

European Legionnaires' Disease Surveillance Network

Form B Six Week Post-Cluster Report

ELDSNet Cluster ID: _____ Name of hotel/accommodation site: _____
 Town/ Region: _____ Country: _____
 Date cluster alert was issued by ECDC (dd/mm/yyyy): _____

STATEMENT*

**Based on the report received from the investigator, I confirm the following:
 (please answer all questions)**

	YES	NO
A site risk assessment has been carried out	<input type="checkbox"/>	<input type="checkbox"/>
Environmental sampling was carried out <i>in response to the cluster</i>	<input type="checkbox"/>	<input type="checkbox"/>
Legionella was found in the water system(s) if yes, species/serogroup and highest level cfu/l _____	<input type="checkbox"/>	<input type="checkbox"/>
A <i>routine</i> environmental sampling and control system was in place before the cluster notification if yes, date last routine control (dd/mm/yyyy): _____	<input type="checkbox"/>	<input type="checkbox"/>
Legionella was found in the water system(s) (>=1000 cfu/l at last routine)	<input type="checkbox"/>	<input type="checkbox"/>
Actions were taken in response to the cluster	<input type="checkbox"/>	<input type="checkbox"/>
if yes, they included – chemical disinfection	<input type="checkbox"/>	<input type="checkbox"/>
thermal disinfection	<input type="checkbox"/>	<input type="checkbox"/>
cleaning	<input type="checkbox"/>	<input type="checkbox"/>
structural improvements	<input type="checkbox"/>	<input type="checkbox"/>
other (<i>please specify</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations from the competent authorities are implemented in a satisfactory way	<input type="checkbox"/>	<input type="checkbox"/>
Site informed of need to maintain long term preventive measures	<input type="checkbox"/>	<input type="checkbox"/>
The accommodation site is currently closed entirely	<input type="checkbox"/>	<input type="checkbox"/>
if yes, this is due to – seasonal closure	<input type="checkbox"/>	<input type="checkbox"/>
cluster notification	<input type="checkbox"/>	<input type="checkbox"/>
reopening is planned (dd/mm/yyyy) (approximate date): _____		
if no, there is a partial closure (sub-site or installation)	<input type="checkbox"/>	<input type="checkbox"/>
the following sub-site or installation is closed: _____		
Additional comments (if any): _____		
Date of this report to ECDC (dd/mm/yyyy): _____ Name of person sending this report: _____		

Please return by email to eldsnet@ecdc.europa.eu

Disclaimer: This statement confirms that the local authority has reviewed the actions taken at the accommodation site. This statement does not imply that the accommodation is the source of infection for any associated case(s). Furthermore, this statement does not confirm or exclude a risk of Legionnaires' disease at the accommodation. The competent public health authorities confirm an investigation at the accommodation site was performed and if relevant, action was taken to minimize the risk of Legionnaires' disease at the accommodation. Should any further information come to light, a new investigation in accordance with ELDSNet Operating Procedures may be required. An investigation report of the site may be available at the local authority level in the country. Note that routine sampling, water management plans, control systems and actions taken in response to a cluster may depend according to country relevant legislation.