



**LEGIONELLOSIS CASE REPORT**

(Disease caused by any Legionella Species)

Texas Department of Health

Infectious Disease Epidemiology and Surveillance Division

Austin, Texas (512) 458-7676

P A T I E N T	Name: _____ Last First MI	
	Address: _____ Street City	
_____ County State Zip Code ( ) Phone # Occupation		
DOB: ____/____/____ Age: ____ Sex: ____ Race: ____ (W=white, B=Black, I=Am Indian, A=Asian, H=Hispanic, O=Other)		
M E D I C A L	Date onset of Legionellosis: ____/____/____ Hospitalized: Yes No If yes, admit date ____/____/____	
	Hospital Name and Address: _____	
	Physician Name: _____ Phone: (____) _____	
	<b>Patient History</b> (circle all that apply) Cancer Transplant Renal Dialysis Systemic Corticosteroids	
	Other Immunosuppressant Diabetes Mellitus Smoker (>10 cigarettes/day)	
	<b>Possible Exposure</b> (circle) Sporadic Hospital Work Home Outbreak	
	Travel (location) _____ Unknown (During 2 weeks prior to onset)	
	<b>Type of Infection:</b> (circle) <b>Outcome of Illness:</b> (circle)	
	Pneumonia, X-ray diagnosis Recovered	
	Pontiac fever: fever, myalgia without pneumonia Death primary to Legionnaires= Disease, include date ____/____/____	
Other Death unrelated		
Not determined Unknown		
L A B	1) <b>Culture positive for <i>Legionella</i> from:</b>	
	Blood Urine antigen	
	Other normally sterile body site (identify site) Lungs (biopsy or culture)	
	Respiratory tract secretion	
	Other (identify)	
	3) <b>Serology</b>	
	Fourfold rise to $\geq 128$ on serologic testing of sequential samples A. Initial titer 1: _____ Acute (date) ____/____/____	
	B. Highest titer 1: _____ Convalescent (date) ____/____/____ (3-6 weeks after acute)	
	<i>Legionella pneumophila</i> Serogroup: _____	
	<i>L. dumoffii</i> <i>L. micdadei</i> Other, specify _____ Unknown	
Reported by _____ Phone (____) _____		