



## National enhanced legionella surveillance in England and Wales

**The scheme is coordinated by:**

Public Health England, Centre for Infectious Disease Surveillance and Control (CIDSC), Colindale

**Objectives:**

- to detect clusters and outbreaks of legionella infection through the national surveillance of cases in residents of England and Wales
- to identify sources of infection so that control measures can be applied to prevent further cases
- to disseminate legionella surveillance information to all those who need to know

<b>Please complete</b>		<b>For security, only email case details to and from a PHE email account</b>	
<b>Reporter's details:</b>			
Form completed by: _____	<b>Please submit this form to:</b>		
Date of report: _____	1. your regional unit in accordance with local protocol		
Telephone contact no: _____	2. copy to CIDSC, Colindale via;		
PHE centre name: _____	e-mail: <a href="mailto:legionella@phe.gov.uk">legionella@phe.gov.uk</a>		
Name of relevant CCDC: _____	fax: 020 8200 7868 (F.A.O: Legionella section)		

Legionnaires' disease is a notifiable disease. Fields **highlighted** are essential for the enhanced surveillance scheme, all other fields are statutory fields and **must be completed**; please ensure these are completed, where applicable, **before** the form is submitted.

HPZone reference: \_\_\_\_\_ Notification date: \_\_\_\_\_

### Patient details

Forename	_____	Surname	_____
Date of birth	_____	Age	_____
NHS number	_____	Gender	_____
Home Address	_____		
	_____	Postcode	_____
Telephone	_____	Mobile	_____
		E-mail	_____

### Occupational details

Occupation	_____		
<i>If applicable;</i>			
Work address	_____	Postcode	_____
Are any work colleagues off sick with similar symptoms? (Yes/No)	_____	If 'Yes', provide details on page 2, 'additional information' section *	
Which of the following does the job predominantly involve (If 'other', please specify)	Driving: <input type="checkbox"/>	Factory based: <input type="checkbox"/>	Hospital based: <input type="checkbox"/>
	Office based: <input type="checkbox"/>	Outdoor manual: <input type="checkbox"/>	Other manual: <input type="checkbox"/>
	Other: _____		
Does job involve working in operating theatre or ICU? (Yes/no)	_____	If 'Yes', provide details on page 2, 'additional information' section *	

### Clinical history

<b>Date of onset of symptoms</b> (dd/mm/yyyy)	_____	<b>Did patient have pneumonia?</b> (Yes/no)	_____
Tick main clinical features (If 'other' please specify)	Chest pain: <input type="checkbox"/>	Confusion: <input type="checkbox"/>	Cough: <input type="checkbox"/>
	Shortness of breath: <input type="checkbox"/>	Lethargy: <input type="checkbox"/>	Diarrhoea: <input type="checkbox"/>
Was the patient immunosuppressed? (If 'other', please specify)	Chemotherapy: <input type="checkbox"/>	Long-term steroids: <input type="checkbox"/>	Organ transplant: <input type="checkbox"/>
	Splenectomy: <input type="checkbox"/>	Other: _____	
<b>Details of any underlying condition</b> (e.g. diabetes, heart disease, asthma, smoking)	_____		
GP name	_____	GP telephone	_____
Practice name	_____		
Practice address	_____		

**Hospital admission**

Was the patient hospitalised? (Yes/no)

Hospital of admission (Full name of hospital)  Admission date (dd/mm/yyyy)

Was the patient admitted to a critical care facility?  Did the patient require invasive ventilation (intubation and mechanical ventilation)?

Ward  Consultant

**Patient status**

**Current status** (Died/still ill / Recovered)  If dead, date of death

Please do **not** wait for the 30 day time period to be over before submitting the form to CIDSC, Colindale. The form **MUST** be submitted as soon as possible with a response to the next question submitted as an update at a later time.

**30 day status** (Died/still ill/recovered)  If dead, date of death

**Patient's 14 day history**

The incubation period for Legionnaires' disease normally ranges from 2 to 10 days, however there is evidence that the range can be from 1 to 19 days, or longer in severely immunosuppressed patients. To accommodate the uncertainty around the length of the incubation period and the exact date of onset, a 14 day history prior to onset of symptoms is requested.

**Activities in the 14 days prior to onset of symptoms**

<b>Means of regular transport</b> <small>(Please provide details of regular route to work)</small>	
<b>Usual places of grocery shopping</b> <small>(Details of regular route to most visited amenities)</small>	

**Was the patient exposed (in the UK or abroad) to:**

Exposure	Yes/ no	Details (name, location, postcode etc)	Exposure	Yes/ no	Details (name, location, postcode etc)
Domestic or commercial whirlpool spas/ hot tub			Air conditioning		
Showers			Fountains/ ornamental water features		
Dental practice			Water displays in shopping or garden centre		
Food displays with water mists			Gardening/ using compost/ potting soil		
Car/jet washes			Other		

<b>Any recent plumbing repairs or alterations involving the cases home water system</b>	
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<b>Any other relevant information*</b> (including additional occupational details from page 1)	
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Places visited, routes and journeys (eg hotels, leisure centres, garden centres, dentists)		
Morning	Afternoon	Evening
(day before onset): date:		
Postcode:	Postcode:	Postcode:
Day 2: date:		
Postcode:	Postcode:	Postcode:
Day 3: date:		
Postcode:	Postcode:	Postcode:
Day 4: date:		
Postcode:	Postcode:	Postcode:
Day 5: date:		
Postcode:	Postcode:	Postcode:
Day 6: date:		
Postcode:	Postcode:	Postcode:
Day 7: date:		
Postcode:	Postcode:	Postcode:
Day 8: date:		
Postcode:	Postcode:	Postcode:
Day 9: date:		
Postcode:	Postcode:	Postcode:
Day 10: date:		
Postcode:	Postcode:	Postcode:
Day 11: date:		
Postcode:	Postcode:	Postcode:
Day 12: date:		
Postcode:	Postcode:	Postcode:
Day 13: date:		
Postcode:	Postcode:	Postcode:
Day 14: date:		
Postcode:	Postcode:	Postcode:

If the case has travelled either within the UK or abroad during the incubation period, or visited a hospital, the risk factor section that follows **must** be completed.

**Risk factor information**

Cases are defined as hospital or travel-associated if they fulfil the criteria below

**Definitions**

**Hospital associated cases:** Patients who spent at least one night in hospital during the 10 days prior to onset of symptoms.

**Travel associated cases:** One or more overnight stays in a holiday accommodation in the UK or abroad in the 2 to 10 days prior to onset of symptoms. *(ECDC case definition)*

**Possible hospital associated case**

Was the patient admitted to hospital at any time in the 10 days before onset of symptoms? (Yes/No)

Hospital of admission  Ward or unit

Date of admission (dd/mm/yyyy)  Date of discharge (dd/mm/yyyy)

If the patient was transferred from another hospital within the incubation period, please give details:

Hospital prior to transfer  Dates of stay  to

Did the patient visit a hospital at any time in the 14 days before onset of symptoms? (e.g. outpatient appointments, visiting another patient)

Details (including dates)

**Possible travel associated case**

**Abroad**

Did the patient travel abroad in the 2 to 10 days before onset of symptoms? (Yes/no)

Name of hotel/ accommodation	Hotel/accommodation Address	Room No.	Country	Arrival date (dd/mm/yyyy)	Departure date (dd/mm/yyyy)

Tour operator

**United Kingdom**

Did the patient travel within the UK in the 2 to 10 days before onset of symptoms? (Yes/no)

Hotel or other accommodation	Hotel/accommodation address	Room No.	Arrival date (dd/mm/yyyy)	Departure date (dd/mm/yyyy)

Tour Operator

Were any fellow holiday makers known to be ill with similar symptoms? (Yes/no)

**If yes; please provide details**  
 (e.g. Were they part of the same tour group?  
 Did they stay at the same accommodation site(s?))

**Additional information**

**Microbiology results**

**At least one of these tests must have a positive result**

<b>Name of laboratory where testing was undertaken</b>	
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**Urinary antigen detection**

Date of specimen (dd/mm/yyyy)	Manufacturer and kit used	Result (Positive/negative/ equivocal)

**Culture** (respiratory sample i.e. sputum)

Date of specimen (dd/mm/yyyy)	Specimen	Species	Serogroup	Result (Positive/negative)

**Polymerase chain reaction (PCR)**

Date of specimen (dd/mm/yyyy)	Specimen	Species	Result (Positive/negative)

**Other method** (please specify)

Date of specimen (dd/mm/yyyy)	Specimen	Species	Serogroup	Result (Positive/negative)

**Environmental investigations**

**Has sampling of water systems been requested?** (Yes/no)

**If yes, please specify the laboratory carrying out tests**

Location of sampling (e.g. Patient's home, hospital, industrial/commercial etc...)	Additional comment (eg Domestic hot water tap, cooling tower)	Result (Positive/negative/awaiting result)

**Please update the national surveillance scheme with any outstanding or additional information, including environmental results**