

# CASE REPORT FORM

# Legionellosis

EpiSurv No.

## Reporting Authority

Name of Public Health Officer responsible for case **OfficerName**

## Notifier Identification i

Reporting source\*  General Practitioner  Hospital-based Practitioner  Laboratory  
**ReportSrc**  Self-notification  Outbreak Investigation  Other

Name of reporting source **ReportName**  Organisation **ReportOrganisation**

Date reported\* **ReportDate**   Contact phone **ReportPhone**

Usual GP **UsualGP**  Practice **GPPracticeName**  GP phone **GPPhone**

GP/Practice address Number  Street  Suburb   
**GPAddress** Town/City  Post Code   GeoCode

## Case Identification i

Name of case\* Surname **Surname**  Given Name(s) **GivenName**

NHI number\* **NHINumber**  Email **Email**

Current address\* Number  Street  Suburb   
**CaseAddress** Town/City  Post Code   GeoCode

Phone (home) **PhoneHome**  Phone (work) **PhoneWork**  Phone (other) **PhoneOther**

## Case Demography

Location **TA\* TA**  **DHB\* DHB**

Date of birth\* **DateOfBirth**   OR Age **Age**   Days  Months  Years **AgeUnits**

Sex\* **Sex**  Male  Female  Indeterminate  Unknown

Occupation\* **Occupation**

Occupation location **PlaceOfWork1Type**  Place of Work  School  Pre-school

Name **PlaceOfWork1**

Address Number  Street  Suburb   
**PlaceOfWork1Address** Town/City  Post Code   GeoCode

Alternative location **PlaceOfWork2Type**  Place of Work  School  Pre-school

Name





Address Number  Street  Suburb   
**PlaceOfWork2Address** Town/City  Post Code   GeoCode

## Ethnic group case belongs to\* (tick all that apply) i

NZ European **EthNZEuroean**  Maori **EthMaori**  Samoan **EthSamoan**  Cook Island Maori **EthCookIslandMaori**

Niuean **EthNiuean**  Chinese **EthChinese**  Indian **EthIndian**  Tongan **EthTongan**

Other (such as Dutch, Japanese) **EthOther** \*(specify) **EthSpecify1**  **EthSpecify2**

**Basis of Diagnosis****CLINICAL CRITERIA**Fits clinical description\* **FitClinDes**  Yes  No  Unknown**Clinical features**Clinical evidence of pneumonia **ClinicEvid**  Yes  No  UnknownRadiological evidence of pneumonia **RadioEvid**  Yes  No  Unknown**LABORATORY CRITERIA**Meets laboratory confirmation criteria for disease\* **LabConf**  Yes  No  UnknownIsolation (culture) of *Legionella* spp **Isolation**  Yes  No  Not Done  Awaiting ResultsDetection of *Legionella* nucleic acid (e.g. NAAT, PCR) **NAAT**  Yes  No  Not Done  Awaiting ResultsDetection of *Legionella* spp antigen in urine **Antigen**  Yes  No  Not done  Awaiting ResultsA fourfold or greater rise in IFA titre against *Legionella* spp to  $\geq 256$  between paired sera tested at a reference laboratory using pooled antigen **IFAT256**  Yes  No  Not Done  Awaiting ResultsTwo *Legionella* spp serology titres of  $\geq 512$  tested at a reference laboratory using pooled antigen **TwoT512**  Yes  No  Not Done  Awaiting ResultsSingle *Legionella* spp serology titre of  $\geq 512$  tested at a reference laboratory using pooled antigen **Titre256**  Yes  No  Not Done  Awaiting ResultsDemonstration of *Legionella* spp antigens in lung tissues, respiratory secretions or pleural fluid **Demonstration**  Yes  No  Not Done  Awaiting Results**CLASSIFICATION\*** **Status**  Under investigation  Probable  Confirmed  Not a case **ADDITIONAL LABORATORY DETAILS**Organism\* **AddLab** ESR Updated **AutoUpdated**  Laboratory **Laboratory** Date result updated **DateResultUpdated**   Sample Number **SampleNumber** Entered pre-ESR updating Species **Species**  Serogroup **Serogroup** **Clinical Course and Outcome**Date of onset\* **OnsetDt**    Approximate **OnsetDtApprox**  Unknown **OnsetDtUnknown**Hospitalised\* **Hosp**  Yes  No  UnknownDate hospitalised\* **HospDt**    Unknown **HospDtUnknown**Hospital\* **HospName** Died\* **Died**  Yes  No  UnknownDate died\* **DiedDt**    Unknown **DiedDtUnknown**Was this disease the primary cause of death?\* **DiedPrimary**  Yes  No  UnknownIf no, specify the primary cause of death\* **DiedOther****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 **Outbrk**

If yes, specify Outbreak No.\*

**OutbrkNo**

**Risk Factors**

**Exposure to environmental sources of infection during incubation period(2-10 days) ?\*** *ExpEnvSce*  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\*

*EnvSceSpecify*

**Was the case overseas during the incubation period (range = 2-10 days) for legionellosis?\*** *Overseas*  Yes  No  Unknown

**Does case smoke cigarettes?\*** *Smokes*  Yes  No  Unknown

If yes, how many per day?\*

*NumSmokes*

**Does the case suffer from immunosuppression or a debilitating condition?\*** *ImmunoSup*  Yes  No  Unknown

If yes, specify\*

*ImmunoSpec*

**Other risk factors for legionellosis (specify)\*** *RiskOthSpecify*

**Source**

**Was a source confirmed by:\***

a) Epidemiological evidence\* *SceConfEpi*  Yes  No  Unknown

e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with known case

b) Laboratory evidence\* *SceConfLab*  Yes  No  Unknown

e.g. organism or toxin of same type identified in food or drink consumed by case

If yes, specify confirmed source:\*

*SceConfSpecify*

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

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

*SceProbSpecify*

**Comments\***

Comments