Legionellosis Investigation Form
Arizona Department of Health Services

MEDSIS Case No:_____

County:_____

☐Confirmed ☐Suspect

☐Not a case ☐Lost to follow up

Outbreak Name:_____

Part of National Outbreak ☐Yes

REPORT SOURCE

Initial report date:_____

Reporter: _____ Reporter phone:_____

Reporter organization:_____

Provider name:_____ Provider phone:_____

Provider organization:_____

PATIENT DEMOGRAPHICS

Name (last, first)_____ Birthdate___/___/____ or age_____ Sex: ☐M ☐F ☐UK

Street address_____ City_____ State_____ Zip_____

Occupation/school grade:_____ Employers/school/other:_____

Ethnicity: ☐Hispanic ☐Non-Hispanic ☐Unknown

Race: ☐White ☐African American ☐Native Hawaiian/Pac Islander ☐Asian ☐American Indian/ AK Native ☐Other_____

CLINICAL INFORMATION

Date of Onset of symptoms: ____/____/_____

Diagnosis Date: ____/____/_____

Clinical History and Symptoms

	Y	N	UK
Fever (highest: __^{0}F on ___/___/___)	☐	☐	☐
Pneumonia (X-ray diagnosed)	☐	☐	☐
Cough	☐	☐	☐
Headache	☐	☐	☐
Myalgia	☐	☐	☐
Diarrhea	☐	☐	☐
Chest Pain	☐	☐	☐
Abdominal Pain	☐	☐	☐
Chills	☐	☐	☐

Hospitalization

	Y	N	UK
Hospitalized	☐	☐	☐
ED only	☐	☐	☐

Admit date:___/____/____

Discharge date: ___/____/____

Hospital Name:_____

Hospital Address:_____

Patient Chart Number:_____

Outcome of illness

☐ Survived ☐ Died Date of death:___/___/____ ☐ Unknown

If patient is deceased: Death Certificate Number:_____ Cause of death_____

Past Medical History and Underlying Conditions (check all that apply)

☐ Current Smoker
☐ Other tobacco use
☐ Alcohol abuse
☐ IVDU
☐ Other drug use
☐ Cerebrovascular disease
☐ Liver disease
☐ Diabetes mellitus
☐ Neoplastic disease
☐ Cystic fibrosis
☐ Asthma
☐ Congestive heart failure
☐ Immunosuppressive therapy/Immunosuppressive condition
☐ HIV/AIDS
☐ Emphysema/COPD
☐ Renal disease
☐ Neurologic/neuromuscular disease
☐ Rheumatoid arthritis
☐ Other (specify)_____

Y=Yes **N=No** **UK=Unknown**

LABORATORY INFORMATION

Culture Positive: ☐Y ☐N ☐UK
If yes, Date ___/___/___
Site: ☐Lung Biopsy ☐ Respiratory secretions ☐Pleural fluid ☐Blood ☐Other_____
Species_____ Serogroup_____

DFA Positive: ☐Y ☐N ☐UK
If yes, Date ___/___/___
Site: ☐Lung Biopsy ☐ Respiratory secretions ☐Pleural fluid ☐Blood ☐Other_____
Species_____ Serogroup_____

Urine Antigen: ☐Y ☐N ☐UK
If yes, Date ___/___/___
Species_____ Serogroup_____

Fourfold rise in antibody titer: ☐Y ☐N ☐UK
If yes, Initial (acute) titer 1: _____Date___/___/____ Species:_____Serogroup_____
Convalescent titer 1: _____Date___/___/____ Species:_____Serogroup_____

DIAGNOSIS

☐ Legionnaires' Disease (Pneumonia, X-ray diagnose)
☐ Pontiac Fever (fever, myalgia without pneumonia
☐ Other (specify):_____
☐ Unknown

☐ Associated with outbreak
(Specify location)_____
☐ Sporadic case
☐ Unknown

EPIDEMIOLOGICAL INFORMATION

TRAVEL

In the two weeks prior to your illness onset, did the patient travel outside the country? ☐Y ☐N ☐UK
If yes, list the cities, dates of stay and lodging where available

	City, State	Dates of Stay	Name of location
1.	_____	____/___/____ to ___/____/____	_____
2.	_____	____/___/____ to ___/____/____	_____
3.	_____	____/___/____ to ___/____/____	_____
4.	_____	____/___/____ to ___/____/____	_____

Additional travel information
_____
_____
_____
_____
_____

☐ Not travel-associated: No history of travel in the incubation period (2-10 days) prior to onset of symptoms
☐ Possibly travel-associated: History of spending at least one night away from home in the incubation period prior to onset of illness
☐ Definitely travel-associated: History of spending entire incubation period away from home
☐ Other (Specify):_____
☐ Unknown

