

National Enhanced Legionella Surveillance Scotland.

November
2018

Version 1.0

Strictly Confidential

Objectives

- To detect clusters or outbreaks of legionella infection in the UK or abroad through the national surveillance of all reported cases in residents of Scotland.
- To identify sources of infection so that control measures can be applied to prevent further cases.
- To disseminate legionella surveillance information to all those who need to know.

Reporter's details

Form completed by

Job title

Telephone contact no

Email address

Date of report

NHS board

Please submit this form to:

Respiratory team
Health Protection Scotland,
Meridian Court, 5 Cadogan Street
Glasgow G2 6QE

Email: NSS.HPSLegionella@nhs.net

For security, only email case details to and from an nhs.net account

Legionnaires' disease is a notifiable disease. Fields highlighted are essential for the enhanced surveillance scheme. All other fields are optional for HPS surveillance but full completion may inform your investigation.

Type of case: Legionnaires' disease Pontiac Fever Asymptomatic legionella infection

1. Patient Details

Forename

Surname

Date of birth

Age

Gender (M/F)

CHI Number

Home Address

Postcode

Tel no

Mob no

Occupation

Job description

Work address

Postcode

GP name

GP telephone no

Practice name

Practice address

2. Clinical History and Patient Status

Date of onset of symptoms

Did patient have pneumonia?

Main clinical features (If 'other', please specify)

Chest pain

Confusion

Cough

Diarrhoea

Lethargy

Shortness of breath

Other

Was the patient immunosuppressed? (If 'other', please specify)

Chemotherapy

Long term steroids

Organ transplant

Splenectomy

Other

Give details of any underlying medical condition (e.g. diabetes, liver disease, heart disease, COPD, other)

Give details of any other factors (e.g. smoking)

Was the patient hospitalised? Yes No

If yes, hospital of admission (full name of hospital)

Date of admission

Was the patient admitted to a critical care facility? Yes No

Did the patient require invasive ventilation (intubation and mechanical ventilation)? Yes No

Ward

Consultant

Current status? Dead Still ill Recovered If dead, date of death

Please do not wait for the 30 day time period to be over before submitting the form to Health Protection Scotland. The form must be submitted as soon as possible with a response to the next question submitted as an update at the appropriate time.

30 day status? Dead Still ill Recovered If dead, date of death

3. Microbiology Results

At least one of these tests must have a positive result.

Name of local laboratory where microbiology was tested

Culture (respiratory sample i.e. sputum)

Date of specimen	Specimen	Species	Serogroup	Result (Positive / Negative)

Urinary Antigen detection

Date of specimen	Manufacturer and Kit used	Result (Positive / Negative / Equivocal)

Serology

Date of specimen	Assay used (Name of Kit used)	Titre					Result (Positive / Negative)
		<64	1:64	1:128	1:256	>512	
		<64	1:64	1:128	1:256	>512	

Polymerise Chain Reaction (PCR)

Date of specimen	Type of specimen	Result (Positive / Negative)

Other method (please specify)

Date of specimen	Specimen	Species	Serogroup	Result (Positive / Negative)

4. Source of Infection

Risk Factor Information

Cases are defined as hospital or travel-associated if they fulfil the criteria below.

Definitions

- **Hospital associated cases:** Patients who spent at least one night in hospital during the ten days prior to onset of symptoms.
- **Travel associated cases:** One or more overnight stays in holiday accommodation in the UK or abroad in the two to fourteen days before onset of illness.

Was there a suspected source of infection identified for this individual? Yes No

If yes, was it suspected to be:

Travel related

Hospital acquired

Community acquired

Any potentially associated others who are ill? Yes No Not known

4a. Possible Hospital Associated Case

Was the patient admitted to hospital at any time in the two weeks before onset? Yes No

Hospital of admission

Ward or Unit

Date of admission

Date of discharge

If the patient was transferred from another hospital within the incubation period, please give details

Name of hospital prior to transfer

Dates of stay to

Did the patient visit a hospital at any time in the two weeks before onset (e.g. outpatient appointments, visiting another patient)?

Details (including dates)?

4b. Possible Travel Associated Case

Did the patient travel away from home in the two weeks before onset? Yes No

Arrival Date	Departure Date	Town or Resort	Hotel or other accommodation	Room No	Country

Tour Operator (if known)?

Additional information

5. Patient's Two Week Diary

Activities in the two weeks prior to onset?

Means of regular transport

Route to work

Does your workplace have a cooling tower or evaporative condenser? Yes No Not known

Usual places of shopping

Any recent repairs on property/garden (e.g. plumbing, ponds/pools)?

Any other relevant information (e.g. occupational, healthcare)?

Was the patient exposed (in the UK or abroad) to?

