



		Confider	ntial when comple	ted		
PERSON REPORTING	ì			Date Report Receive	d at HA (YYYY/MM/DD): _	
Health Authority:	HA □ IHA □ VI	HA 🗆 NHA [	□ VCH	Contact attempts (da		Interview?
Name:				1.		
Phone: ( )	First			2.		
Phone: ( ) Email:	- ext.			3. 4.		
Email.				Interviewer:		☐ Not located
A. CLIENT INFORMAT	ION			mierviewer.		Not located
Name:	ION			Alternate	Name(s):	
Last	First	Middle		0		
PHN:		Date of Birth:	YYYY/MM/DD	Sex: ☐ Mal	le	<del></del>
Home Address:	Street #	Street Name		City:		
Postal code:	Province:	Phone num	nber (home/office/cell)	( )	-	ext.
Email:	·	Physician Name	ast Fir	et	Physician Phone Number:	
Interview conducted with:				<del>.</del>		
D ABODIOINAL INFO	DMATION					
B. ABORIGINAL INFO						
Do you wish to self-identify	y as an Aboriginal Pers	on?	☐ Asked, not pr	rovided	□ No	
			☐ Not asked		☐ Yes	
Aboriginal Identity:	☐ Asked, b	ut unknown	☐ Asked, not pr	rovided	☐ First Nations	
☐ First Nations and Inu	it ☐ First Nati	ons and Métis	☐ First Nations,	Inuit and Métis	☐ Inuit	
☐ Inuit and Métis	☐ Métis		☐ Not asked			
First Nations Status:	☐ Asked, b	ut unknown	☐ Asked, not pr	rovided	☐ Non-Status India	n
	☐ Not Aske	d	☐ Status Indian			
C. CLINICAL INFORM	ATION					
Date of onset of symptoms		☐ Unl	known			
Date of officer of cymptoms	YYYY/MM/		KIIOWII			
Signs and Symptoms						
☐ Abdominal pain	☐ Diarrhea	☐ And	prexia	☐ Muscle pain (m	yalgia) 🗆 Fever	
☐ Cough	☐ Headache	☐ Oth	er:			
Diagnosis: ☐ Legionnaire	e's Disease □ I	Pontiac Fever	Unknown			
Hospitalization for Legic	onella infection Note: I	nospitalization occu	irred after diagnosis	and included care for L	egionella illness	-
Admitted to hospital:	]Yes □ No □ l	Jnknown Hosp	ital name:			
Admission date:		Disch	narge date:			
_	YYYY/MM/DD	<u> </u>		YYYY/MM/DD		

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Admitted to ICU: ☐ Yes ☐ No ☐ Unkno	own	
Details on hospitalization:		
Outcome		
Death: ☐ Yes ☐ No ☐ Unknown I	f yes, death date:	
	YYYY/MN	// UU
D. MEDICAL HISTORY AND UNDERLY	ING CONDITIONS	
Underlying medical conditions. (e.g. respiratory, cancer, immuno-compromising, others)	☐ Yes ☐ No ☐ Unknown	Specify
Current tobacco smoking	☐ Yes ☐ No ☐ Unknown	If Yes, for how long?
Ever smoked tobacco	☐ Yes ☐ No ☐ Unknown	If Yes, for how long?
Treatment that weakens the immune system	☐ Yes ☐ No ☐ Unknown	Specify
Additional Information:	1	

## E. LABORATORY INFORMATION

Lab test	Specimen type	Date specimen collected	Lab Report date	Results
Urine antigen	URINE	YYYY/MM/DD	YYYY/MM/DD	Positive
				Species: pneumophila
				Serogroup:1
Culture		YYYY/MM/DD	YYYY/MM/DD	Growth detected/identified □
				Negative □
				Species:
				Serogroup:
Serology	SERUM	Acute: YYYY/MM/DD	YYYY/MM/DD	Acute titre:
				Convalescent titre:
		Convalescent: YYYY/MM/DD	YYYY/MM/DD	Species: pneumophila
Nucleic acid test (NAT) including		YYYY/MM/DD	YYYY/MM/DD	Positive
PCR and				Negative □
respiratory panel				Species: pneumophila
				Serogroup:





