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Department of Health
and Human Services
Centers for Disease Control
and Prevention
Atlanta, GA 30333

Leptospirosis Case Report Form

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

Form Approved
OMB 0920-0009
Exp. 4/30/2016

Patient's Name _____ Date Submitted to CDC _____

Address _____ State Case ID _____

City _____ Clinician's Name _____ Clinician's Phone _____

Demographics

State of Residence _____ Zip Code _____ County of Residence _____ Sex _____ Date of Birth _____ Age _____ ☐ days ☐ months ☐ years

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

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

Clinical Presentation

Was the patient symptomatic? _____ 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? _____ If yes, date admitted _____ Number of days hospitalized _____

Was antimicrobial treatment given for this infection? _____ If yes, date started _____

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

Clinical Outcome _____ Date of discharge _____ Date of death _____

Laboratory Results

Culture Specimen Type _____ Collection date _____ ☐ Positive ☐ Negative ☐ Not done

PCR Specimen Type _____ Collection date _____ ☐ Positive ☐ Negative ☐ Not done

MAT (≥7 days)

Acute (highest titer) Date _____ Titer _____

Convalescent (≥ 2 weeks later, highest titer) Date _____ Titer _____

☐ 4-fold rise in titer
☐ Single titer ≥ 800

Other test _____ _____ Choose ELISA _____ ☐ Positive ☐ Negative

Other test _____ _____ Choose ELISA _____ ☐ Positive ☐ Negative

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

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0009).

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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?

Did the patient stay in a rural area?

Did the patient travel outside of county, state, or country?

Travel destination(s)

Was there heavy rainfall near the patient's place of residence, work site, activities, or travel?

Was there flooding near the patient's place of residence, work site, activities, or travel?

Did the patient have similar exposures as a contact diagnosed with leptospirosis in the 30 day period?

Has the patient ever had leptospirosis?

Is this patient part of an outbreak?

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.

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COPY 2 - CDC

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Date Submitted to CDC

CDC ID
CDC use only

State Case ID

Clinician's Name

Clinician's Phone

Demographics

State of Residence

Zip Code

County of Residence

Sex

Date of Birth

Age ☐ days ☐ months ☐ years

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

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☐ Headache ☐ Aseptic meningitis ☐ Hemorrhage ☐ Renal insufficiency/failure

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Outcome

Was the patient hospitalized?

If yes, date admitted

Number of days hospitalized

Was antimicrobial treatment given for this infection?

If yes, date started

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

Clinical Outcome

Date of discharge

Date of death

Laboratory Results

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☐ 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?

Did the patient stay in a rural area?

Did the patient travel outside of county, state, or country?

Travel destination(s)

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Was there flooding near the patient's place of residence, work site, activities, or travel?

Did the patient have similar exposures as a contact diagnosed with leptospirosis in the 30 day period?

Has the patient ever had leptospirosis?

Is this patient part of an outbreak?

If yes, describe outbreak

Classify case based on the CSTE/CDC case definition ***(see criteria-page 2)*** ☐ Confirmed ☐ Probable

Investigator Name

Phone Number

Comments

Send completed pages 3-4 to: CDC/ Bacterial Special Pathogens Branch, 1600 Clifton Road NE, MS-A30, Atlanta, GA 30333, by fax to (404) 929-1590, or by encrypted e-mail to bspb@cdc.gov.
Call (404) 639-1711 or e-mail bspb@cdc.gov with questions about a case, lab testing, or the form.

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