

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)**

	YES	NO
A site risk assessment has been carried out	<input type="checkbox"/>	<input type="checkbox"/>
Date of risk assessment (dd/mm/yyyy)	_____	
A water management plan was in place before the cluster notification	<input type="checkbox"/>	<input type="checkbox"/>
Control measures have been started since the cluster notification	<input type="checkbox"/>	<input type="checkbox"/>
if no, the reason why control measures have not yet been started is	_____	
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