

19. Was this case associated with a healthcare exposure: (check one) INV1071

- 1 **Presumptive:** Patient had 10 or more days of continuous stay at a healthcare facility during the 14 days before onset of symptoms.
- 2 **No:** No exposure to a healthcare facility in the 14 days prior to onset
- 3 **Possibly:** Patient had exposure to a healthcare facility for a portion of the 14 days prior to onset
- 8 **Other (specify)** _____
- 9 **Unknown**

20. In the 14 days before onset, did patient visit or stay in an assisted living facility or senior living facility? (check one) INV1072 1 Yes 2 No 9 Unknown

TYPE OF FACILITY INV1074	TYPE OF EXPOSURE INV1075	NAME OF FACILITY INV1076	CITY INV1078	DATE OF VISIT	
				START DATE	END DATE
1 <input type="checkbox"/> Assisted Living	1 <input type="checkbox"/> Resident 2 <input type="checkbox"/> Visitor or Volunteer 3 <input type="checkbox"/> Employee			INV1081	INV1082
2 <input type="checkbox"/> Senior Living (Includes retirement homes without skilled nursing or personal care)	1 <input type="checkbox"/> Resident 2 <input type="checkbox"/> Visitor or Volunteer 3 <input type="checkbox"/> Employee				

21. Was this case associated with a known outbreak or possible cluster? (check one) 1 Yes 2 No 9 Unknown 77980-1

If yes, specify name of facility, city, and state of outbreak: _____

LABORATORY DATA

PLEASE CHECK ALL METHODS OF DIAGNOSIS WHICH APPLY:

1 **CONFIRMED CASE** 77990-0

1 **Urinary Antigen Positive:** If yes, LAB693

Date Collected: 68963-8
Mo. Day Year

2 **Culture Positive:** If yes, LAB695

Date Collected: 68963-8
Mo. Day Year

Site: 66746-9 1 lung biopsy 2 respiratory secretions (e.g., sputum, BAL) 3 pleural fluid
4 blood 8 other (specify) _____

Species: LAB278 Serogroup: INV705

3 **Fourfold rise in antibody titer to** LAB714

Legionella pneumophila serogroup 1: If yes,

Initial (acute) titer: _____ Date Collected: 68963-8
LAB669 Mo. Day Year

Convalescent titer: _____ Date Collected: 68963-8
LAB670 Mo. Day Year

3 **PROBABLE CASE** Indicate epidemiologic link in notes field below

2 **SUSPECT CASE** 77990-0

4 **Fourfold rise in antibody titer OTHER THAN Legionella** LAB715

pneumophila serogroup 1 or to multiple species or serogroups of Legionella using pooled antigen: If yes,

Initial (acute) titer: _____ Date Collected: LAB669
Mo. Day Year

Convalescent titer: _____ Date Collected: LAB670
Species: LAB278 Serogroup: INV705

5 **Direct Fluorescent Antibody (DFA) or** LAB694

Immunohistochemistry (IHC) Positive: If yes,

Date Collected:

Site: 66746-9 1 lung biopsy 2 respiratory secretions (e.g., sputum, BAL) 3 pleural fluid
4 blood 8 other (specify) _____

Species: LAB278 Serogroup: INV705

6 **Nucleic Acid Assay (e.g., PCR):** If yes, LAB696

Date Collected:

Site: 66746-9 1 lung biopsy 2 respiratory secretions (e.g., sputum, BAL) 3 pleural fluid
4 blood 8 other (specify) _____

Species: LAB278 Serogroup: INV705

INTERVIEWER IDENTIFICATION

REPORTING INSTRUCTIONS

Interviewer's Name:

State Health Dept. Official who reviewed this report:

Local Health Dept. Please submit this document to:
State/DHD/SSS via your CD clerk

Affiliation:

Title:

State Health Dept. Return completed form to:
**Respiratory Diseases Branch, Mailstop H24-6
Office of Infectious Diseases**

Telephone No.:

Telephone No.:

**Centers for Disease Control and Prevention
1600 Clifton Rd. NE, Atlanta, GA 30329**

COMMENTS