Type of exposure	Yes/No	Details (e.g. name, location, postcode, date etc)
Whirlpool spas/ Hot tub	Yes No	
Showers	Yes No	
Fountains	Yes No	
Car washes	Yes No	
Jet washes	Yes No	
Air conditioning	Yes No	
Water displays in shopping or garden centre.	Yes No	
Food displays with water mists	Yes No	
Car windscreen fluid without screenwash	Yes No	
Garden sprinklers, pressure hoses	Yes No	
Respiratory equipment (e.g. nebulisers)	Yes No	
Dental equipment	Yes No	
Gardening - potting soil	Yes No	
Workplace irrigation system	Yes No	
Other 1	Yes No	
Other 2	Yes No	

Places visited, routes and journeys e.g. hotels, leisure centres, garden centres, dentists, where possible please include postcode.

Day	Morning	Afternoon	Evening
Day 1 (day before onset)			
Day 2			
Day 3			
Day 4			
Day 5			
Day 6			
Day 7			

Day	Morning	Afternoon	Evening
Day 8			
Day 9			
Day 10			
Day 11			
Day 12			
Day 13			
Day 14			

6. Environmental Investigations

Has sampling of water systems been requested? Yes No Not known

(For further information please see: <http://www.hps.scot.nhs.uk/resp/publicationsdetail.aspx?id=61062>)

If yes, please specify the laboratory carrying out tests

Location of sampling (e.g. Patient's home, hospital, industrial/commercial etc)	Additional comment (e.g. domestic hot water tap, cooling tower)	Result (Positive / Negative / Unknown)

Please update the national surveillance scheme with any outstanding or additional environmental results.

This section contains specific questions about gardening and potting exposures

Have any gardening or outdoor exposures been undertaken in the two weeks before illness?

Yes No

If yes, then please answer the following questions.

Possible water exposures in the garden:

Do you have an outside tap to use in your garden? Yes No

Frequency of use in two weeks before illness:

Never Once per week 2-4 times per week Every day

When is the last time you used it?

Do you use garden hoses? Yes No

Where are they stored when not in use?

Are they warmed by the sun during the day? Yes No

Frequency of use in two weeks before illness:

Never Once per week 2-4 times per week Every day

When is the last time you used them?

Do you have an irrigation/sprinkler system? Yes No

Is it capable of creating a fine mist? Yes No

Is this outdoor or indoor/in-greenhouse/in-hut?

Frequency of use in two weeks before illness:

Never Once per week 2-4 times per week Every day

When is the last time it was used?

What is the source of water for this system?

Do you collect rainwater in water butts? Yes No

Frequency of use in two weeks before illness:

Never Once per week 2-4 times per week Every day

When is the last time you used water from the butts?

Are the butts in the sun during the day? Yes No

When is the last time the water butts were emptied and cleaned?

Do you have a pond in your garden?	Yes	No
Is there a fountain or waterfall in this pond?	Yes	No
Do you use high-pressure water in your garden or to wash your car?	Yes	No
Frequency of use in two weeks before illness:		
Never	Once per week	2-4 times per week
		Every day

Possible compost/soil improver exposures in the garden

Do you use bags of shop-bought growing media/compost?	Yes	No
Frequency of use in two weeks before illness:		
Never	Once per week	2-4 times per week
		Every day

Where are the bags stored?

What bags have you used in the last two weeks?

Please give brand and product name details

Please give place and date where bags were bought

Note for visiting EHO: Please retain packaging and contents if possible, otherwise photograph packaging, including barcode and remove sample for analysis

Have you used farm produced composted material/soil improver in the two weeks before illness?	Yes	No
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Frequency of use in two weeks before illness:		
Never	Once per week	2-4 times per week
		Every day

What volume/weight of product?

Please provide product name, date of purchase and supplier details

Have you used farm manure in the two weeks before illness? Yes No

How long has the manure been composting?

Please provide source details and date of purchase

Do you have a compost heap? Yes No

Is your compost heap in a closed container? Yes No

How often do you add material to your compost heap?

When is the last time you turned your compost heap?

When is the last time you used material from your compost heap in your garden?

Have you bought potted plants or seedlings recently? Yes No

What did you buy?

When and where did you buy them?

Possible infection pathways

When you are using growing media/compost to plant seeds, seedlings or re-pot, are you:

Outside?	Yes	No
Inside in a greenhouse or hut?	Yes	No
Inside the house?	Yes	No
Do you wear gloves when using growing media/compost?	Yes	No
Do you wear a mask when using growing media/compost?	Yes	No
Do you smell the growing media/compost before you use it?	Yes	No
Do you eat and/or drink and/or smoke where you are using growing media/compost?	Yes	No
Do you have facilities where you can wash your hands with soap where you are using growing media?	Yes	No
Do you always wash your hands after gardening and before eating / drinking?	Yes	No
If you smoke, do you wash your hands after gardening and before smoking?	Yes	No
Do you have hanging baskets?	Yes	No
Where are the hanging baskets?	Outside	Greenhouse
Do they drip when you water them?	Yes	No
How often do you water them?		

Have samples been taken from the garden? Yes No Not known

Location of sampling	Additional comment	Result