Leptospirosis

County

LHJ Use ID ___________
☐ **Reported to DOH** Date ___/___/___
LHJ Classification ☐ **Confirmed** ☐ **Probable**
By: ☐ **Lab** ☐ **Clinical** ☐ **Epi Link:** ___________

☐ **Outbreak-related**
LHJ Cluster# ________
LHJ Cluster Name: ___________
DOH Outbreak # ________

REPORT SOURCE

LHJ notification date ___/___/___ Investigation start date ___/___/___
Reporter (check all that apply) ☐ Lab ☐ Hospital ☐ HCP ☐ Public health agency ☐ Other
OK to talk to case? ☐Yes ☐No ☐DK Date of interview ___/___/___

Reporter name ___________
Reporter phone ___________
Primary HCP name ___________
Primary HCP phone ___________

PATIENT INFORMATION

Name (last, first) ___________
Address ___________ ☐ Homeless
City/State/Zip ___________
Phone(s)/Email ___________
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: ___________
Zip code (school or occupation): ___________ Phone: ___________
Occupation/grade ___________
Employer/worksite ___________ School/child care name ___________

Birth date ___/___/___ Age ______
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unk
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other ☐ Unk

CLINICAL INFORMATION

Onset date: ___/___/___ ☐ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y N DK NA
☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): _____
☐ Oral ☐ Rectal ☐ Other: ________ ☐ Unk
☐ ☐ ☐ ☐ **Headache**
☐ ☐ ☐ ☐ **Chills**
☐ ☐ ☐ ☐ **Muscle aches or pain (myalgia)**
☐ ☐ ☐ ☐ Joint pain (arthralgia)
☐ ☐ ☐ ☐ Fatigue
☐ ☐ ☐ ☐ Malaise
☐ ☐ ☐ ☐ Confusion
☐ ☐ ☐ ☐ Depression

Clinical Findings

Y N DK NA
☐ ☐ ☐ ☐ **Diphasic fever**
☐ ☐ ☐ ☐ **Kidney (renal) abnormality or failure**
☐ ☐ ☐ ☐ Hematuria
☐ ☐ ☐ ☐ **Jaundice**
☐ ☐ ☐ ☐ **Conjunctival suffusion**
☐ ☐ ☐ ☐ Elevated CSF protein
☐ ☐ ☐ ☐ Elevated CSF cell count
☐ ☐ ☐ ☐ Myalgia
☐ ☐ ☐ ☐ **Rash observed by health care provider**
Rash Distribution: ___________
☐ Generalized ☐ Localized ☐ Macular
☐ Papular ☐ Pustular ☐ Vesicular
☐ On palms and soles ☐ Bullous
☐ Other: ___________
☐ ☐ ☐ ☐ Meningitis
☐ ☐ ☐ ☐ Hemorrhagic signs
☐ ☐ ☐ ☐ Hematologic disease
☐ ☐ ☐ ☐ Septic shock
☐ ☐ ☐ ☐ Other clinical findings consistent with illness
Specify: ___________
☐ ☐ ☐ ☐ Admitted to intensive care unit
Days in ICU:_____

Hospitalization

Y N DK NA
☐ ☐ ☐ ☐ Hospitalized at least overnight for this illness
Hospital name ___________
Admit date ___/___/___ Discharge date ___/___/___

Y N DK NA
☐ ☐ ☐ ☐ Died from illness Death date ___/___/___
☐ ☐ ☐ ☐ Autopsy Place of death ___________

Laboratory

Collection date ___/___/___
Source ___________

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

P N I O NT
☐ ☐ ☐ ☐ ☐ ***Leptospira*** **culture (clinical specimen)**
☐ ☐ ☐ ☐ ☐ ***Leptospira*** **antibodies with ≥ 4-fold rise (serum pair, ≥ 2 wks apart at same lab)**
☐ ☐ ☐ ☐ ☐ ***Leptospira*** **immunofluorescence**
☐ ☐ ☐ ☐ ☐ ***Leptospira*** **antibodies elevated but < 4-fold rise (probable)**

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Exposure period

Days from onset: -19 -4 onset

Calendar dates: [ ] [ ] [ ]

EXPOSURE* (Refer to dates above)

Y N DK NA
- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
  - Out of: ☐ County ☐ State ☐ Country
  - Destinations: ____________________
  - Date left: ____________________
  - Date returned: ____________________
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ Known contaminated food product
- ☐ ☐ ☐ ☐ Contact with animal carcass
  - Dates/exposure: ____________________
- ☐ ☐ ☐ ☐ Source of drinking water known
  - ☐ Individual well ☐ Shared well
  - ☐ Public water system ☐ Bottled water
  - ☐ Other: ____________________
- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
- ☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers)
  - Name/location ____________________

Y N DK NA
- ☐ ☐ ☐ ☐ Motorcycle/bicycle riding in wet conditions
- ☐ ☐ ☐ ☐ Exposure to water runoff, puddles, etc
- ☐ ☐ ☐ ☐ Exposure to flooding conditions
- ☐ ☐ ☐ ☐ Exposure to wet soil, vegetation
- ☐ ☐ ☐ ☐ Wildlife or wild animal exposure
  - Specify: ____________________
- ☐ ☐ ☐ ☐ Contact with animal excreta (urine)
- ☐ ☐ ☐ ☐ Wild rodent or wild rodent excreta exposure
  - Where rodent exposure probably occurred: ____________________
- ☐ ☐ ☐ ☐ Farm or dairy residence or work
- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
  - Specify animal: ____________________
- ☐ ☐ ☐ ☐ Exposure to pets
  - Was the pet sick ☐**Y** ☐**N** ☐**DK** ☐**NA**
- ☐ ☐ ☐ ☐ Zoo, farm, fair or pet shop visit

Where did exposure probably occur? ☐ In WA (County: ____________________) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: ____________________

☐ **No risk factors or exposures could be identified**
☐ **Patient could not be interviewed**

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA
- ☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Antibiotic name: ____________________
  - Date antibiotic treatment began: ___/___/___ # days antibiotic actually taken: ______

PUBLIC HEALTH ISSUES

Y N DK NA
- ☐ ☐ ☐ ☐ Related to animal carcass source
- ☐ ☐ ☐ ☐ Contaminated swimming water

PUBLIC HEALTH ACTIONS

- ☐ Initiate trace-back investigation
- ☐ Report to Department of Agriculture
- ☐ Patient education regarding risk factors
- ☐ Proper animal carcass disposal education
- ☐ Notify others sharing exposure
- ☐ Biohazard protocol
- ☐ Other, specify: ____________________

NOTES

Investigator ____________________ **Phone/email:** ____________________ **Investigation complete date** ___/___/___

Local health jurisdiction ____________________ **Record complete date** ___/___/___

Leptospirosis: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered