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| **Internal use only** |
| Case number: |       |
| Category: |  |

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| **National enhanced legionella surveillance in England and Wales**Surveillance form as of August 2023 |

**For security, only send case details to and from a UKHSA email account**

Please submit this form to your regional unit in accordance with local protocol and send a copy to UKHSA’s Acute Respiratory Infections team in an **encrypted** (Official Sensitive) email to legionella@ukhsa.gov.uk

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.

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| **Reporter and interview details** |
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| Form completed by: |       |
|  |  |
| Date of report (dd/mm/yyyy): |       |
|  |  |
| Telephone contact number: |       |
|  |  |
| UKHSA centre name: |  |
|  |  |
| Name of consultant: |       |

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| **Patient details** |
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| HPzone number: |       |

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| Interviewee: |  |

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| Legionella type: |  |

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| Forename: |       | Surname: |       |
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| Date of birth: |

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| Day (dd) | Month(mm) | Year (yyyy) |
|    |  |      |

 | Age: |     | Sex: |  |

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| NHS number: |       | Telephone: |       |

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| Home: address: |       |

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|  |       | Postcode: |       |     |

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| **Occupational details** |
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| Occupation (if applicable): |       |

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| Work address: |       | Postcode: |      |     |

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| Are any work colleagues off sick with similar symptoms? If ‘Yes’, provide details on page 5, ‘additional information’ section\* |  |

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| Does the job predominantly involve any of the following settings? (If ‘Other’, please specify) | Indoor [ ]  | Outdoor [ ]  | Additional description: (for example, factory, tools use water) |
| Hospital based [ ]  | Driver [ ]  |        |
| Multi-occupancy workplace [ ]  | Other [ ]  |

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| **Clinical history** |

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| Date of symptoms onset: |

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| Day (dd) | Month(mm) | Year (yyyy) |
|    |  |      |

 | Did patient have pneumonia? |  |
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| Tick main clinical features (If ‘Other’ please specify): | Chest pain: [ ]  | Confusion: [ ]  | Cough: [ ]  | Shortness of breath: [ ]  |
| Lethargy: [ ]  | Diarrhoea: [ ]  | Other:   |

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| Did patient have any underlying condition? | Diabetes: [ ]  | Heart disease: [ ]  | Asthma: [ ]  |
| Neoplasms: [ ]  | Renal condition: [ ]  | Respiratory condition: [ ]  |
| Immunosuppressed: [ ]  | Smoker: [ ]  | Other:   |
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| Was patient immunosuppressed?(If ‘Other’, please specify) | Chemotherapy: [ ]  | Long-term steroids: [ ]   | Organ transplant: [ ]   |
| Splenectomy: [ ]  | Other:   |
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| Details of any underlying condition: |       |

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| Smoking status | Tobacco smoker: |  |

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| E-cigarette user: |  |

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| **Post-symptom onset hospital admission** |
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| Was the patient hospitalised? |  |

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| Hospital of admission (full name of hospital): |       | Admission date: |

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| Day (dd) | Month(mm) | Year (yyyy) |
|    |  |      |

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| Was patient admitted to critical care? |  | Did patient require intubation or mechanical ventilation? |  |

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| **Patient status** |
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| Current status:  |  | If dead, date of death: |

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| Day (dd) | Month (mm) | Year (yyyy) |
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| **Patient’s 10 day history** |
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Refer to [guidance on cases clusters and outbreak](https://www.gov.uk/government/publications/investigation-of-legionnaires-disease-cases-clusters-and-outbreaks) for Pontiac fever on GOV.UK.

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| **Date****(dd/mm/yyyy)** | **Places visited, routes and journeys** (for example, hotels, leisure centres, garden centres, dentists) |
| **Morning** | **Afternoon** | **Evening** |
| **Day before onset**:  |       |       |       |
| Postcode:       | Postcode:       | Postcode:       |
| **Day 2:**  |       |       |       |
| Postcode:       | Postcode:       | Postcode:       |
| **Day 3:**  |       |       |       |
| Postcode:       | Postcode:       | Postcode:       |
| **Day 4:**  |       |       |       |
| Postcode:       | Postcode:       | Postcode:       |
| **Day 5:**  |       |       |       |
| Postcode:       | Postcode:       | Postcode:       |
| **Day 6:**  |       |       |       |
| Postcode:       | Postcode:       | Postcode:       |
| **Day 7:**  |       |       |       |
| Postcode:       | Postcode:       | Postcode:       |
| **Day 8:**  |       |       |       |
| Postcode:       | Postcode:       | Postcode:       |
| **Day 9:**  |       |       |       |
| Postcode:       | Postcode:       | Postcode:       |
| **Day 10:**  |       |       |       |
| Postcode:       | Postcode:       | Postcode:       |

