### CDC 9069

#### LEGIONELLOSIS CASE REPORT

(DISEASE CAUSED BY ANY LEGIONELLA SPECIES)

<table>
<thead>
<tr>
<th>State Health Dept Case No.</th>
<th>Reporting State</th>
<th>(CDC use only) Case No.</th>
<th>City</th>
<th>State of Residence</th>
</tr>
</thead>
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<thead>
<tr>
<th>Occupation</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Place of Employment</th>
<th>Date of Birth</th>
<th>Date of Onset of Illness</th>
</tr>
</thead>
</table>

| | | 1 | M | 1 White | | |
| | | 2 | F | 2 Black | | |
| | | 4 | Asian/Pacific Islander | | | |
| | | 5 | Not Specified | | | |

1. **ILLNESS**
   - 1 ☐ Legionnaires’ disease (w/ pneumonia)
   - 2 ☐ Pontiac fever

2. **CLASSIFICATION**
   - 3 ☐ Confirmed
   - 4 ☐ Suspect

3. **COMPATIBLE CLINICAL ILLNESS**
   - ☐ Fever >100°F
   - And, >2 of the following signs and symptoms:
     - ☐ Cough
     - ☐ Headache
     - ☐ Body aches
     - ☐ Fatigue

   Was pneumonia diagnosed either clinically or through imaging (X-ray or CT scan): ☐ Yes  ☐ No

4. **LABORATORY DIAGNOSIS** (Fill out sections that apply)

   Date of 1st Laboratory Test: [month/day/year]
   Date of 2nd Laboratory Test (if applicable): [month/day/year]

   **Confirmed Case**:
   - ☐ Urine Antigen
   - ☐ Culture
     - lung tissue
     - respiratory secretions
     - pleural fluid
     - other (specify)
   - species________serogroup________
   - ☐ 4-fold rise in antibodies to *Legionella pneumophila* group 1
     - Acute Titer 1:_____  Convalescent Titer 1:_____  

   **Suspect Case**:
   - ☐ 4-fold rise in antibodies to *Legionella* species or serogroups OTHER THAN *Legionella pneumophila* group 1
     - Acute Titer 1:_____  Convalescent Titer 1:_____  
   - ☐ Direct fluorescent antibody testing (DFA)
   - ☐ Immunohistochemistry (IHC)
   - ☐ Polymerase Chain Reaction (PCR)

5. **POSSIBLE SOURCE OF EXPOSURE** (In the 10 days before onset of illness, did the patient):

   - ☐ Travel overnight
     - If yes, where (city/state)__________________________________________
     - Dates of stay______________________________________________________
     - Names of Hotels/Motels (if applicable)______________________________

   - ☐ Went to a hospital as an outpatient
   - ☐ Went to a hospital as a visitor
• Work in a hospital
• Hospitalized (inpatient)

If yes to any of the above name and location of the hospital

Name ________________________________________________________________
City ________________________________________________________________

• In the vicinity or had been in a hot tub, whirlpool or swimming pool

If yes, name and location

Name ________________________________________________________________
City ________________________________________________________________

6. Was the case hospital or nursing home related (nosocomial)?

Check one of the following:

☐ Not nosocomial  no inpatient or outpatient hospital visits or nursing home stay in the 10 days prior to onset

☐ Possible nosocomial  Patient/resident was hospitalized, or resided in a nursing home 2-9 days before the onset of Legionella symptoms.

☐ Definite nosocomial  Patient/resident was hospitalized or resided in a nursing home for > 10 days before onset of Legionella symptoms

☐ Unknown

☐ Other

7. UNDERLYING DISEASE AT DATE OF ONSET

Cancer without current therapy  Yes  No  Unk
Cancer with current therapy
Transplant recipient
Renal dialysis
Systemic corticosteroids
Other immunosuppressant medication
Diabetes mellitus
Current or former smoker

8. Was the patient's legionella infection:

☐ Associated with an outbreak  ☐ Sporadic case  ☐ Unknown

(If outbreak-associated, specify location)___________________________________________________________

9. Was patient hospitalized for legionellosis?  ☐ yes  ☐ no  Hospital

Name:__________________________________________________________________________
Dates of Hospitalization (mm/dd/yr)___________________________________________________

10. OUTCOME OF PATIENT’S DISEASE (CHECK ONE)

☐ Survived  ☐ Died  ☐ Unknown

Interviewer________________________________________________       Affiliation_______________________________________________

Mo              day                   year