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**CIDSC, Colindale USE ONLY:**

Case No.:.\_ \_\_\_\_\_\_\_\_\_\_ \_.

Category: .

Reported to ELDSNet:

PHE centre:. .

August 2015

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|  |
| **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

Please complete **For security, only email case details to and from a PHE email account**

**Reporter’s details:**

Form completed by: **Please submit this form to:**

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: [**legionella@phe.gov.uk**](mailto:legionella@phe.gov.uk)

Name of relevant CCDC: fax: 020 8327 6585 (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:** Click here to enter text. **Notification date:** Select date

**Patient details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename** | Click here to enter text. | **Surname** | Click here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| **Date of birth** | Select date | **Age** | Click here to enter text. | **Gender** | Select |

|  |  |
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| **NHS number** | Click here to enter text. |

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| **Home Address** | Click here to enter text. |

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|  | Click here to enter text. | **Postcode** | Clicko enter text. Clicko enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Telephone** | Click here to enter text. | **Mobile** | Click here to enter text. | **E-mail** | Click here to enter text. |

**Occupational details**

|  |  |
| --- | --- |
| **Occupation** | Click here to enter text. |

*If applicable;*

|  |  |  |  |
| --- | --- | --- | --- |
| **Work address** | Click here to enter text. | **Postcode** | Clicko enter text. Clicko enter text. |

|  |  |  |
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| **Are any work colleagues off sick with similar symptoms?** (Yes/No) | Select | If ‘Yes’, provide details on page 2, ‘additional information’ section \*. |

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| **Which of the following does the job predominantly involve** (If ‘other’, please specify) | Driving: | Factory based: | Hospital based: | Office based: |
| Outdoor manual: | Other manual: | Other: Click here to enter text. | |

|  |  |  |
| --- | --- | --- |
| **Does job involve working in operating theatre or ICU?** (Yes/no) | Select | If ‘Yes’, provide details on page 2, ‘additional information’ section \*. |

**Clinical history**

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| --- | --- | --- | --- | --- |
| **Date of onset of symptoms** (dd/mm/yyyy) | Select date |  | **Did patient have pneumonia?** (Yes/no) | Select |

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| --- | --- | --- | --- | --- |
| **Tick main clinical features** (If ‘other’ please specify) | Chest pain: | Confusion: | Cough: | Shortness of breath: |
| Lethargy: | Diarrhoea: | Other: Click here to enter text. | |

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| --- | --- | --- | --- |
| **Was the patient immunosuppressed?**  (If ‘other’, please specify). | Chemotherapy: | Long-term steroids: | Organ transplant: |
| Splenectomy: | Other: Click here to enter text. | |

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| **Details of any underlying condition**  (e.g. diabetes, heart disease, asthma, smoking) | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **GP name** | Click here to enter text. | **GP telephone** | Click here to enter text. |

|  |  |
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| **Practice name** | Click here to enter text. |

|  |  |
| --- | --- |
| **Practice address** | Click here to enter text. |

**Hospital admission**

|  |  |
| --- | --- |
| **Was the patient hospitalised?** (Yes/no) | Select |

|  |  |  |  |
| --- | --- | --- | --- |
| **Hospital of admission** (Full name of hospital) | Click here to enter text. | **Date of admission** (dd/mm/yyyy) | Select date |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Ward** | Clicko enter text. | **Consultant** | Click here to enter text. |

**Patient status**

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

**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) | Select | **If dead, date of death** | Select date |

**Patient’s 14 day history**

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| --- |
| **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**

|  |  |
| --- | --- |
| **Means of regular transport** (Please provide details of regular route to work) | Click here to enter text. |
| **Usual places of grocery shopping** (Details of regular route to most visited amenities) | Click here to enter text. |

**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** | Select | Clicko enter text. | **Air conditioning** | Select | Clicko enter text. |
| **Showers** | Select | Clicko enter text. | **Fountains/ ornamental water features** | Select | Clicko enter text. |
| **Dental practice** | Select | Clicko enter text. | **Water displays in shopping or garden centre** | Select | Clicko enter text. |
| **Food displays with water mists** | Select | Clicko enter text. | **Gardening/ using compost/ potting soil** | Select | Clicko enter text. |
| **Car/jet washes** | Select | Clicko enter text. | **Other** | Select | Clicko enter text. |

