European Legionnaires’ Disease Surveillance Network

Form A
Two 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)

- A site risk assessment has been carried out
- A water management plan was in place before the cluster notification
- Control measures have been started since the cluster notification
  if no, the reason why control measures have not yet been started is
- The accommodation site is currently closed entirely
  if yes, this is due to – seasonal closure
  if yes, this is due to – cluster notification
  if yes, this is due to – reopening is planned (dd/mm/yyyy) (approximate date)
  if no, there is a partial closure (sub-site or installation)
  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. 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.