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| **Exposure log** |
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Activities in the 10 days prior to onset of symptoms

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| Regular journey routes (for example, details of regular route to work): |       |
| Usual places of grocery shopping (Please include sites postcode, regular route to amenities): |       |

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

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| **Exposure** | **Yes/No** | **Details**(name, location, postcode and so on) | **Exposure** | **Yes/No** | **Details**(name, location, postcode and so on) |
| Domestic or commercial spa or hot tub |  |       | Air conditioning |  |       |
| Showers (other than home shower) |  |       | Car or jet washes |  |       |
| Fountains or ornamental water features |  |       | Water displays in shopping or garden centre |  |       |
| Food displays with water mists |  |       | Gardening or potting soil or using compost |  |       |
| Dental practice |  |       | Other |  |       |

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| Residential property type (if ‘Other’ please specify below): |  |

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| Other residential property details (for example, owner occupier, rented- private or social housing, multi-occupancy: number of floors?): |       |

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| Recent plumbing involving home water system |  |
| Details of plumbing work (what, when and by whom was work done? Case’s exposure?): |       |

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| In the last 6 months, did the patient get a new hot water boiler or central heating boiler? |  |
| If yes: | What is the brand name?      Is it a combi boiler (no hot tank) or a boiler with a hot water tank? If combi boiler, is it set to an eco setting?  |
| Regardless of whether system is new or not, what temperature is hot water boiler or central heating boiler set to? (for example, eco setting) |  |
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| Any other relevant information\*: (including additional occupational details from page 2) |       |

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| **Risk factor information** |
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 Possible healthcare (hospital) associated case **.**

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| Has the patient been associated with a hospital during the 10 days **before** symptom onset? |  |

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| If ‘Yes’, please specify and complete the appropriate section: |

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| Was the patient **admitted** to hospital at any time in the 10 days **before** symptom onset? |  |

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| Hospital of admission: |       | Ward or unit: |       |

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| Date of admission: |

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| Day (dd) | Month (mm) | Year (yyyy) |
|    |  |      |

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| If the patient was **transferred** from another hospital within the incubation period, please give details: |
| Hospital prior to transfer: |       |
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| Dates of stay: |

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| Day (dd) | Month (mm) | Year (yyyy) |
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| Day (dd) | Month (mm) | Year (yyyy) |
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| Did the patient **visit** a hospital in the 10 days before symptom onset? (for example, visiting patient, outpatient appointment?) |  |
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| Details (**date**, location of visit, name of outpatient clinic): |       |

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| Did the patient **work** in a hospital at any time in the 10 days **before** symptom onset?  |  |

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| Details (**dates** worked, job involved, location?): |       |

Possible travel associated case (abroad and within the UK) .

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| Travel details will be provided to public health authorities in the country of travel unless the colleagues from the reporting HPT inform the national surveillance team at Colindale otherwise. |

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| Did the patient have overnight travel abroad and/or within the UK in the 2 to 10 days before onset of symptoms? |  |

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| **Accommodation sites**Does the patient **consent** to details of any accommodation sites being shared with necessary agencies for investigative purposes? (commercial **or** private, for example, personal private homes or those of friends or family) |  |

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| Name of hotel or accommodation | Hotel or accommodation address | Country | Arrival date(dd/mm/yyyy) | Departure date(dd/mm/yyyy) |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |

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| Tour operator: |       |

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| Were any fellow holiday makers known to be ill with similar symptoms? |  |

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| If ‘Yes’, please provide details (for example, were they part of the same tour group? Did they stay at the same accommodation sites?)  |
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| Additional travel information |
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| **Microbiology results** |
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At least one of these tests must have a positive result.

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| Please arrange for **all** urinary antigen positive and PCR positive cases to have a lower respiratory tract sample collected from the patient and sent directly to the reference laboratory, Colindale for **free** culture and typing. |

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| Name of laboratory where testing was undertaken: |       |

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| Urinary antigen detection [ ]  | Sample sent to reference lab [ ]  |

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| Specimen date(dd/mm/yyyy) | Manufacturer and kit used | Result |
|       |       |  |
|       |       |  |

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| Microbiology test | Sample sent to reference lab? | Specimen date (dd/mm/yyyy) | Specimen | Species | Serogroup | Result |
|  | [ ]  |       |  |  |  |  |
|  | [ ]  |       |  |  |  |  |
|  | [ ]  |       |  |  |  |  |
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| If ‘Other’ test type, please specify what test: |       |

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| **Environmental investigations** |
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| Has sampling of water systems been requested? |  |

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| Location of sampling(for example, patient’s home, hospital, industrial or commercial, and so on) | Additional comment **(**for example, domestic hot water tap, cooling tower) | Result(Positive or negative) |
|       |       |  |
|       |       |  |

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