Leptospirosis required variables are in **bold**. Answers are: Yes, No, Unknown to case

DOH 210-057 (Rev. 5/22/19)
Leptospirosis required variables are in **bold**. Answers are: Yes, No, Unknown to case
Risk and Exposure Information

Y  N  Unk

- Is case a recent foreign arrival (e.g., immigrant, refugee, adoptee, visitor)  
  Country ______________________________

- Commercial animal or animal product implicated  Specify ______________________________

- Involvement in an exposure event (e.g., adventure race, triathlon, flooding) with known associated cases  
  Specify event ______________________________

- Does the case know anyone else with similar symptoms or illness  
  Onset date, shared meals, relationship, etc. ______________________________

Water Exposure

Y  N  Unk

- Source of drinking water known  Describe ______________________________
  - Bottled water ________________________________________________
  - Public water system __________________________________________
  - Individual well ______________________________________________
  - Shared well _________________________________________________
  - Other _____________________________________________________

- Motorcycle/bicycle riding in wet conditions ______________________________

- Contact with untreated water  Describe ______________________________
  - Flood water, run-off __________________________________________
  - River/stream/spring ___________________________________________
  - Sewage _____________________________________________________
  - Standing fresh water (e.g., lake, pond) __________________________
  - Surface well ________________________________________________
  - Other _____________________________________________________

- Exposure to wet soil, vegetation, or mud ______________________________

- Contact with untreated water  Describe ______________________________
  - Flood water, run-off __________________________________________
  - River/stream/spring ___________________________________________
  - Sewage _____________________________________________________
  - Standing fresh water (e.g., lake, pond) __________________________
  - Surface well ________________________________________________
  - Other _____________________________________________________

- Where did water contact occur (specific location) ______________________________

- Flooding near residence, work site, activities, or travel ______________________________

- Heavy rainfall near residence, work site, activities, or travel ______________________________

Additional Exposures

Y  N  Unk

- Stayed in rural area ______________________________

- Occupational animal or water contact ______________________________
  - Farmer (animals) ______________________________
  - Farmer (land) ______________________________
  - Fish worker ______________________________
  - Specify occupation ______________________________________________

- Avocational animal or water contact ______________________________
  - Specify avocation ______________________________________________
  - Gardening ______________________________
  - Pet ownership ______________________________
  - Other ______________________________

- Recreational animal or water contact ______________________________
  - Describe recreation ______________________________________________
  - Swimming ______________________________
  - Boating ______________________________
  - Camping/hiking ______________________________
  - Hunting ______________________________
  - Outdoor competition ______________________________
  - Other ______________________________

- Visited farm, zoo, fair, or pet shop  Specify ______________________________

- Contact with animal carcass ______________________________
  - Where did animal contact occur (e.g., home) ______________________________

- Contact with animals or animals excreta ______________________________
  - Dogs ______________________________
  - Farm livestock ______________________________
  - Rodents ______________________________
  - Wildlife ______________________________
  - Other ______________________________

- Housing had evidence of rodents ______________________________

Leptospirosis required variables are in **bold**. Answers are: Yes, No, Unknown to case
Exposure and Transmission Summary

Y N Unk

- Epidemiologic link to a confirmed human case

**Likely geographic region of exposure**
- In Washington – county ______
- Other state ______
- Not in US - country ______

- Unknown

International travel related
- During entire exposure period
- During part of exposure period
- No international travel

Suspected exposure type
- Foodborne
- Waterborne
- Animal related
- Person to person
- Sexual
- Unknown

Suspected exposure setting
- Day care/Childcare
- School (not college)
- Home
- Work
- College
- Military
- Correctional facility
- Place of worship
- Laboratory
- Long term care facility
- Homeless/shelter
- International travel
- Out of state travel
- Social event
- Large public gathering
- Restaurant
- Hotel/motel/hostel

- Other

Describe

Exposure Summary

---

Public Health Issues

Y N Unk

- Notify others sharing exposure

Public Health Interventions/Actions

Y N Unk

- Initiate trace-back investigation
- Patient education regarding risk factors
- Educate on proper disposal of animal carcass
- Biohazard issues identified
- Biohazard protocol followed
- Letter sent
- Date ___/___/___
- Batch date ___/___/___

- Unknown

Any other public health action

TREATMENT

Y N Unk

- Did patient receive prophylaxis/treatment

Specify medication

- Antibiotic
- Other

Number of days actually taken ______

Treatment start date ___/___/___

Treatment end date ___/___/___

Prescribed dose ______

- g
- mg
- ml

Frequency ______

Duration ______

- Days
- Weeks
- Months

Indication

- PEP
- Treatment for disease
- Incidental
- Other

- Unknown

Did patient take medication as prescribed

- Yes
- No - Why not

Prescribing provider

NOTES

---

LAB RESULTS

Lab report information

Lab report reviewed – LHJ

WDRS user-entered lab report note

Submitter ____________________________

Performing lab for entire report ____________________________

Referring lab ____________________________
<table>
<thead>
<tr>
<th>Specimen</th>
<th>Specimen identifier/accession number</th>
<th>Specimen collection date <em><strong>/</strong></em>/___ Specimen received date <em><strong>/</strong></em>/___</th>
</tr>
</thead>
<tbody>
<tr>
<td>WDRS specimen type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WDRS specimen source site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WDRS specimen reject reason</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test performed and result</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WDRS test performed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WDRS test result, coded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WDRS test result, comparator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WDRS result, numeric only (enter only if given, including as necessary Comparator and Unit of measure)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WDRS unit of measure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test method</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WDRS interpretation code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test result – Other, specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WDRS result summary</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>Test result status</td>
<td>Final results: Can only be changed with a corrected result</td>
<td></td>
</tr>
<tr>
<td>Result date <em><strong>/</strong></em>/___</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Upload document

Ordering Provider
WDRS ordering provider ______________________________________

Ordering facility
WDRS ordering facility name ______________________________________

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