F. RISK FACTO	ORS AND EXF	OSURE INFORM	IATION				
		EXPOSURE PERIOD					
Days from onset	-19		-1 onset		period for Legionnair or Pontiac Fever is 5-		
Calendar date		<del>\</del>		48 hours is mos		`	
Travel							
Travel during exp	osure period: [	□ Yes □ No [	☐ Unknown <i>If</i> `	Yes: ☐ within E	3C* □ outside	BC but within Can	ada**   outside Canada**
*report travel in B **report all travel	BC to HA where t	ravel occurred					
Was travel confir	med as the most	t likely source of infe	ction? ☐ Yes				
Dates: DEPARTURE	Dates: RETURN	Location- Address	City	Country	Postal code	Hotel/resort name	Additional details
YYYY/MM/DD	YYYY/MM/DD						
TTTT NINT DD	TTTT / WWW / DD						
2000//444/55	\000\(\144\\DD						
YYYY/MM/DD	YYYY/MM/DD						
YYYY/MM/DD	YYYY/MM/DD						
YYYY/MM/DD	YYYY/MM/DD						
YYYY/MM/DD	YYYY/MM/DD						





nvironmental						1		
Exposure	Ex	posed	Location/De	etails	Exposure	Exposed	Lo	cation/Details
Shower/bathe at home	□ Yes	□ No □ U			Sprinklers	□ Yes □ No	□υ	
Shower/bathe outside of home (gyms, hotels, spas, etc.)	□ Yes	□ No □ U			Dental work	□ Yes □ No	□U	
Air conditioner	□ Yes	□ No □ U			Respiratory therapy device (e.g. ventilator, nebulizer, intubation)	☐ Yes ☐ No	□υ	
Humidifier	☐ Yes	□ No □ U			Car wash/ Power washer	□ Yes □ No	□U	
Hot tub/ jacuzzi/ whirlpool/ other spa/pool	□ Yes	□ No □ U			Other source of sprayed water	□ Yes □ No	□υ	
Pool	□ Yes	□ No □ U			Gardening	□ Yes □ No	□U	
Fountain	☐ Yes	□ No □ U			Soil/compost	□ Yes □ No	□U	
Type of facil						Type of	Dates	
Type of facil	ity	Name	Address	City	Postal code	Type of exposure	(yyyy/mm/dd)	Details (e.g unit/ward o exposures
	ity	Name	Address	City	Postal code	exposure		unit/ward o
☐ Hospital		Name	Address	City	Postal code	exposure   Admitted	(yyyy/mm/dd) Admission:	unit/ward o
☐ Hospital ☐ Long-Term C	Care	Name	Address	City	Postal code	exposure  Admitted Visited	(yyyy/mm/dd)	unit/ward o
☐ Hospital ☐ Long-Term C ☐ Assisted Livin ☐ Residential/Gr	Care	Name	Address	City	Postal code	exposure  Admitted Visited Lived in	(yyyy/mm/dd) Admission:	unit/ward o
☐ Hospital ☐ Long-Term C ☐Assisted Living ☐Residential/Gr Home ☐Other	Care	Name	Address	City	Postal code	exposure  Admitted Visited	(yyyy/mm/dd)  Admission:  Discharge:	unit/ward o
☐ Hospital ☐ Long-Term C ☐ Assisted Living ☐ Residential/Gr Home ☐ Other Specify:	Care	Name	Address	City	Postal code	exposure  Admitted Visited Lived in Worked in	(yyyy/mm/dd)  Admission:  Discharge:	unit/ward o
☐ Hospital ☐ Long-Term C ☐Assisted Living ☐Residential/Gr Home ☐Other Specify: ☐ Hospital	Care g oup	Name	Address	City	Postal code	exposure  Admitted Visited Lived in Worked in	(yyyy/mm/dd)  Admission:  Discharge:  Visit/work:  Admission:	unit/ward o
☐ Hospital ☐ Long-Term C ☐ Assisted Living ☐ Residential/Gr Home ☐ Other Specify: ☐ Hospital ☐ Long-Term C	Care g roup Care	Name	Address	City	Postal code	exposure  Admitted Visited Lived in Worked in Other	(yyyy/mm/dd)  Admission:  Discharge:  Visit/work:	unit/ward o
☐ Hospital ☐ Long-Term C ☐Assisted Living ☐Residential/Gr Home ☐Other Specify: ☐ Hospital ☐ Long-Term C ☐Assisted Living	Care  g coup  Care	Name	Address	City	Postal code	exposure  Admitted Visited Lived in Worked in Other	(yyyy/mm/dd)  Admission:  Discharge:  Visit/work:  Admission:  Discharge:	unit/ward o
☐ Hospital ☐ Long-Term C ☐ Assisted Living ☐ Residential/Gr Home ☐ Other Specify: ☐ Hospital ☐ Long-Term C ☐ Assisted Living ☐ Residential/Gr	Care  g coup  Care	Name	Address	City	Postal code	exposure  Admitted Visited Lived in Worked in Other  Admitted Visited	(yyyy/mm/dd)  Admission:  Discharge:  Visit/work:  Admission:	unit/ward o
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☐ Hospital ☐ Long-Term C ☐ Assisted Living ☐ Residential/Gr Home ☐ Other Specify: ☐ Hospital ☐ Long-Term C ☐ Assisted Living ☐ Residential/Gr Home ☐ Other Specify:	Care  g coup  Care	Name	Address	City	Postal code	exposure  Admitted Visited Lived in Other  Admitted Visited Lived in Other	(yyyy/mm/dd)  Admission:  Discharge:  Visit/work:  Admission:  Discharge:	unit/ward o
☐ Hospital ☐ Long-Term C ☐ Assisted Living ☐ Residential/Gr Home ☐ Other Specify: ☐ Hospital ☐ Long-Term C ☐ Assisted Living ☐ Residential/Gr Home ☐ Other Specify: ☐ Hospital ☐ Hospital ☐ Other ☐ Other ☐ Other ☐ Hospital	Care  g  oup  Care  g  oup	Name	Address	City	Postal code	exposure  Admitted Visited Lived in Other  Admitted Visited Lived in Other  Admitted Visited Lived in Other  Admitted	(yyyy/mm/dd)  Admission:  Discharge:  Visit/work:  Discharge:  Visit/work:	unit/ward o
☐ Hospital ☐ Long-Term C ☐ Assisted Living ☐ Residential/Gr Home ☐ Other Specify: ☐ Hospital ☐ Long-Term C ☐ Residential/Gr Home ☐ Other Specify: ☐ Home ☐ Other Specify: ☐ Hospital ☐ Long-Term C	Care  Gare  Gare  Gare  Care  Gare	Name	Address	City	Postal code	exposure  Admitted Visited Lived in Worked in Other  Admitted Visited Lived in Worked in Other  Admitted Visited Lived in Other  Admitted Visited Visited Visited	(yyyy/mm/dd)  Admission:  Discharge:  Visit/work:  Admission:  Discharge:  Visit/work:	unit/ward
☐ Hospital ☐ Long-Term C ☐ Assisted Living ☐ Residential/Gr Home ☐ Other Specify: ☐ Hospital ☐ Long-Term C ☐ Residential/Gr Home ☐ Other Specify: ☐ Hospital ☐ Long-Term C ☐ Assisted Living ☐ Hospital ☐ Long-Term C ☐ Residential/Gr	Care  g coup  Care  g coup	Name	Address	City	Postal code	exposure  Admitted Visited Lived in Other  Admitted Visited Lived in Admitted Visited Lived in Admitted Lived in Uother	(yyyy/mm/dd)  Admission:  Discharge:  Visit/work:  Discharge:  Visit/work:	unit/ward o
	Care  g coup  Care  g coup	Name	Address	City	Postal code	exposure  Admitted Visited Lived in Worked in Other  Admitted Visited Lived in Worked in Other  Admitted Visited Lived in Other  Admitted Visited Visited Visited	(yyyy/mm/dd)  Admission:  Discharge:  Visit/work:  Discharge:  Visit/work:  Admission:  Discharge:	unit/ward





