na Seirbhíse Sláinte ealth Service Executive		Page 3 of 6				- npsc
		LABORATOR	Y Plea	se report on	all laboratory me	thods employed
C. Serology						
Date of Serum	Assay used (IFAT/Oth	ner)		٦	Fitre	
		< 1:64] 1:64 [] 1:128	1:256] > 1:512 🔲
		< 1:64] 1:64 [] 1:128	☐ 1:256] > 1:512 🔲
* Overall Serology Re	sult (Tick one box only)	I				
Single low titre	,	Sir	gle high ti	re:≥1:128		low 1:64 in an outbreak) 64 in an outbreak)
Single high titre			gative: < 1:	64	-	,
Negative (< 1:64)				Π)	PA definitions)	
Fourfold rise in titre (based on same assay of p		er test used (not		ato accav		
(based on same assay of p			II AT), SI	ale assay	·	
D. PCR						
Date of Specimen	Specimen Type	Res	sult		Sequence	e type
		Positive Negativ Unknow	e 🗌			
E. Direct Immunoflu	orescence Microscopy f	or Antigen				
				Sara	group	Result
Date of Specimen	Specimen type	Species		Sero	9.049	noeun
Date of Specimen	Specimen type	Species		<u> </u>	<u>9.04</u> p	Positive Negative Unknown
Date of Specimen	Specimen type	Species		3610	<u>9.04</u>	Positive
		Species Specimen type	Sr	ecies	Serogroup	Positive Negative Unknown

Version 12.0 - 18th August 2014

Laboratory where microbiology carried out
If specimen was sent to a reference
Environmental Investigation
Has an environmental investigation been undertaken? Yes No Pending Unknown
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 <i>Legionella</i> (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 Yes No Pending Unknown Not applicable

	Health Protection Surveillance Centre Enhanced Surveillance of Legionellosis Page 4 of 6
	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 <i>Legionella</i> e.g. water system, cooling tower Yes No Unknown etc?
;	3. Is this case linked to an outbreak of Legionnaires' Disease? Yes No Unknown
	If YES, please record the CIDR outbreak ID here
	COMMENTS
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
ļ	Name of reporting doctor(s) (please print)
	Position Held Date Date



Health Protection Surveillance Centre Enhanced Surveillance of Legionellosis

hpsc



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



Health Protection Surveillance Centre Enhanced Surveillance of Legionellosis

Page 6 of 6

ate (count back 14 lays from onset of symptoms)	Morning	Afternoon	Evening	Night
	CASE DEFINITIC		ES' DISEASE	
Confirmed case				

- 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

hpsc