- LEGIONELLOSIS ACTIVE BACTERIAL CORE SURVEILLANCE CASE REPORT -									
Patient's Name:	Patient's Name: Phone No.: () (Last, First, MI.) Patient								
Address:		(Number, Street, Apt.	. No.)		Chart No.:				
	2000		(Zip Code)	Hospi	tal:				
(City, S		ad to CDC	(Zip Gode)						
- Patient identifier information is not transmitted to CDC - DEPARTMENT OF 2013 LEGIONELLOSIS ACTIVE BACTERIAL CORE									
HEALTH AND HUMAN SERVICE CENTERS FOR DISEASE CONT									
AND PREVENTION ATLANTA, GA 30333	AND PREVENTION SOUND ELECTRONICE PROVIDENTIAL AND THE PROVIDENT AND THE								
- SHADED AREAS FOR OFFICE USE ONLY - OMB No. 0920-0978									
1									
1. STATE: (Residence of Patient)	2. COUNTY: (Residence of P	Patient)	3. STATE I.D.:	4a. HOSPITAL/LAB I CULTURE IDENT		4b. HOSPITAL I.D. WHERE PATIENT TREATED:			
	,			POSITIVE TEST:					
5.STATE HEALTH DEPT. ((From CDC Legione		6.DATE OF SYMPTOM O OF LEGIONELLOSIS:			nission.	Data of discharges			
case report form for		NOT date of admiss	sion)	Mo. Day		Date of discharge: Mo. Day Year			
surveillance):		Mo. Day	Year 1 Yes	2 No					
7b. If patient was hospit was this patient adn		the patient require 8 chanical ventilation?	8a. Excluding the current hospitaliza patient hospitalized at any time	in the 10 days		8b. If YES, hospital I.D.:			
the ICU during hosp	italization?		prior to illness onset?	in die to uays					
1 🗌 Yes 2 🗌 No		Yes No	If yes, Mo. Day Date of	Year Date	Mo. Day	Year			
9 Unknown	9		admission:	of discharge:					
9a. Where was the patient a resident in the 10 days prior to illness onset? 9b. If resident of a facility, 10a. Was patient transferred 10b. If YES, hospital I.D.:									
(Check all that apply)	1 ∏ н	lomeless 1 🗌	Acute care hospital	what was the name of the facility?	from another				
			Other (<i>specify</i>)		1 🗌 Yes 2				
-	-		Unknown	-	9 Unknowr	1			
		12a, AGE:	13 SEX	14a ETHNIC OBIGIN	14h BACE: (Check	all that annly)			
11. DATE OF BIRTH: Mo. Day	Year	12a. AGE: (at time	13. SEX:	14a. ETHNIC ORIGIN:	14b. RACE: (Check 1 White	all that apply) 1 🗌 Asian			
_	Year	(at time of onset)		1 Hispanic or Latino	1 White	1 🗔 Asian 1 🗔 Native Hawaiian			
_	Year	(at time of onset) 12b. Is age in day/mo	1 ☐ Male 0/yr? 2 ☐ Female		1 🗌 White 1 🗌 Black 1 🗌 Americal	1 ☐ Asian 1 ☐ Native Hawaiian or Other Pacific Islander			
Mo. Day	Year	(at time of onset)	1 ☐ Male 0/yr? 2 ☐ Female	1 Hispanic or Latino 2 Not Hispanic or Latin	1 🗌 White 1 🗌 Black	1 ☐ Asian 1 ☐ Native Hawaiian or Other Pacific Islander			
_	Year 	(at time of onset) 12b. Is age in day/mo	1 Male o/yr? 2 DS. 3 Yrs. 16. TYPE OF INSURANCE: (Check	1 Hispanic or Latino 2 Not Hispanic or Latin 9 Unknown k all that apply)	1 White 1 Black 1 American or Alaska	1 Asian 1 Native Hawaiian or Other Pacific Islander a Native 1 Unknown			
Mo. Day	oz OR	(at time of onset) 12b. Is age in day/mo 1 Days 2 Mo _ kg OR Unknown	0/yr? 1 Male 2 Female 0s. 3 Yrs. 16. TYPE OF INSURANCE: (Check 1 Private	1 Hispanic or Latino 2 Not Hispanic or Latin 9 Unknown <i>k all that apply)</i> 1 Military	1 White 1 Black 1 American or Alaska 1 0	1			
