 LEGIONELLOSIS ACTIVE BACTERIAL CORE SURVEILLANCE CASE REPORT - 							
Patient's Name:		_ Phone No.: ()					
(Last, First, MI.)		Patient					
Address:		Chart No.:					
(Number, Street, Apt. N).)						
	Hospital:						
(City, State)	(Zip Code)						

- Patient identifier information is not transmitted to CDC -

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL
AND PREVENTION

2013 LEGIONELLOSIS ACTIVE BACTERIAL CORE Surveillance (ABCs) Case Report



ATLANTA, GA 30333	A C	CORE COMPONE		DED AREAS FOR OFF		S PROGRA	AM NEIWOR	N. 3841	OMB No. 0920-0978
1. STATE: (Residence of Patient)	2. COUNTY: (Residence of F	Patient)	3. STATE I.	D.:	CULTI	ITAL/LAB I.D. Ure identifie Ive test:	WHERE FIRST ED OR FIRST		AL I.D. WHERE I TREATED:
5.STATE HEALTH DEPT. (From CDC Legione case report form for surveillance):	llosis	6.DATE OF SYMPTOM OF LEGIONELLOSIS: NOT date of admiss Mo. Day	(note this is	7a. WAS PATIE HOSPITALIZE 1 Yes	:D? If \	YES, date of addition of the date of the d	dmission: Year	Date of disc	charge: Day Year
7b. If patient was hospitalized, was this patient admitted to the ICU during hospitalization? 1 Yes 2 No 9 Unknown 1 Yes 2 No 9 Unknown 8b. If YES, hospital I.D.: 1 Yes 2 No 9 Unknown 1 No Day Year Date of admission: 1 Date of admission:									
9a. Where was the patie (Check all that apply) 1 Private residence 1 Long term care 1	e 1 🗆 F	ncarcerated 1	Acute care hos	pital	9b. If resident of what was the the facility?		10a. Was patient from another 1 Yes 2 9 Unknow	hospital?	Ob. If YES, hospital I.D.:
Mo. Day	Year	12a. AGE: (at time of onset) 12b. Is age in day/mo	·	13. SEX: 1	14a. ETHNIC ORIG 1 ☐ Hispanic o 2 ☐ Not Hispan 9 ☐ Unknown	or Latino	14b. RACE: (Check 1 White 1 Black 1 America or Alask	1 ☐ 1 ☐ n Indian	Asian Native Hawaiian or Other Pacific Islander Unknown
15a. WEIGHT: lbs oz OR kg OR Unknown lbs oz OR lbs oz OR lbs oz OR lbs oz OR lbs oz OR lbs oz OR lbs oz OR lbs oz OR lbs oz OR lbs oz OR lbs oz OR lbs oz Oz Oz Oz Oz Oz Oz Oz									
17. OUTCOME: 1	Survived 2 Die	d 9 Unknown	18. If patien	t died, was the initi	ial culture or first po	sitive test obta	ained from autopsy?	? 1 ☐ Yes 2	No 9□Unknown
1 ☐ CT 2 ☐ X-ray	3 Both 4 Ne Apply from the radiol Appropriate Apply from the radiol Appropriate Apply 1 Company	CHEST X-RAY WITHIN 72 either 9 Unknown logy report: Air space/alveolar density/ol Atelectasis Cavitation Pleural effusion Pneumonitis Pulmonary edema	pacity/disease 1 1 1 1 1	□ Empyema		1 \(\) *If no \(\) 1 \(\) 8 \(\)	rHE PATIENT DIAGN Yes 2 No* 9 or unknown, choose Pontiac fever (fever Extrapulmonary infe	Unknown* syndrome or in and myalgia wi	nfection type: thout pneumonia)
21. Did this patient have a positive flu test 10 days prior to or following a positive Legionella test or positive Legionella culture?	1 482.84 (Legid 1 482 (other bat 1 482.8 (pneur 1 482.83 (othe	gnosis (check all that app onnaires' disease) acterial pneumonia) monia due to other specifi or gram-negative bacteria) umonia due to other speci	ed bacteria)	1 483 (pneum 1 483.8 (pneu 1 484 (pneum	erial pneumonia unsp ionia due to other sp imonia due to other s ionia in infectious dis imonia in infectious d	ecified organis pecified organ eases classifie	m) 1 [ism) d elsewhere) 1 [485 (broncho unspecified) 486 (pneumo unspecified) None of theso No ICD-9 coo	e listed
1 Yes 2 No	gathering and main respond to a collect information, including	rden of this collection of info ntaining the data needed, and tion of information unless it ng suggestions for reducing ompleted form to this add	nd completing a displays a curre this burden to (nd reviewing the colle ently valid OMB contro	ection of information. A ol number. Send comm	n agency may nents regarding	not conduct or spons this burden estimate	or, and a perso e or any other as	n is not required to spect of this collection of

