

Leptospirosis

PATIENT DEMOGRAPHICS

Name (last, first): _____
 Address (mailing): _____
 Address (physical): _____
 City/State/Zip: _____
 Phone (home): _____ Phone (work/cell) : _____
 Alternate contact: Parent/Guardian Spouse Other
 Name: _____ Phone: _____

Birth date: __/__/____ Age: ____
 Sex: Male Female Unk
 Ethnicity: Not Hispanic or Latino
Hispanic or Latino Unk
 Race: White Black/Afr. Amer.
Asian Am. Ind/AK Native
 (Mark all that apply) Native HI/Other PI Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
 Investigation Start Date: __/__/____
 Earliest date reported to LHD: __/__/____
 Earliest date reported to DIDE: __/__/____

Entered in WVEDSS? Yes No Unk
 Case Classification:
 Confirmed Probable Suspect
 Not a case Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: Laboratory Hospital HCP Public Health Agency Other
 Reporter Name: _____ Reporter Phone: _____
 Primary HCP Name: _____ Primary HCP Phone: _____

CLINICAL

Onset date: __/__/____ Diagnosis date: __/__/____ Recovery date: __/__/____

Clinical Findings

Y N U
 Fever (Highest measured temperature: ____ °F)
 Headache
 Myalgia
 Arthralgia
 Fatigue
 Malaise
 Confusion
 Depression
 Diphasic fever
 Renal abnormality or failure
 Jaundice
 Conjunctival suffusion
 Rash

Hospitalization

Y N U
 Patient hospitalized for this illness
 If yes, hospital name: _____
 Admit date: __/__/____ Discharge date: __/__/____

Death

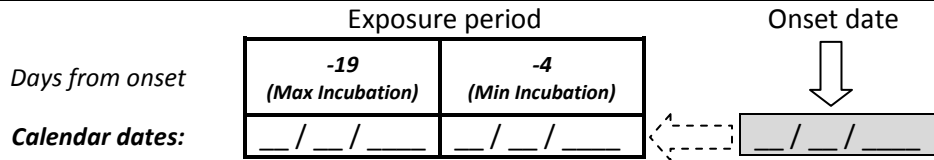
Y N U
 Patient died due to this illness
 If yes, date of death: __/__/____

LABORATORY (Please submit copies of all labs, including metabolic panels associated with this illness to DIDE)

Y N U
 Elevated liver enzymes
 Isolation of *Leptospira* from a clinical specimen
 Demonstration of *Leptospira* in a clinical specimen by immunofluorescence
 Four-fold rise in *Leptospira* agglutination titer between acute- and convalescent-phase serum specimens obtained ≥ 2 weeks apart
 A *Leptospira* agglutination titer of ≥ 200 in one or more serum specimens

INFECTION TIMELINE

Instructions:
Enter onset date in grey box. Count backward to determine probable exposure period



EPIDEMIOLOGIC EXPOSURES (based on the above exposure period)

Y N U

History of travel during exposure period (if yes, complete travel history below):

Destination (City, County, State and Country)	Arrival Date	Departure Date	Reason for travel

- | | |
|---|--|
| <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Known contaminated food product</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drank untreated/unchlorinated water</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recreational water exposure
Location: _____
Date of exposure: __ / __ / ____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Source of drinking water known
<input type="checkbox"/> Individual well <input type="checkbox"/> Shared well <input type="checkbox"/> Public water
<input type="checkbox"/> Bottled Water <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contact with animal carcass</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contact with animal excreta (urine)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Motorcycle/bicycle riding in wet conditions</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exposure to water runoff, puddles, etc.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exposure to flooding conditions</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exposure to wet soil, vegetation</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exposure to pets
Was pet sick? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> | <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wild animal exposure
Type of animal: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wild rodent or wild rodent excreta exposure
Where did exposure occur: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Visited a zoo, farm, fair, or pet shop
Location: _____
Date of visit: __ / __ / ____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Occupational exposure
If yes, list occupation: _____</p> |
|---|--|

Where did exposure likely occur? County: _____ State: _____ Country: _____

PUBLIC HEALTH ISSUES

Y N U

- Case knows someone who had shared exposure and is currently having similar symptoms
- Epi link to another confirmed case of same condition
- Case is part of an outbreak
- Other:

PUBLIC HEALTH ACTIONS

Y N U

- Disease education and prevention information provided to patient and/or family/guardian
- Outreach provided to employer to reduce employee risk
- Facilitate laboratory testing of other symptomatic persons who have a shared exposure
- Patient is lost to follow-up
- Other:

WVEDSS

Y N U

Entered into WVEDSS (Entry date: __ / __ / ____)

Case Status: Confirmed Probable Suspect Not a case Unknown

NOTES

