



Legionellosis

County _____

LHJ Use ID _____
 Reported to DOH Date ___/___/___
 LHJ Classification Confirmed
 Suspect
 By: Lab Clinical
 Epi Link: _____

Outbreak-related
 LHJ Cluster# _____
 LHJ Cluster Name: _____
 DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ___/___/___ Investigation start date ___/___/___
 Reporter (check all that apply) Lab Hospital HCP
 Public health agency Other
 Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____
 OK to talk to case? Yes No DK Date of interview ___/___/___

PATIENT INFORMATION

Name (last, first) _____
 Address _____ Homeless
 City/State/Zip _____
 Phone(s)/Email _____
 Birth date ___/___/___ Age _____
 Gender F M Other Unk
 Ethnicity Hispanic or Latino
 Not Hispanic or Latino Unk
 Alt. contact Parent/guardian Spouse Other Name: _____
 Zip code (school or occupation): _____ Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____
 Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other Unk

CLINICAL INFORMATION

Onset date: ___/___/___ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y N DK NA
 Fever Highest measured temp (°F): _____
 Oral Rectal Other: _____ Unk
 Cough Onset date: ___/___/___
 Nonproductive cough
 Muscle aches or pain (myalgia)

Predisposing Conditions

Y N DK NA
 Chronic liver disease
 Immunosuppressive therapy or disease
 Chronic diabetes
 Chronic lung disease
 Smokes tobacco

Clinical Findings

Y N DK NA
 Pneumonia
 X-ray result: P N I O NT
 Pontiac fever
 Admitted to intensive care unit
 Mechanical ventilation or intubation required during hospitalization

P = Positive
 N = Negative
 I = Indeterminate
 O = Other
 NT = Not Tested

Hospitalization

Y N DK NA
 Hospitalized at least overnight for this illness
 Hospital name _____
 Admit date ___/___/___ Discharge date ___/___/___
 Y N DK NA
 Died from illness Death date ___/___/___
 Autopsy Place of death _____

Laboratory

Collection date ___/___/___
 Source _____

P = Positive O = Other
 N = Negative NT = Not Tested
 I = Indeterminate

P N I O NT
 Legionella culture (from normally sterile site—lung tissue, pleural fluid, respiratory secretions, other fluid) Species: _____
 ***L. pneumophila* serogroup 1 antigen detection in urine using validated reagents**
 ***L. pneumophila* serogroup 1 specific serum antibody titer with ≥ 4-fold rise using validated reagents (acute and convalescent serum pair)**
 Titer to Legionella species/serogroups other than *L. pneumophila* serogroup 1, ≥ 4-fold rise [*Suspect*]
 L. pneumophila antibody titer to multiple species (pooled antigen) with ≥ 4-fold rise [*Suspect*]
 Legionella antigen or organism detected by DFA, immunohistochemistry, or other method [*Suspect*]
 Legionella species detected by validated nucleic acid assay [*Suspect*]

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to figure probable exposure period

Days from onset:

-14	-2
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o
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Calendar dates:

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EXPOSURE (Refer to dates above)

Y N DK NA

- Travel out of the state, out of the country, or outside of usual routine
Out of: County State Country
Dates/Locations: _____
- Travel associated: spent at least one night away from home in the ten days before onset of illness (includes same country of residence or abroad)
- Patient hospitalized >48 hours before illness onset
days before onset: _____
- Work or volunteer in health care setting during exposure period
Facility name: _____

Y N DK NA

- Visited health care setting during exposure period
Facility name: _____
Number of visits: _____
Dates of visits: _____
- Travel or overnight stay other than residence
Specify where: _____
- Aerosolized water (e.g. fountains, spas, humidifier, hot tub)
- Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
- Soil exposure (e.g. gardening, potting soil, construction)

Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

Exposure details: _____

- No risk factors or exposures could be identified
- Patient could not be interviewed

PATIENT PROPHYLAXIS/TREATMENT

PUBLIC HEALTH ISSUES

Y N DK NA

- Nosocomial infection suspected
- Visited health care setting during exposure period
Facility name: _____
Date(s) of visit(s): _____

PUBLIC HEALTH ACTIONS

- Facility notified

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ___/___/___

Local health jurisdiction _____ Record complete date ___/___/___