1 — Special California Control (1) — Special Special California California (1) — Special Califor	23. UNDERLYING CAUSES	OR PRIOR ILLNESSES: (Check a	II that apply OR if NON	E <i>or</i> CHART UNAVAILABLE, <i>check</i>	appropriate box) 1 None 1	Unknown	
24. Urine Antigen, EA	1 Alcohol Abuse, Curre 1 Alcohol Abuse, Past 1 Asthma 1 Atherosclerotic Card 1 Bone Marrow Transp 1 Cerebral Vascular Ac 1 Chronic Renal Insuff 1 Cirrhosis/Liver Failur 1 Complement Deficien	iovascular Disease (ASCVD)/CAD dant (BMT) cident (CVA)/Stroke iciency	1 Emphysem: 1 Heart Failur 1 HIV Infectio 1 Hodgkin's I 1 Immunoglo 1 Immunosup (Steroids, C 1 IVDU, Curre 1 IVDU, Past	a/COPD 1	Nephrotic Syndrome Neuromuscular Disorder Obesity Other Drug Use, Current Other Drug Use, Past Parkinson's Disease Peripheral Neuropathy Plegias/Paralysis Premature Birth (specify gestationa	1 Seizure/Seizure Disorder 1 Sickle Cell Anemia 1 Smoker, Current 1 Smoker, Former 1 Solid Organ Malignancy 1 Solid Organ Transplant 1 Splenectomy/Asplenia 1 Systemic Lupus Erythematosus (SLE)	
23. Culture Acute	<i>Legionella</i> Test	Was this test ordered?	Date Collected	Site	Result	Species	
25. Culture	24. Urine Antigen, EIA	2 □ No	//		2 ☐ Negative		
Positive	25. Culture	2 □ No	//	2 □ BAL/bronchial washing 3 □ Lung tissue 4 □ Pleural fluid 5 □ Blood	2 Negative	If yes, list serogroup: 1 □ serogroup 1 8 □ Other (specify) 9 □ Unknown 2 □ L. species (non-pneumophila) 8 □ L. species, other (specify)	
Convalescent 1 Yes 2 No		1 ☐ Yes 2 ☐ No	Acute//		1 □ Positive If yes, titer: 2 □ Negative	Species:	
2 PCR	or ELISA	1 ☐ Yes 2 ☐ No	Convalescent		1 □ Positive If yes, titer: 2 □ Negative	Species:	
28. DFA (direct fluorescence assay, direct specimen only)		2 □ No	//	2 □ BAL/bronchial washing 3 □ Lung tissue 4 □ Pleural fluid 5 □ Blood	2 🗆 Negative	2 ☐ <i>L.</i> species (non- <i>pneumophila</i>) 8 ☐ <i>L.</i> species, other (<i>specify</i>)	
29. IHC (immunohistochemistry) 1 Yes 2 No 9 Unknown 1 Subtum 1 Positive 2 No 9 Unknown or Indeterminate 1 Positive 2 No 9 Unknown or Indeterminate 1 Positive 2 No No 1 No No No No No	(direct fluorescence assay, direct	2 □ No	//	2 □ BAL/bronchial washing 3 □ Lung tissue 4 □ Pleural fluid 5 □ Blood	2 Negative	If yes, list serogroup: 1	
- SURVEILLANCE OFFICE USE ONLY - 31. Was case first identified through audit? 1		2 □ No	//	2 □ BAL/bronchial washing 3 □ Lung tissue 4 □ Pleural fluid 5 □ Blood	2 ☐ Negative	If yes, list serogroup: 1 serogroup 1 8 Other (specify) 9 Unknown 2 L. species (non-pneumophila) 8 L. species, other (specify)	
- SURVEILLANCE OFFICE USE ONLY - 31. Was case first identified through audit? 1 Yes 2 No 9 Unknown Submitted By: - SURVEILLANCE OFFICE USE ONLY - 32. Was this case also identified through routine passive notifiable disease surveillance? 1 Yes 2 No 9 Unknown Through routine passive notifiable disease surveillance? 1 Yes 2 No 9 Unknown 1 Yes, previous (1st) state ID: Phone No.:() Date: / /	30. COMMENTS:	•				· · · · · · · · · · · · · · · · · · ·	
31. Was case first identified through audit? 1 Yes 2 No 9 Unknown Submitted By: 32. Was this case also identified through and it? 33. CRF Status: 1 Complete 2 Incomplete 3 Edited & Correct 4 Chart unavailable after 3 requests Phone No.: (34. Does this case have recurrent disease? 1 Confirmed 2 Suspect 1 Yes 2 No 9 Unknown If yes, previous (1st) state ID: Phone No.: (Date: /_ /							
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