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| **Any recent plumbing repairs or alterations involving the cases home water system** | Click here to enter text. |

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| --- | --- | --- | --- |
| **Any other relevant information\*** (including additional occupational details from page 1) | Click here to enter text. | | |
|  |  | | |
| **Places visited, routes and journeys**  (eg hotels, leisure centres, garden centres, dentists) | | | | |
| **Morning** | | **Afternoon** | **Evening** | |
| (day before onset):date: Select  Clicko enext. | | Clicko enext. | Clicko enext. | |
| Postcode: Click here to enter text. | | Postcode: Click here to enter text. | Postcode: Click here to enter text. | |
| **Day 2:** date:SelectClicko enext. | | Clicko enext. | Clicko enext. | |
| Postcode: Click here to enter text. | | Postcode: Click here to enter text. | Postcode: Click here to enter text. | |
| **Day 3:** date: Select  Clicko enext. | | Clicko enext. | Clicko enext. | |
| Postcode: Click here to enter text. | | Postcode: Click here to enter text. | Postcode: Click here to enter text. | |
| **Day 4:** date: Select Clicko enext. | | Clicko enext. | Clicko enext. | |
| Postcode: Click here to enter text. | | Postcode: Click here to enter text. | Postcode: Click here to enter text. | |
| **Day 5:** date: Select  Clicko enext. | | Clicko enext. | Clicko enext. | |
| Postcode: Click here to enter text. | | Postcode: Click here to enter text. | Postcode: Click here to enter text. | |
| **Day 6:** date:Select Clicko enext. | | Clicko enext. | Clicko enext. | |
| Postcode: Click here to enter text. | | Postcode: Click here to enter text. | Postcode: Click here to enter text. | |
| **Day 7:** date:Select  Clicko enext. | | Clicko enext. | Clicko enext. | |
| Postcode: Click here to enter text. | | Postcode: Click here to enter text. | Postcode: Click here to enter text. | |
| **Day 8:** date:Select Clicko enext. | | Clicko enext. | Clicko enext. | |
| Postcode: Click here to enter text. | | Postcode: Click here to enter text. | Postcode: Click here to enter text. | |
| **Day 9: date:** Select Clicko enext. | | Clicko enext. | Clicko enext. | |
| Postcode: Click here to enter text. | | Postcode: Click here to enter text. | Postcode: Click here to enter text. | |
| **Day 10:** date:Select Clicko enext. | | Clicko enext. | Clicko enext. | |
| Postcode: Click here to enter text. | | Postcode: Click here to enter text. | Postcode: Click here to enter text. | |
| **Day 11:** date:SelectClicko enext. | | Clicko enext. | Clicko enext. | |
| Postcode: Click here to enter text. | | Postcode: Click here to enter text. | Postcode: Click here to enter text. | |
| **Day 12:** date:Select Clicko enext. | | Clicko enext. | Clicko enext. | |
| Postcode: Click here to enter text. | | Postcode: Click here to enter text. | Postcode: Click here to enter text. | |
| **Day 13:** date:Select Clicko enext. | | Clicko enext. | Clicko enext. | |
| Postcode: Click here to enter text. | | Postcode: Click here to enter text. | Postcode: Click here to enter text. | |
| **Day 14:** date:Select Clicko enext. | | Clicko enext. | Clicko enext. | |
| Postcode: Click here to enter text. | | Postcode: Click here to enter text. | Postcode: Click here to enter text. | |

**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 .**

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hospital of admission** | Clicko enext. | | | | **Ward or unit** | | Clicko enext. | | |
|  | |  |  | | | |  | | |
| **Date of admission** (dd/mm/yyyy) | | Select date | **Date of discharge** (dd/mm/yyyy) | | | | | | Select date |
| **If the patient was transferred from another hospital within the incubation period,** please give details: | | | | | | | | | |
| **Hospital prior to transfer** | Clicko enext. | | | **Dates of stay** | | Select date | | **to** | Select date |

