Leptospirosis Case Report Form

Form Approved
OMB 0920-0728
Exp. 04/30/2023

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 H24-12 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: _____ Investigators's Name: _____

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

City: _____ Reporting State/Territory: _____

Demographics

State/Territory of Residence _____ **Zip Code** _____ **County/Municipality** _____

Sex ○ Male ○ Female ○ Unknown

Pregnant ○ Yes ○ No ○ Unknown

Birth Date _____ **Age** _____ ○ days ○ months ○ years

Race (select all that apply):
☐ Alaska Native or American Indian ☐ Black/African American ☐ White
☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Unknown

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
☐ Headache
☐ Myalgia
☐ Calf Pain
☐ Diarrhea
☐ Vomiting/nausea
☐ Conjunctival suffusion
☐ Jaundice
☐ Thrombocytopenia
☐ Aseptic meningitis
☐ Skin rash (petechial or maculopapular)
☐ Cardiac arrhythmia/ECG abnormalities
☐ Acute renal insufficiency or failure
☐ Acutely elevated liver enzymes/liver insufficiency or failure
☐ Pulmonary hemorrhage
☐ Other pulmonary complications (e.g.cough, dyspnea)
☐ Other hemorrhage (e.g. blood in vomit, stool, or urine; petechiae/ecchymosis)

☐ 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 ☐ Ceftriaxone ☐ Ampicillin ☐ Amoxicillin ☐ Other, specify: _____

Clinical Outcome: ○ Still hospitalized ○ Died ○ Discharged/Recovered ○ Other, specify: _____

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

Laboratory Results

PCR 1 Specimen Type ○ Blood ○ CSF ○ Urine ○ Other _____ Collection date _____ Result ○ Positive ○ Negative ○ Indeterminate

PCR 2 Specimen Type ○ Blood ○ CSF ○ Urine ○ Other _____ Collection date _____ Result ○ Positive ○ Negative ○ Indeterminate

MAT
Acute serum
Collection Date _____
Highest Titer _____

Convalescent serum (≥ 2 weeks later)
Collection Date _____
Highest Titer _____

Met MAT case criteria (check all that apply)
☐ 4-fold rise in titer
☐ Single titer ≥ 800
☐ Single titer 200 – 400

Culture Specimen Type ○ Blood ○ Urine ○ Tissue _____ ○ Other _____ Collection date _____ Result ○ Positive ○ Negative

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

Other test ○ ELISA ○ Immunohistochemistry (IHC) ○ Lateral flow test ○ Other (Specify): _____ Result ○ Positive ○ Negative ○ Borderline ○ Indeterminate

If ELISA, choose type: ○ IgG ○ IgM ○ IgG & IgM ○ ImmunoDot (IgM) ○ Not Applicable Titer* _____ **If applicable*

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

Contact with animals *(select all that apply)*

☐ Rodents ☐ Dogs ☐ Cows ☐ Sheep/goats ☐ Pigs ☐ Horses ☐ No known contact ☐ Unknown

☐ Wildlife, specify: _____

☐ Other, specify: _____

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

Contact with fresh water *(select all that apply)*

☐ Standing water *(e.g. lake, pond)* ☐ Running water *(e.g. river, stream)* ☐ Wet soil/mud ☐ Flood water, rainwater run-off ☐ Sewage

☐ No known contact ☐ Unknown ☐ Other, specify: _____

Body of water name *(if applicable)*: _____

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

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

☐ **Occupational** *(select all that apply)*

☐ Farmer (crops) ☐ Farmer (animals) ☐ Fisherman ☐ Veterinary services ☐ Pet care (e.g. boarding, grooming)
☐ Landscaping/Yardcare ☐ Slaughterhouse Worker ☐ Military/First Responder ☐ Sanitation Worker ☐ Sewer Worker

☐ Other, Specify: _____

☐ **Recreational/ Avocational** *(select all that apply)*

☐ Swimming ☐ Boating ☐ Outdoor competition ☐ Camping/hiking ☐ Hunting ☐ Fishing
☐ Gardening ☐ Pet ownership

☐ Other, Specify: _____

☐ Unknown type of contact

☐ Other type of contact, 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/municipality, 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

If the patient knows anyone recently diagnosed with leptospirosis, did they have similar exposures in the past 30 days? ○ Yes ○ No ○ Unknown ○ N/A

Has the patient ever previously been diagnosed with 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

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.

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