

CASE REPORT FORM

Legionellosis

	EpiSurv No. <input style="width: 30px;" type="text"/>
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Reporting Authority

Name of Public Health Officer responsible for case

Notifier Identification (i)

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

Name of reporting source Organisation

Date reported* Laboratory sample date Contact phone

Usual GP Practice GP phone

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

Case Identification (i)

Name of case* Surname Given Name(s)

NHI number* Email

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

Phone (home) Phone (work) Phone (other)

Case Demography

Location TA* DHB*

Date of birth* OR Age Days Months Years

Sex* Male Female Indeterminate Unknown

Occupation* (i)

Occupation location Place of Work School Pre-school

Name

Address Number Street Suburb
 Town/City Post Code GeoCode

Alternative location Place of Work School Pre-school

Name

Address Number Street Suburb
 Town/City Post Code GeoCode

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

NZ European Maori Samoan Cook Island Maori
 Niuean Chinese Indian Tongan
 Other (such as Dutch, Japanese, Tokelauan) *(specify)

Basis of Diagnosis**CLINICAL CRITERIA** (i)Fits clinical description* Yes No Unknown**Clinical features**Clinical evidence of pneumonia Yes No UnknownRadiological evidence of pneumonia Yes No Unknown**LABORATORY CRITERIA** (i)Meets laboratory criteria for disease* Yes No UnknownIsolation (culture) of *Legionella* spp Yes No Not Done Awaiting ResultsDetection of *Legionella* nucleic acid (e.g. NAAT, PCR) Yes No Not Done Awaiting ResultsDetection of *Legionella* spp antigen in urine Yes No Not Done Awaiting ResultsA fourfold or greater rise in IFA titre against *Legionella* spp to ≥ 256 between paired sera tested at a reference laboratory using pooled antigen Yes No Not Done Awaiting ResultsTwo *Legionella* spp serology titres of ≥ 512 tested at a reference laboratory using pooled antigen Yes No Not Done Awaiting ResultsSingle *Legionella* spp serology titre of ≥ 512 tested at a reference laboratory using pooled antigen Yes No Not Done Awaiting ResultsDemonstration of *Legionella* spp antigens in lung tissues, respiratory secretions or pleural fluid Yes No Not Done Awaiting Results**CLASSIFICATION*** Under investigation Probable Confirmed Not a case (i)**ADDITIONAL LABORATORY DETAILS**Organism* ESR Updated Laboratory Date result updated Sample Number Entered pre-ESR updating Species Serogroup **Clinical Course and Outcome**Date of onset* Approximate UnknownHospitalised* Yes No UnknownDate hospitalised* UnknownHospital* Died* Yes No UnknownDate died* UnknownWas this disease the primary cause of death?* Yes No Unknown

If no, specify the primary cause of death*

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

If yes, specify Outbreak No.*

Risk Factors

Exposure to environmental sources of infection during incubation period (2-14 days) ?* 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*

Was the case overseas during the incubation period (range = 2-14 days) for legionellosis?* Yes No Unknown

Does case smoke cigarettes?* Yes No Unknown

If yes, how many per day?*

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

If yes, specify*

Other risk factors for legionellosis (specify)*

Source

Was a source confirmed by:*

a) Epidemiological evidence* Yes No Unknown

e.g. part of an identified common source outbreak (also record in outbreak section)

b) Laboratory evidence* Yes No Unknown

e.g. same species identified in samples from environment case was exposed to

If yes, specify confirmed source:*

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

If yes, specify probable source(s):*

Comments*