# 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: _____<br>Date of report: _____<br>Tel contact number/s: _____<br>Email address:_____ | 1.District Dept of Health as per local protocol –<br>2.Copy to Outbreak Response Unit, NICD:<br>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<br>(if other, please specify) | Chest pain ☐ | Confusion ☐ | Cough ☐ | Diarrhoea ☐ |
| | Lethargy ☐ | Shortness of breath ☐ | Other: | |
| Is patient immunosuppressed?<br>(if other, please specify) | Chemotherapy ☐ | Long term steroids ☐ | Organ transplant ☐ | |
| | Splenectomy ☐ | HIV ☐ | Other: | |
| | | CD4 count if known: _____ | | |
| Does patient have any underlying condition/s?<br>(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<br>(if available): | Temp (deg C): | Respiratory rate: | Pulse rate: |
| | BP: | Patient short of breath ('dyspnoea')?<br>Yes ☐ No ☐ | Patient coughing?<br>Yes ☐ No ☐ |
| | Confusion?<br>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 ☐<br>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?<br>(e.g. plumbing, ponds, swimming pools) | Yes ☐ No ☐<br>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 ☐<br>If yes -<br>Dentist's name:_____<br>Dentist's address:_____<br>Date/s of consultation: |
| Was the patient hospitalised at any time during the 2 weeks prior to onset of symptoms? | Yes ☐ No ☐<br>If yes –<br>Hospital name:_____<br>Date/s of hospitalisation: |
| Did the patient <u>visit</u> a hospital at any time in the 2 weeks prior to onset of symptoms?<br>(e.g. outpatient appointments, visiting another patient) | Yes ☐ No ☐<br>If yes –<br>Hospital name:_____<br>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 |
| --- |
| |