Please record additional addresses of locations where notable time was spent or notable exposure occurred. These will be added to generate weekly alerts and maps.

Address type	Name	Address	City	Postal code
Work/school/daycare				
Other:				
Other:				
Other:				

G	. OTHERS EXPOSED								
U	Use table to record others who may have been exposed to the same source as the case under investigation								
	Name	Date ill	Nature of exposure	Contact phone					

H. Additional Details Related to Case Investigation					
Date	Comments	Initials			

BC Case Definition for Legionella infection

A confirmed case of legionellosis is defined as a clinical illness\* with laboratory confirmation of infection:

- isolation of Legionella sp. from respiratory secretions, lung tissue, pleural fluid, or other normally sterile fluids OR
- a significant (e.g. fourfold or greater) rise in Legionella sp. IgG titre between acute and convalescent sera OR
- · seroconversion from non-reactive to IgG or IgM reactive or from IgM reactive to IgG reactive
- demonstration of *L. pneumophila* antigen in urine **OR**
- demonstration of Legionella spp. DNA by NAT from respiratory secretions, lung tissue, pleural fluid, or other normally sterile fluids.

\*Clinical illness is defined as two distinct illnesses: Legionnaires' disease, characterized by fever, myalgia, cough and pneumonia, and Pontiac fever, a milder illness without pneumonia.