Legionellosis required variables are in bold. Answers are: Yes, No, Unknown to case

County

Residence type (incl. Homeless) ___________________________________________  WA resident ☐ Yes ☐ No

ADMINISTRATIVE

Investigator __________________________________________

LHJ Case ID (optional) ________________________________

LHJ notification date ____/____/____

Classification ☐ Classification pending ☐ Confirmed
☐ Not reportable ☐ Probable ☐ Ruled out ☐ Suspect

Investigation status
☐ In progress
☐ Complete
☐ Complete – not reportable to DOH
☐ Unable to complete Reason __________________________

Investigation start date ____/____/____

Investigation complete date ____/____/____

Case complete date ____/____/____

Outbreak related ☐ Yes ☐ No

LHJ Cluster ID _______ Cluster Name ______________________

REPORT SOURCE

Initial report source ______________________________________

LHJ

Reporter organization ________________________________

Reporter name ______________________________________

Reporter phone _________________

All reporting sources (list all that apply)

__________________________________________________

__________________________________________________

__________________________________________________

COMMUNICATIONS

Primary HCP name ________________________________

Phone _________________

OK to talk to patient (If Later, provide date)
☐ Yes ☐ Later ____/____/____ ☐ Never

Date of interview attempt ____/____/____

☐ Complete ☐ Partial ☐ Unable to reach

Patient could not be interviewed

Alternate contact ☐ Parent/Guardian ☐ Spouse/Partner
☐ Friend ☐ Other ______________________

Contact name ________________________________

Contact phone ________________________________

CLINICAL INFORMATION

Complainant ill ☐ Yes ☐ No ☐ Unk

Symptom Onset ____/____/____

Diagnosis date ____/____/____

Diagnosed as ☐ Legionnaires’ Disease (pneumonia, clinical or X-ray diagnosed)
☐ Pontiac Fever (fever and myalgia without pneumonia)
☐ Extrapulmonary Legionellosis ______________________

Clinical Features

☐ ☐ ☐ Any fever, subjective or measured  Temp measured ☐ Yes ☐ No  Highest measured temp _________ºF

☐ ☐ ☐ Cough

☐ ☐ ☐ Myalgia (muscles aches or pains)

☐ ☐ ☐ Pneumonia Diagnosed by ☐ X-Ray ☐ CT ☐ MRI ☐ Provider Only

Result ☐ Positive ☐ Negative ☐ Indeterminate ☐ Not tested ☐ Other

Predisposing Conditions

☐ ☐ ☐ Chronic liver disease
Legionellosis required variables are in **bold**. Answers are: Yes, No, Unknown to case

### Hospitalization

**Y**  **N**  **Unk**  
- Hospitalized at least overnight for this illness  
  Facility name  
  Hospital admission date ___/___/___  Discharge ___/___/___  HRN  
- Admitted to ICU  Date admitted to ICU ___/___/___  Date discharged from ICU ___/___/___  
- Mechanical ventilation or intubation required  
- Still hospitalized  As of ___/___/___  

**Y**  **N**  **Unk**  
- Died of this illness  Death date ___/___/___  Please fill in the death date information on the Person Screen  
- Autopsy performed  
- Disease on death certificate as cause or contributor  
  Location of death  
  - Outside of hospital (e.g., home or in transit to the hospital)  
  - Emergency department (ED)  
  - Inpatient ward  
  - ICU  
  - Other  

### Risk and Response (Ask about exposures in the 14 days before symptom onset)

#### Risk and Exposure Information

**Presumptive**: Patient had 10 or more days of continuous stay at a health care facility during the 14 days before onset of symptoms  
- Facility notified  
  - **Yes**  
  - No  
  - **Unk**  

**Possibly**: Patient had exposure to a health care facility for a portion of the 14 days prior to onset  
- Facility notified  
  - **Yes**  
  - No  
  - **Unk**  

**No**: No exposure to a health care facility in the 14 days prior to onset  
- **Unk**  

**Other**:  

**In the 14 days before symptom onset,**

**Y**  **N**  **Unk**  
- Did the patient get in or spend time near a whirlpool spa (i.e. hot tub)  
  Date (record all) ___/___/___  Where  

- Did the patient take a cruise  
  Name of vessel, departure and return dates, port(s) of entry and exit  

- Did the patient have any recreational water exposure (e.g., lake, river, pool, wading pool, fountain)  
  Date (record all) ___/___/___  Where  

  Recreational water exposure  
  - Ocean, lake, pond, river, stream  
  - Pool, wading pool, water park, splash pool, spa, hot tub, fountain  
  - Both  

- Did the patient have soil exposure (e.g., gardening, potting soil, construction)  
- Did the patient use a nebulizer, CPAP, BiPAP or any other respiratory therapy equipment for the treatment of sleep apnea, COPD, asthma or for any other reason  
  - Does this device use a humidifier  
    - What type of water is used in this device (check all that apply) 
      - **Sterile**  
      - **Distilled**  
      - **Bottled**  
      - **Tap**  
      - **Unk**  

**Y**  **N**  **Unk**  
- Did the patient have a history of spending at least one night away from home, either in the same country of residence or abroad (excluding health care settings)  