HEALTHCARE-ASSOCIATED INFECTION (HAI)
☐ Not HAI: No inpatient or outpatient healthcare visits in the 10 days prior to onset of symptoms
☐ Possibly HAI: Patient hospitalized/stayed in other healthcare facilities 2-9 days before onset of legionella infection
☐ Definitely HAI: Patient hospitalized/stayed in other healthcare facilities continuously for >=10 days before onset of legionella infection
☐ Other (Specify):_____
☐ Unknown

POSSIBLE EXPOSURES			
In the two weeks prior to your onset, did the patient:	**Y**	**N**	**UK**
Have dental work done?	☐	☐	☐
If yes, when/where:_____			
Visit a hospital as an outpatient?	☐	☐	☐
If yes, when/where:_____			
Work in a hospital/healthcare facilities?	☐	☐	☐
If yes, when/where:_____			
Shop at a grocery store where there was a mister machine for fruits and vegetables?	☐	☐	☐
If yes, when/where:_____			
Visit any nursing homes?	☐	☐	☐
If yes, when/where:_____			
Go to a health and fitness club?	☐	☐	☐
If yes, when/where:_____			
Use city water or well water?	☐	☐	☐
If yes, when/where:_____			
Use or spend time near a whirlpool, hot tub, wet sauna or spa?	☐	☐	☐
If yes, when/where:_____			
Go swimming?	☐	☐	☐
If yes, when/where:_____			
Use a humidifier, evaporative condenser or had contact with cooling towers?	☐	☐	☐
If yes, when/where:_____			
Have exposure to a patio mister at a restaurant, bar, shopping mall area etc?	☐	☐	☐
If yes, when/where:_____			
Visit a hotel without staying overnight (i.e. conventions, wedding, dinner, or public gathering etc.)	☐	☐	☐
If yes, when/where:_____			
Get exposed to aerosolized water at your place of employment? (e.g. water misters, cooling towers etc.)	☐	☐	☐
If yes, when/where:_____			
Take a shower anywhere other than your home residence?	☐	☐	☐
If yes, when/where:_____			
Use a respiratory therapy device such as nebulizer (not an inhaler)?	☐	☐	☐
If yes, when/where:_____			

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How was person likely exposed?

_____

Where did the exposure likely occur?

_____

- No risk factors/exposures could be identified ☐
- Patient could not be interviewed/LTF ☐
- Case is part of known outbreak ☐
  Outbreak Name:_____
- Education provided to case/contacts/facilities ☐
- Follow-up is complete for contacts who may have been exposed ☐
- Environmental health notified ☐
- Licensing notified ☐
- Establishment Inspected ☐
  (Date: ____/____/_____)
- Other:_____ ☐

Check the appropriate answer:

Serogroup:_____

- ☐ *L. pneumophila*
- ☐ *L. felleii*
- ☐ *L. Bozemanii*
- ☐ *L. dumoffii*
- ☐ *L. gormanii*
- ☐ *L. longbeachae*
- ☐ *L. micdadei*
- ☐ Mixed (specify):_____
- ☐ Other (specify):_____
- ☐ Unknown
- ☐ Travel–associated legionellosis
- ☐ Healthcare-associated legionellosis

ADDITIONAL NOTES AND INFORMATION

CASE DEFINITION

A confirmed case has a compatible clinical history and meets at least one of the following laboratory criteria:

1. By culture: isolation of any *Legionella* organism from respiratory secretions, lung tissue, pleural fluid, or other normally sterile fluid.
2. By detection of *Legionella pneumophila* serogroup 1 antigen in urine using validated reagents.
3. By seroconversion: fourfold or greater rise in specific serum antibody titer to *Legionella pneumophila* serogroup 1 using validated reagents.

Travel-associated legionellosis:

Definite: A case that has a history of spending **entire** incubation period away from home, either in the same country of residence or abroad, prior to onset of illness.

Possible: A case that has a history of spending at least one night away from home, either in the same country of residence or abroad, in the incubation period prior to onset of illness.

Healthcare-associated legionellosis:

Definite: A case with overnight (inpatient) stay at one or more healthcare facilities throughout the **entire** incubation period.

Possible: A case with overnight (inpatient) stay at one or more healthcare facilities during the incubation period but not during the entire incubation period, or that is epidemiologically linked to a healthcare facility during an outbreak investigation.

INVESTIGATOR(S):_____ DATE:____/_____/_____ DATE CLOSED:____/____/____