# LEGIONNAIRES DISEASE

## Case details

NDD no. ____________

| | | | | | |
|---|---|---|---|---|---|
| Surname | ____________ | Given name | ____________ | Sex | M F |
| DOB | __/__/__ | Age | ____ yrs/mth | | |
| Address | ____________________________________ | | | | |
| Suburb | ____________ | Postcode | ____________ | Telephone | ____________ |
| Other contact | ____________________________________ | | | Telephone | ____________ |
| Occupation/school | | ____________ | | Telephone | ____________ |
| Indigenous | ☐ Aboriginal<br>☐ Torres St Islander<br>☐ No | COB | ☐ Australia<br>☐ Other: *specify*<br>____________ | Language | ☐ English<br>☐ Other: *specify*<br>____________ |

## Disease

| | | | |
|---|---|---|---|
| **Symptomatic** | Y N | Onset date | __/__/__ |
| Pneumonia | Y N | | |

Notes ____________________________________________

____________________________________________

____________________________________________

____________________________________________

____________________________________________

____________________________________________

____________________________________________

____________________________________________

**Definition** ☐ suspect ☐ presumptive ☐ confirmed

## Laboratory

| | | | | | |
|---|---|---|---|---|---|
| Lab confirmed | Y N | Specimen | ☐ Sputum | Specimen date | __/__/__ |
| Organism | ☐ L pneumophila | | ☐ Serum | | __/__/__ |
| | ☐ L longbeachae | | ☐ Urine | | __/__/__ |
| | ☐ __________ | | ☐ __________ | | __/__/__ |
| Suborganism | ____________ | ID method | ☐ culture | | |
| (or serogroup) | | | ☐ serology | ☐ IgG: 1 ____ | __/__/__ |
| | | | | ☐ IgG: 2 ____ | __/__/__ |
| | | | ☐ urine Ag | | |
| | | | ☐ DFA | | |

## Notification

| | | | | | |
|---|---|---|---|---|---|
| First notifier | ____________ | Telephone | ____________ | Fax | ____________ |
| Notifier type<br>No. in order of receipt | __ Lab<br>__ Doctor<br>__ Hospital (not lab)<br>__ Other ________ | Notified date | __/__/__ | Received date | __/__/__ |
| Treating doctor | ____________ | Telephone | ____________ | Postcode | ____________ |
| Address | ____________________________________ | | | Fax | ____________ |

## Outcome

| | | | | | |
|---|---|---|---|---|---|
| Hospitalised | Y N | Admitted date | __/__/__ | Discharge date | __/__/__ |
| Hospital/s | ____________________________________ | | | MRN | ____________ |
| Hosp doctor | ____________ | Telephone | ____________ | Address | ____________ |
| Deceased | Y N | Death date | __/__/__ | Cause of death | Y N U |

**Case** ____________________

## Risk factors

***Infection timeline***



Dates __/__ __/__ __/__

| ***Risk factors:*** | | | | *Specify* |
|---|---|---|---|---|
| Associated with a cluster | Y | N | U | ________________________ |
| Travel out of Area | Y | N | U | ________________________ |
| Current smoker | Y | N | U | |
| Immunosuppressive illness | Y | N | U | ________________________ |
| Immunosuppressive drugs | Y | N | U | ________________________ |
| Diabetes | Y | N | U | ________________________ |
| Other chronic illnesses | Y | N | U | ________________________ |

***Exposures in 2 to 10 days before onset***

*Shopping complexes*

| Date and Time | Location | Comments (e.g. where walked, duration of visit) | Cooling towers |
|---|---|---|---|
| ________ | ________ | ________________________ | Y N U |
| ________ | ________ | ________________________ | Y N U |
| ________ | ________ | ________________________ | Y N U |
| ________ | ________ | ________________________ | Y N U |

*Shops within shopping centres (not shopping complexes)*

| Date and Time | Location | Comments (e.g. where walked, duration of visit) | Cooling towers |
|---|---|---|---|
| ________ | ________ | ________________________ | Y N U |
| ________ | ________ | ________________________ | Y N U |
| ________ | ________ | ________________________ | Y N U |
| ________ | ________ | ________________________ | Y N U |

*Clubs, cinemas, hospitals, hotels*

| Date and Time | Location | Comments (e.g. where walked, duration of visit) | Cooling towers |
|---|---|---|---|
| ________ | ________ | ________________________ | Y N U |
| ________ | ________ | ________________________ | Y N U |
| ________ | ________ | ________________________ | Y N U |
| ________ | ________ | ________________________ | Y N U |
| ________ | ________ | ________________________ | Y N U |
| ________ | ________ | ________________________ | Y N U |

| | | | | |
|---|---|---|---|---|
| Gardening | Y N U | Potting mix | Y N U | Brand | ________ |
| Spa | Y N U | Where | ________ | When | ________ |

## Environmental Investigation *(details [no., type, results] of potential sources evaluated)*

## Notes

## Administration

| | | | | | |
|---|---|---|---|---|---|
| Completed by | ________ | Date finalised | __/__/__ | PHU | ________ |