SUSPECTED LEGIONNAIRES' DISEASE CASE INVESTIGATION FORM

NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division in the National Health Laboratory Service

Reporter's details:	**Please submit this form to:**
Form completed by: _____ Date of report: _____ Tel contact number/s: _____ Email address:_____	1.District Dept of Health as per local protocol – 2.Copy to Outbreak Response Unit, NICD: nicolew@nicd.ac.za; genevien@nicd.ac.za;

Patient Details

Name		Surname			
Age		Gender	Female ☐ Male ☐		
Home address					
Tel numbers	Home		Work		Cell
Occupation		Job description			
Work address					

Clinical History

Date of onset of symptoms				
Tick main clinical features (if other, please specify)	Chest pain ☐	Confusion ☐	Cough ☐	Diarrhoea ☐
	Lethargy ☐	Shortness of breath ☐	Other:	
Is patient immunosuppressed? (if other, please specify)	Chemotherapy ☐	Long term steroids ☐	Organ transplant ☐	
	Splenectomy ☐	HIV ☐	Other:	
		CD4 count if known: _____		
Does patient have any underlying condition/s? (if other, please specify)	COPD/emphysema ☐	Liver disease ☐	Heart disease ☐	
	Other lung disease ☐	Diabetes ☐	Other:	
	Previous TB ☐	Patient currently on TB therapy ☐		

Does patient smoke?	Yes ☐	No ☐	Ex-smoker ☐
Was the patient hospitalised?	Yes ☐	No ☐	
Hospital of admission		Date of admission (dd/mm/yyyy)	
Was patient admitted to high care/ICU?	Yes ☐ No ☐	Did patient require mechanical ventilation?	Yes ☐ No ☐

Findings on admission (if available):	Temp (deg C):	Respiratory rate:	Pulse rate:
	BP:	Patient short of breath ('dyspnoea')? Yes ☐ No ☐	Patient coughing? Yes ☐ No ☐
	Confusion? Yes ☐ No ☐	Other (please specify):	
Chest X-Ray findings:			

Lab investigation results on admission (if available):	FBC			U&E		
	Hb:	Wcc:	Plt:	Na:	Urea:	Creatinine:
	CRP:					

Antibiotic therapy	Did patient receive antibiotics during hospitalisation? Yes ☐ No ☐ If yes, please specify:		
	Antibiotic	Date started	Date stopped

Patient Status

Outcome	Died ☐	Recovered ☐	Still hospitalised ☐	Unknown ☐

Travel in the two weeks prior to onset of symptoms

Did patient travel outside of usual place of residence in 2 weeks prior to onset of symptoms?

Yes ☐ No ☐ Unknown ☐

If yes, was travel within South Africa? Yes ☐ No ☐
If yes, please specify:

Arrival date	Departure date	Province and town	Details of accommodation (family/hotel etc)

Was travel to another country/ies? Yes ☐ No ☐
If yes, please specify:

Arrival date	Departure date	Country and town/city	Details of accommodation (family/hotel/ship etc)

Patient's usual places of shopping	

Was the patient exposed to the following in 2 weeks prior to onset of symptoms?
(including during any travel within country/to another country etc)

Exposure	Yes/No	Details	Exposure	Yes/No	Details
Jacuzzi			Jet washes		
Showers			Irrigation (gardens/ golf courses/ crops etc)		
Car washes					
Air conditioning			Use of compost (gardening etc)		
Food displays with water mists					
Water displays in shopping/garden centres			Other:		

Any recent repairs on property/garden? (e.g. plumbing, ponds, swimming pools)	Yes ☐ No ☐ If yes, give details:

Healthcare risk factor information

Did the patient visit a dentist during the 2 weeks prior to onset of symptoms?	Yes ☐ No ☐ If yes - Dentist's name:_____ Dentist's address:_____ Date/s of consultation:
Was the patient hospitalised at any time during the 2 weeks prior to onset of symptoms?	Yes ☐ No ☐ If yes – Hospital name:_____ Date/s of hospitalisation:
Did the patient visit a hospital at any time in the 2 weeks prior to onset of symptoms? (e.g. outpatient appointments, visiting another patient)	Yes ☐ No ☐ If yes – Hospital name:_____ Date/s of visit/s:

Water and plumbing at place of usual residence

Tick best description of patient's usual place of residence:

Permanent house on a separate stand		Room/flatlet attached to permanent house	
Townhouse/cluster/semi-detached house		Informal dwelling* in a backyard (*Shack/shanty/mekuku/mjondolo/hokke)	
RDP house		Informal dwelling in an informal settlement (squatter camp)	
Flat in a block of flats		Caravan/tent	
Unit in a retirement village		Other (specify):	
Permanent formal structure (house/flat/room/'cottage') in a backyard			

Tick best description of usual water sources (may be >1 source):

Municipal water supply directly into residence (by taps)		River/dam water (collected in containers)	
Municipal water supply to standpipe in yard		River/dam water pumped directly to residence/standpipes etc	
Municipal water supply to communal standpipe		Stored rain-water (in tanks etc)	
Municipal water supply by communal JoJo tanks		Other (specify):	

Tick which water heating method/s are used:			
Electric geyser		Solar geyser	
Gas-powered geyser (also called a 'water heater')		- If solar geyser, is it a low-pressure system? Yes ☐ No ☐ Unknown ☐	
Other (specify):		Water boiled on stove etc	

NOSOCOMIAL QUESTIONS

Patient Details

Risk factors /underlying medical condition:

Immune suppression	yes	no	unknown	Heart disease	yes	no	unknown
Diabetes	yes	no	unknown	Lung disease	yes	no	unknown
Cancer	yes	no	unknown	Kidney disease	yes	no	unknown
Organ transplantation	yes	no	unknown	Cigarette smoking	yes	no	unknown

Hospital Related Questions

1. Did patient visit a hospital as an outpatient one month prior to onset of illness?	yes	no	unknown

If yes, please complete the table below:

Name of hospital	Date of visit	Reason for visit: patient/visitor/staff	Places visited e.g. ward, x-ray, pharmacy etc
i.			
ii.			
iii.			
iv.			

2. Was patient admitted to hospital one month before onset of illness? (include current hospitalisation)	yes	no	unknown

If yes, please complete tables 2.1 and 2.2 below:

Table 2.1

Name of hospital	Reason for admission	Ward(s) of admission	Date of admission	Date of discharge/death
i.				
ii.				
iii.				

Table 2.2: Places/wards/theatres etc visited whilst admitted

Name of place	Date	Reason for visit
i.		
ii.		
iii.		

3. Whilst in hospital, did patient receive any of the following?

	Yes	No	Unknown	Date started	Date stopped
Nebuliser					
Nasogastric feeding					
Wound care					
Ventilator tubing					
General anaesthesia					
Surgery					
Corticosteroid treatment					

Additional Comments