

Patient's Name: (Last, First, MI) Phone No.:()
Address: (Number, Street, Apt. No.) Patient Chart No.:
(City, State) (Zip Code) Hospital:

- Patient identifier information is not transmitted to CDC -

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION ATLANTA, GA 30333

LEGIONELLOSIS ACTIVE BACTERIAL CORE SURVEILLANCE (ABCs) CASE REPORT FORM A CORE COMPONENT OF THE EMERGING INFECTIONS PROGRAM NETWORK



- SHADED AREAS FOR OFFICE USE ONLY -

1. STATE: (Residence of Patient) 2. COUNTY: (Residence of Patient) 3. STATE I.D.: 4a. HOSPITAL/LAB I.D. WHERE FIRST CULTURE IDENTIFIED OR FIRST POSITIVE TEST: 4b. HOSPITAL I.D. WHERE PATIENT TREATED:
5. STATE HEALTH DEPT. CASE NO. (From CDC Legionellosis case report form for passive surveillance): 6. DATE OF SYMPTOM ONSET OF LEGIONELLOSIS: (note this is NOT date of admission) 7a. WAS PATIENT HOSPITALIZED? If YES, date of admission: Date of discharge:
7b. If patient was hospitalized, was this patient admitted to the ICU during hospitalization? 7c. Did the patient require mechanical ventilation? 8a. Excluding the current hospitalization, was the patient hospitalized at any time in the 10 days prior to illness onset? 8b. If YES, hospital I.D.:
9a. Where was the patient a resident in the 10 days prior to illness onset? (Check all that apply) 9b. If resident of a facility, what was the name of the facility? 10a. Was patient transferred from another hospital? 10b. If YES, hospital I.D.:
11. DATE OF BIRTH: 12a. AGE: (at time of onset) 12b. Is age in day/mo/yr? 13. SEX: 14a. ETHNIC ORIGIN: 14b. RACE: (Check all that apply)
15a. WEIGHT: 15b. HEIGHT: 15c. BMI: 16. TYPE OF INSURANCE: (Check all that apply)
17. OUTCOME: 18. If patient died, was the initial culture or first positive test obtained from autopsy?
19. DID THE PATIENT HAVE A CHEST CT OR CHEST X-RAY WITHIN 72 HOURS OF ADMISSION? 20. WAS THE PATIENT DIAGNOSED WITH PNEUMONIA?:
21. Did this patient have a positive flu test 10 days prior to or following a positive Legionella culture? 22. Discharge diagnosis (check all that apply):
Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0978). Do not send the completed form to this address.