<table>
<thead>
<tr>
<th>Setting 1</th>
<th>Setting 2</th>
<th>Setting 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation name</td>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>Room Number</td>
<td>Start and end dates</td>
<td></td>
</tr>
</tbody>
</table>

---

Legionellosis required variables are in **bold**. Answers are: Yes, No, Unknown to case
### Legionellosis Case Information

#### Did the patient visit or stay in a health care setting (e.g., hospital, long term care/rehab/skilled nursing facility, clinic)

<table>
<thead>
<tr>
<th>Setting 1</th>
<th>Setting 2</th>
<th>Setting 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of facility</strong></td>
<td><strong>Type of health care setting/facility</strong> (check one)</td>
<td><strong>Type of health care setting/facility</strong> (check one)</td>
</tr>
<tr>
<td></td>
<td>Hospital</td>
<td>Long term care</td>
</tr>
<tr>
<td></td>
<td>Clinic</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Inpatient</td>
<td>Outpatient</td>
</tr>
<tr>
<td><strong>Is this facility also a transplant center</strong></td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>Reason for visit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>City, State</strong></td>
<td>Start and end dates</td>
<td></td>
</tr>
</tbody>
</table>

#### Did the patient visit or stay in an assisted living facility or senior living facility

<table>
<thead>
<tr>
<th>Setting 1</th>
<th>Setting 2</th>
<th>Setting 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of facility</strong></td>
<td><strong>Type of facility</strong></td>
<td><strong>Type of facility</strong></td>
</tr>
<tr>
<td></td>
<td>Assisted living facility</td>
<td>Assisted living facility</td>
</tr>
<tr>
<td></td>
<td>Senior living facility</td>
<td>Senior living facility</td>
</tr>
<tr>
<td></td>
<td>Unk</td>
<td>Unk</td>
</tr>
<tr>
<td></td>
<td>Resident</td>
<td>Resident</td>
</tr>
<tr>
<td></td>
<td>Visitor or volunteer</td>
<td>Employee</td>
</tr>
<tr>
<td><strong>City, State</strong></td>
<td>Start and end dates</td>
<td></td>
</tr>
</tbody>
</table>

### Exposure and Transmission Summary

<table>
<thead>
<tr>
<th><strong>Likely geographic region of exposure</strong></th>
<th><strong>International travel related</strong></th>
<th><strong>Suspected exposure setting</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>In Washington – county _____________</td>
<td>During entire exposure period</td>
<td>Daycare/Childcare</td>
</tr>
<tr>
<td>Other state ______________</td>
<td>During part of exposure period</td>
<td>School (not college)</td>
</tr>
<tr>
<td>Not in US - country ______________</td>
<td>No international travel</td>
<td>Hospital’s office</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital ward</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital ER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital outpatient facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>College</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Military</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Correctional facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Place of worship</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Laboratory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Long term care facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Homeless/shelter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>International travel</td>
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<tr>
<td></td>
<td></td>
<td>Out of state travel</td>
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<tr>
<td></td>
<td></td>
<td>Transit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social event</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Large public gathering</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Restaurant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hotel/motel/hostel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other ______________</td>
</tr>
</tbody>
</table>

#### Exposure summary

Describe _____________________________________________________________________________________________

### Public Health Interventions/Actions

<table>
<thead>
<tr>
<th><strong>Letter sent</strong></th>
<th>Date <strong>/</strong>/___</th>
<th>Batch date <strong>/</strong>/___</th>
</tr>
</thead>
</table>

### NOTES

Legionellosis required variables are in **bold**. Answers are: Yes, No, Unknown to case.
## LAB RESULTS

**Lab report information**
- **Lab report reviewed – LHJ**: Yes
- **WDRS user-entered lab report note**: 

**Submitter**: ____________________________
**Performing lab for entire report**: ____________________________
**Referring lab**: ____________________________

**Specimen**
- **Specimen identifier/accession number**: ____________________________
- **Specimen collection date**: ___/___/___
- **Specimen received date**: ___/___/___

**WDRS specimen type**: ____________________________
**WDRS specimen source site**: ____________________________
**WDRS specimen reject reason**: ____________________________

**Test performed and result**
- **WDRS test performed**: ____________________________
- **WDRS test result, coded**: ____________________________
- **WDRS test result, comparator**: _______
- **WDRS result, numeric only**: (enter only if given, including as necessary Comparator and Unit of measure) _______
- **WDRS unit of measure**: _______
- **Test method**: ____________________________
- **WDRS interpretation code**: ____________________________

**Test result – Other, specify**: ____________________________

**WDRS result summary**
- **Positive**: Yes
- **Negative**: Yes
- **Indeterminate**: Yes
- **Equivocal**: Yes
- **Test not performed**: Yes
- **Pending**: Yes

**Test result status**
- **Final results: Can only be changed with a corrected result**: Yes
- **Preliminary results**: Yes
- **Record coming over is a correction and thus replaces a final result**: Yes
- **Results cannot be obtained for this observation**: Yes
- **Specimen in lab; results pending**: Yes

**Result date**: ___/___/___

**Upload document**

**Ordering Provider**
- **WDRS ordering provider**: ____________________________

**Ordering facility**
- **WDRS ordering facility name**: ____________________________