



# 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  
    **Cough**  
    **Breathing difficulty or shortness of breath**  
    **Abdominal pain, diarrhea, nausea, or vomiting**

### 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

### Clinical Findings

- Y N DK NA  
    **Biphasic fever**  
    **Kidney (renal) abnormality or failure**  
    **Jaundice**  
    **Conjunctival suffusion**  
    **Rash observed by health care provider, distribution:**  Macular  Papular  
 Other: \_\_\_\_\_  
    **Meningitis or meningoencephalitis**  
    **Hemorrhage:**  Intestinal  Pulmonary  
 Hematuria  Hematemesis  Hemoptysis  
 Other: \_\_\_\_\_  
    **Cardiac arrhythmias or EKG abnormalities**  
    Respiratory failure  
    Septic shock  
    Other clinical findings consistent with illness  
 Specify: \_\_\_\_\_  
    Admitted to intensive care unit  
 Days in ICU: \_\_\_\_\_

### P N I O NT

- Leptospira culture (clinical specimen)**  
     **Leptospira agglutination titer with ≥ 4-fold rise (serum pair, at same lab)**  
     **Leptospira in tissue by direct immunofluorescence**  
     **Leptospira agglutination titer >800 by MAT**  
     **Leptospira DNA detection (e.g., by PCR)**  
     **Leptospira agglutination titer >200 but <800 by MAT [Probable]**  
     **Leptospira antibodies in clinical specimen by indirect immunofluorescence [Probable]**  
     **Leptospira by darkfield microscopy (clinical specimen) [Probable]**  
     **Leptospira IgM antibodies in acute serum [Probable]**  
     Elevated CSF protein  
     Elevated CSF cell count

### NOTES

**INFECTION TIMELINE**

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

Exposure period  
Days from onset:

o  
n  
s  
e  
t

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
- Source of drinking water known  
 Individual well  Shared well  
 Public water system  Bottled water  
 Other: \_\_\_\_\_
- Drank untreated water (e.g. surface, well)
- Recreational water exposure (e.g. lakes, rivers)  
Name/location \_\_\_\_\_  
 swimming  rafting/boating/kayaking  
 fishing  other: \_\_\_\_\_
- Water contact in outdoor race or competition
- Motorcycle/bicycle riding in wet conditions
- Standing water exposure (runoff, puddles)
- Exposure to flooding conditions

Y N DK NA

- Exposure to wet soil, vegetation
- Walked barefoot or in sandals outdoors
- Wildlife or wild animal exposure  
Specify: \_\_\_\_\_
- Contact with animal excreta (urine)
- Wild rodent or wild rodent excreta exposure  
Where rodent exposure probably occurred: \_\_\_\_\_
- Contact with animal products (bedding, hide, hair, bone, raw meat, carcass); dates/exposure: \_\_\_\_\_
- 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
- Other animal contact: \_\_\_\_\_

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 ___/___/___