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| --- | --- | --- |
| **Did the patient visit a hospital at any time in the 14 days before onset of symptoms?** (e.g. outpatient appointments, visiting another patient) | | Select |
|  | | |
| **Details** (including dates) | Clicko enext. | |

**Possible travel associated case .**

**Abroad**

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

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| **Name of hotel/ accommodation** | | **Hotel/accommodation Address** | **Room No.** | **Country** | **Arrival date**  (dd/mm/yyyy) | **Departure date**  (dd/mm/yyyy) |
| Click here to enter text. | | Click here to enter text. | Clicko enext. | Click here to enter text. | Select date | Select date |
| Click here to enter text. | | Click here to enter text. | Clicko enext. | Click here to enter text. | Select date | Select date |
| Click here to enter text. | | Click here to enter text. | Clicko enext. | Click here to enter text. | Select date | Select date |
| **Tour operator** | Click here to enter text. | | | | | |

**United Kingdom**

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

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| --- | --- | --- | --- | --- | --- |
| **Hotel or other accommodation** | | **Hotel/accommodation address** | **Room No.** | **Arrival date**  (dd/mm/yyyy) | **Departure date** (dd/mm/yyyy) |
| Click here to enter text. | | Click here to enter text. | Clicko enext. | Select date | Select date |
| Click here to enter text. | | Click here to enter text. | Clicko enext. | Select date | Select date |
| Click here to enter text. | | Click here to enter text. | Clicko enext. | Select date | Select date |
| **Tour Operator** | Click here to enter text. | | | | |

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| --- | --- | --- |
| **Were any fellow holiday makers known to be ill with similar symptoms?** (Yes/no) | | Select |
|  |  | | |
| **If yes; please provide details** (e.g. Were they part of the same tour group?  Did they stay at the same accommodation site(s)?) | Click here to enter text. | | |

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| **Additional information** |
| Click here to enter text. |

**Microbiology results**

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

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| --- | --- |
| **Name of laboratory where testing was undertaken** | Click here to enter text. |

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| **Urinary antigen detection** |

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| --- | --- | --- |
| **Date of specimen**  (dd/mm/yyyy) | **Manufacturer and kit used** | **Result**  (Positive/negative/ equivocal) |
| Select date | Clicko enter text. | Enter Result |
| Select date | Clicko enter text. | Enter Result |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of specimen**  (dd/mm/yyyy) | **Specimen** | **Species** | **Serogroup** | **Result**  (Positive/negative) |
| Select date | Clicko enter text. | Clicko enter text. | Clicko enext. | Enter Result |
| Select date | Clicko enter text. | Clicko enter text. | Clicko enext. | Enter Result |

|  |
| --- |
| **Polymerase chain reaction (PCR)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of specimen**  (dd/mm/yyyy) | **Specimen** | **Species** | **Result**  (Positive/negative) |
| Select date | Clicko enter text. | Clicko enter text. | Enter Result |
| Select date | Clicko enter text. | Clicko enter text. | Enter Result |

|  |  |
| --- | --- |
| **Other method** (please specify) | Clicko enext. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of specimen**  (dd/mm/yyyy) | **Specimen** | **Species** | **Serogroup** | **Result**  (Positive/negative) |
| Select date | Clicko enter text. | Clicko enter text. | Clicko enext. | Enter Result |
| Select date | Clicko enter text. | Clicko enter text. | Clicko enext. | Enter Result |

**Environmental investigations**

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

|  |  |
| --- | --- |
| **If yes, please specify the laboratory carrying out tests** | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **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) |
| Click here to enter text. | Click here to enter text. | Clicko enter text. |
| Click here to enter text. | Click here to enter text. | Clicko enter text. |
| Click here to enter text. | Click here to enter text. | Clicko enter text. |
| Click here to enter text. | Click here to enter text. | Clicko enter text. |
| Click here to enter text. | Click here to enter text. | Clicko enter text. |

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