

Legionellosis

West Virginia Electronic Disease Surveillance System

Division of Surveillance and Disease Control
 Infectious Disease Epidemiology Program
 Phone: 304-558-5358 or 800-423-1271 in West Virginia
 Fax: 304-558-8736

Investigation Information

* indicates required fields

Investigation Status*
 Closed Open Regional Review State Review Superseded Unassigned

Case Status*
 Confirmed Not a Case Probable Suspect Unknown

Patient Information

* indicates required fields

Last Name*	First Name*	Middle Initial
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Street Address

City	County	State West Virginia	Zip
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Is the patient's residence a:
 Correctional Facility (Specify) _____ Long Term Care Facility (Specify) _____
 Shelter or Group Home (Specify) _____ None of the above

Home Phone ###-###-####	Ext.	Other Phone ###-###-####	Ext.	Report Date mm/dd/yyyy
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Parent / Guardian Information

Last Name	First Name	Middle Initial	Relationship to Patient
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Check if address is same as above; otherwise complete guardian contact information below

Guardian Street Address

City	County	State West Virginia	Zip
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Home Phone ###-###-####	Ext.	Other Phone ###-###-####	Ext.
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Patient Demographic Information

* indicates required fields

Sex
 Male Female Transsexual Unknown Failure to report sex/missing sex Other (Specify) _____

Date of Birth* mm/dd/yyyy	Age	Age Units <input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
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Patient Demographic Information cont.

Ethnicity
 Hispanic or Latino *Not Hispanic or Latino* *Unknown* *Failure to report ethnicity/missing ethnicity*

Race
 (Check all that apply)
 American Indian or Alaska Native *Asian*
 Black or African American *Native Hawaiian or Other Pacific Islander* _____
 White *Unknown*
 Failure to report race/missing race *Some Other Race* _____

Outcome and Clinical Information

Date of onset of symptoms
 mm/dd/yyyy

Date of diagnosis
 mm/dd/yyyy

Was patient hospitalized for this disease?

Yes *No* *Unknown*

Name of Hospital

Date of Admission

mm/dd/yyyy

Patient outcome from this disease:

Died *Survived* *Unknown*

Date of Death

mm/dd/yyyy

Diagnosis
 Legionnaires' Disease (Pneumonia, X-ray diagnosed) *Pontiac Fever (Fever, myalgia without Pneumonia)*
 Other _____ *Unknown*

Laboratory Testing

Check all methods of diagnosis which apply:

Culture:

Culture Positive

Yes *No* *Unknown*

If Yes, Date

mm/dd/yyyy

If Yes, Site

Blood *Lung Biopsy* *Pleural Fluid* *Respiratory Secretions* *Other (Specify)* _____

Species

Serogroup

DFA:

DFA positive

Yes *No* *Not Done*

If Yes, Date

mm/dd/yyyy

If Yes, Site

Lung biopsy *Respiratory secretions* *Pleural fluid* *Blood* *Other* _____

Species

Serogroup

Fourfold rise in antibody titer:

Fourfold rise in antibody titer

Yes *No*

If Yes, Initial (acute) titer

Date

Species

Serogroup

If Yes, Convalescent titer

Date

Species

Serogroup

Urine Antigen Positive

Yes *No*

If Yes, Date

mm/dd/yyyy

Check all methods of diagnosis which apply: cont.

Laboratory Name	Phone ### - ### - ####	Ext.	Fax Number ### - ### - ####
Address			
State: West Virginia		Zip:	
Reporting Source			
Last Name		First Name	
Phone ### - ### - ####	Ext.	Fax ### - ### - ####	
Facility			
Address			
City	State West Virginia	Zip	
E-mail			
Provider with Further Patient Information			
Last Name		First Name	
Phone ### - ### - ####	Ext.	Fax ### - ### - ####	
Address			
City	State West Virginia	Zip	
Public Health Investigation			
Name of Person Interviewed	Relationship to Patient	Date reported to public health mm/dd/yyyy	
Investigator	Date public health investigation began mm/dd/yyyy	Health Department	Phone ### - ### - ####
Ext.			
Investigation ID	Part of an Outbreak? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Outbreak Name	Lost to follow-up? <input type="radio"/> Yes <input type="radio"/> No

Clinical Information

Possible Source of Exposure:

In the Two Weeks Before Onset, Did Patient:

Travel or stay overnight somewhere other than usual residence?
 Yes No Unknown

If yes, give cities and lodging where available:

City	Lodging

Have Dental Work? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Visit Hospital as an Outpatient? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Work in a Hospital? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Was Case Hospital Related (nosocomial)?

- Not Nosocomial: No inpatient or outpatient hospital visits in the 10 days prior to onset of symptoms*
 Definitely Nosocomial: Patient hospitalized continuously for 10 or more days before onset of legionella infection
 Possible Nosocomial: Patient hospitalized 2 - 9 days before onset of legionella infection
 Unknown
 Other _____

Was this patient's legionella infection:

(check one)

-
- Associated with outbreak (please specify)*
-
- Sporadic case*
-
- Unknown*

Describe public health action taken

Interviewer Identification

Interviewer Name	
Affiliation	Telephone number ###-###-####
Date of Interview mm/dd/yyyy	