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Mo. Day	oz OR in OR OR Unknown Unknown Survived 2 Diec NVE A CHEST CT OR (3 Both 4 Ne	(at time of onset) 12b. Is age in day/mo 1 Days 2 Mo _ kg OR Unknown _ cm OR Unknown d 9 Unknown CHEST X-RAY WITHIN 72 bither 9 Unknown	1 Male o/yr? 2 ps. 3 Yrs. 16. TYPE OF INSURANCE: (Check 1 Private 1 Male 2 Female 10 Private 1 Medicare 1 Medicaid/state assistance 18. If patient died, was the initial	1 Hispanic or Latino 2 Not Hispanic or Latino 9 Unknown k all that apply) 1 Military 1 Indian Health re program 1 Incarcerated al culture or first positive test of 20. W	1 White 1 Black 1 Americal or Alaska 1 O n Service (IHS) 1 U 1 U 1 U 1 U	1 Asian 1 Native Hawaiian or Other Pacific Islander a Native 1 Unknown ther (specify) ninsured nknown ' 1 Yes 2 No 9 Unknown			
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Mo. Day Isa. UBGHT: Ibs 15b. HEIGHT: ft Ibs 15b. HEIGHT: ft Ibs 15c. BMI: ft Ibs 17. OUTCOME: 1 19. DID THE PATIENT HA 1 □ CT 2 □ X-ray If yes, check all that at at at at a consolidation 1 □ Single lobar 1 □ Multiple lobar inf 21. Did this patient have a positive flu test 10 days prior to or following a positive Legionella culture?	oz OR	(at time of onset) 12b. Is age in day/mo 1 Days 2 Mo 2 Mo 4 G R Unknown CHEST X-RAY WITHIN 72 6 Unknown CHEST X-RAY WITHIN 72 6 Unknown 0 Gy repact: 1 Air space/alveolar density/op 1 Atelectasis 2 Cavitation 9 Pleural effusion 9 Pleural effusion 9 Pleural effusion 9 Pneumonitis 9 Pleural effusion 9 Pneumonitis 9 Pleural effusion 1 Pneumonitis 9 Pleural effusion 1 Pneumonitis 9 Pleural effusion 1 Pneumonitis 1 Pleural effusion 1 Pneumonitis 1 Check all that app ponnaires' disease) acterial pneumonia) nonia due to other specifili r gram-negative bacteria) monia due to other specifili r gram-negative bacteria information unless it	1 Male 0/yr? 2 ps. 3 Yrs. 16. TYPE OF INSURANCE: (Check 1 Private 1 Medicare 1 Medicaid/state assistance 18. If patient died, was the initia Provide 1 ARDS (acute respirat 1 Cannot rule out pneu 1 No evidence of pneur 1 Report not available 1 Other (specify) pacity/isease 1 483.8 (pneum 1 484.8 (pneum 1 484.8 (pneum 1 484.8 (pneum 1 484.8 (pneum 1 1484.8 (pneum	1 Hispanic or Latino 2 Not Hispanic or Latino 9 Unknown k all that apply) 1 1 Indian Health ce program 1 Incarcerated al culture or first positive test of ory distress syndrome) monia nonia 9 rial pneumonia unspecified) onia due to other specified orgamonia due to other specified orgamonia due to other specified orgamonia in infectious diseases classionia in infectionia in infectious diseases	1 White 1 Black 1 American or Alasking 1 American or Alasking 1 On 1 Service (IHS) 1 U 1 U 1 U 1 U 1 U 1 U 1 U 1 U 1 U 0 Obtained from autopsy? AS THE PATIENT DIAGNUM Yes Ves Pontiac fever (fever a second secon	1 Asian 1 Native Hawaiian or Other Pacific Islander a Native 1 Unknown 1 ther (specify)			

CDC 52.15C REV. 01-2013

- LEGIONELLOSIS ACTIVE BACTERIAL CORE SURVEILLANCE CASE REPORT -

