Leptospirosis Case Report Form

Visit www.cdc.gov/leptospirosis for a fillable PDF version of this Case Report

Form Approved
OMB 0920-0728
Exp. 1/31/2019

Redact Patient s Name and Address prior to sending a copy of the form to CDC.

Send completed form by fax to (404) 929-1590, encrypted email to bspb@cdc.gov, secure FTP, or to CDC / Bacterial Special Pathogens Branch, 1600 Clifton Road NE, MS-A30, Atlanta, GA 30329-4027. Call (404) 639-1711 or email bspb@cdc.gov with questions about a case, lab testing, or form submission.

Patient's Name: _____ Date First Submitted: _____ Clinician's Name: _____

Address: _____ State Case ID: _____ Clinician's Phone: _____

City: _____ Reporting State: _____

Demographics

State of Residence _____ Zip Code _____ County of Usual Residence _____

Sex ☐ Male ☐ Female ☐ Unknown

Pregnant ☐ Yes ☐ No ☐ Unknown

Birth Date _____ Age _____ ☐ days ☐ months ☐ years

Race
☐ Alaska Native or American Indian ☐ Black/African American ☐ White
☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Not Specified

Ethnicity
☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Clinical Presentation

Was the patient symptomatic? ☐ Yes ☐ No ☐ Unknown If yes, Date of Onset _____

Select all clinical manifestations the patient experienced:

☐ Fever ☐ Conjunctival suffusion ☐ Jaundice ☐ Pulmonary complications ☐ Gastrointestinal involvement
☐ Myalgia ☐ Thrombocytopenia ☐ Hepatitis ☐ Cardiac involvement ☐ Rash (petechial or maculopapular)
☐ Headache ☐ Aseptic meningitis ☐ Hemorrhage ☐ Renal insufficiency/failure

☐ Other, specify: _____

Outcome

Was the patient hospitalized? ☐ Yes ☐ No ☐ Unknown If yes, date admitted _____ Number of days hospitalized _____

Was antimicrobial treatment given for this infection? ☐ Yes ☐ No ☐ Unknown If yes, date started _____

Which drugs (select all that apply)? ☐ Doxycycline ☐ Penicillin ☐ Other, specify: _____

Clinical Outcome: ☐ Still hospitalized ☐ Died ☐ Discharged ☐ Other

Date of Discharge _____ Date of Death _____ Illness Duration (days) _____

Laboratory Results

Culture	Specimen Type ☐ Blood ☐ CSF ☐ Other _____ ☐ Urine ☐ Tissue ☐ Unknown	Collection date _____	Result ☐ Positive ☐ Unknown ☐ Negative
PCR	Specimen Type ☐ Blood ☐ CSF ☐ Unknown ☐ Urine ☐ Other _____	Collection date _____	Result ☐ Positive ☐ Unknown ☐ Negative
PCR	Specimen Type ☐ Blood ☐ CSF ☐ Unknown ☐ Urine ☐ Other _____	Collection date _____	Result ☐ Positive ☐ Unknown ☐ Negative
MAT	Acute Collection Date _____ Highest Titer _____	Convalescent (≥ 2 weeks later) Collection Date _____ Highest Titer _____	☐ 4-fold rise in titer ☐ Single titer ≥ 800
Other test	☐ ELISA ☐ Immunohistochemistry (IHC) ☐ Lateral flow test ☐ Other (Specify): _____		Result ☐ Positive ☐ Negative ☐ Unknown ☐ Inconclusive
If ELISA, choose type	☐ IgG ☐ IgM ☐ IgG & IgM ☐ ImmunoDot (IgM) ☐ Not Applicable		Titer* _____ *If applicable*

Leptospira serovar^ _____ ^*identified by PFGE, MLST, or other molecular typing method*

Leptospirosis Case Report Form

Visit www.cdc.gov/leptospirosis for a fillable PDF version of this Case Report

Form Approved
OMB 0920-0728
Exp. 1/31/2019

Exposures in 30 days prior to illness onset, specify if the patient had:

Contact with animals *(select all that apply)*

☐ Farm livestock ☐ Wildlife ☐ Rodents ☐ Dogs ☐ Other ☐ No known contact ☐ Unknown

Specify animal: _____

Where did animal contact(s) occur *(eg, at home)*? _____

Contact with water *(select all that apply)*

☐ Standing fresh water *(eg, lake, pond)* ☐ River/stream ☐ Wet soil ☐ Flood water, run-off ☐ Sewage

☐ Other ☐ No known contact ☐ Unknown Specify water: _____

Where did water contact(s) occur *(specify location)*? _____

If the patient had contact with animals or water, select the type of contact:

☐ Occupational

☐ Farmer (Land) ☐ Farmer (Animals) ☐ Fish worker ☐ Unknown ☐ Other

If Other, Specify: _____

☐ Avocational

☐ Gardening ☐ Pet Ownership ☐ Unknown ☐ Other

If Other, Specify: _____

☐ Recreational

☐ Swimming ☐ Boating ☐ Outdoor competition ☐ Camping/hiking ☐ Hunting ☐ Unknown ☐ Other

If Other, Specify: _____

☐ Other *(Specify)*: _____

In the 30 days prior to illness onset,

Did the patient stay in housing with evidence of rodents? ☐ Yes ☐ No ☐ Unknown Did the patient stay in a rural area? ☐ Yes ☐ No ☐ Unknown

Did the patient travel outside of county, state, or country? ☐ Yes ☐ No ☐ Unknown Travel destination(s): _____

Was there heavy rainfall near the patient's place of residence, work site, activities, or travel? ☐ Yes ☐ No ☐ Unknown

Was there flooding near the patient's place of residence, work site, activities, or travel? ☐ Yes ☐ No ☐ Unknown

Did the patient have similar exposures as a contact diagnosed with leptospirosis in the 30 day period? ☐ Yes ☐ No ☐ Unknown

Has the patient ever had leptospirosis? ☐ Yes ☐ No ☐ Unknown Is this patient part of an outbreak? ☐ Yes ☐ No ☐ Unknown

If yes, describe outbreak: _____

Classify case based on the CSTE/CDC case definition *(see criteria below)*

☐ Confirmed ☐ Probable

Investigator Name: _____ Phone Number: _____

Comments

_____

_____

_____

_____

_____

Confirmed: Isolation of *Leptospira* from a clinical specimen, OR fourfold or greater increase in *Leptospira* agglutination titer between acute- and convalescent-phase serum specimens studied at the same laboratory, OR demonstration of *Leptospira* in tissue by direct immunofluorescence, OR *Leptospira* agglutination titer of ≥ 800 by Microscopic Agglutination Test (MAT) in one or more serum specimens, OR detection of pathogenic *Leptospira* DNA (e.g., by PCR) from a clinical specimen.

Probable: A clinically compatible case with involvement in an exposure event (e.g., adventure race, triathlon, flooding) with known associated cases, OR *Leptospira* agglutination titer of ≥ 200 but < 800 by Microscopic Agglutination Test (MAT) in one or more serum specimens, OR demonstration of anti-*Leptospira* antibodies in a clinical specimen by indirect immunofluorescence, OR demonstration of *Leptospira* in a clinical specimen by darkfield microscopy, OR detection of IgM antibodies against *Leptospira* in an in acute phase serum specimen, but without confirmatory laboratory evidence of *Leptospira* infection.