23. UNDERLYING CAUSES OR PRIOR ILLNESSES: (Check all 1 AIDS or CD4 count <200 1 AIcohol Abuse, Current 1 AIcohol Abuse, Past 1 Asthma 1 Atherosclerotic Cardiovascular Disease (ASCVD)/CAD 1 Bone Marrow Transplant (BMT) 1 Cerebral Vascular Accident (CVA)/Stroke 1 Chronic Renal Insufficiency 1 Cirrhosis/Liver Failure 1 Complement Deficiency 1 Dementia 1 Diabetes Mellitus		1 Dysphagia 1 1 Emphysema/COPD 1 1 Heart Failure/CHF 1 1 HIV Infection 1 1 Hodgkin's Disease/Lymphoma 1 1 Immunoglobulin Deficiency 1 1 Immunosuppressive Therapy 1 1 Istroids, Chemotherapy, Radiation) 1 1 IVDU, Current 1		Multiple Sclerosis Nephrotic Syndrome Neuromuscular Disorder Obesity Other Drug Use, Current Other Drug Use, Past Parkinson's Disease Peripheral Neuropathy Plegias/Paralysis	Unknown 1 Renal Failure/Dialysis 1 Seizure/Seizure Disorder 1 Sckle Cell Anemia 1 Smoker, Current 1 Smoker, Former 1 Solid Organ Malignancy 1 Solid Organ Transplant 1 Splenectomy/Asplenia 1 Systemic Lupus Erythematosus (SLE) 1 Other (<i>specify</i>)					
Legionella Test	Was this test ordered?	Date Collected	Site	Result	Species					
24. Urine Antigen, EIA	2 🗆 No 9 🗆 Unknown	//		2 Negative 9 Unknown or Indeterminate						
25. Culture	1	//	1 Sputum 2 BAL/bronchial washing 3 Lung tissue 4 Pleural fluid 5 Blood 8 Other (<i>specify</i>)	1	1 □ L. pneumophila If yes, list serogroup: 1 □ serogroup 1 8 □ Other (specify) 9 □ Unknown 2 □ L. species (non-pneumophila) 8 □ L. species, other (specify) 9 □ L. species, unknown or not specified					
26. Paired Serology, IFA or ELISA	Acute 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	Acute		Acute 1 □ Positive If yes, titer: 2 □ Negative 9 □ Unknown or Indeterminate	Acute Species:					
	Convalescent 1 Yes 2 No 9 Unknown	Convalescent		Convalescent 1 □ Positive If yes, titer: 2 □ Negative 9 □ Unknown or Indeterminate	Convalescent Species: Serogroup(s):					
27. PCR (direct specimen only)	1 □ Yes 2 □ No 9 □ Unknown	//	1 Sputum 2 BAL/bronchial washing 3 Lung tissue 4 Pleural fluid 5 Blood 8 Other (<i>specify</i>)	1 □ Positive 2 □ Negative 9 □ Unknown or Indeterminate	1 □ L. pneumophila 2 □ L. species (non-pneumophila) 8 □ L. species, other (specify) 9 □ L. species, unknown or not specified					
28. DFA (direct fluorescence assay, direct specimen only)	1 □ Yes 2 □ No 9 □ Unknown	//	1 Sputum 2 BAL/bronchial washing 3 Lung tissue 4 Pleural fluid 5 Blood 8 Other (<i>specify</i>)	1 □ Positive 2 □ Negative 9 □ Unknown or Indeterminate	1					
29. IHC (immunohistochemistry)	1	//	1 Sputum 2 BAL/bronchial washing 3 Lung tissue 4 Pleural fluid 5 Blood 8 Other (<i>specify</i>)	1	1 □ L. pneumophila If yes, list serogroup: 1 □ serogroup 1 8 □ Other (specify) 9 □ Unknown 2 □ L. species (non-pneumophila) 8 □ L. species, other (specify) 9 □ L. species, unknown or not specified					
30. COMMENTS:										
	– SURVEILLANCE OFFICE USE ONLY –									
identified through throug audit? diseas	as this case also identified 3 h routine passive notifiable se surveillance? 'es 2 No 9 Unknown	33. CRF Status: 1 Complete 2 Incomplete 3 Edited & Corrr 4 Chart unavaile after 3 reques			36. Date reported to EIP site: 37. Initials of S.O.: Mo. Day Year					
				· · · · ·	Date://					
Physician's Name: CDC 52.15C REV. 01-2013	Physician's Name:									
000 02.100 NEV. 01-2013		- LEGIONELLUSIS	ACTIVE BACTERIAL CORE SURVEILLA	NUL UNJE NEFUNI -	Page 2 of 2					