LEPTOSPIROSIS INVESTIGATION FORM

Comments:_____
_____
_____

Basic Demographic Data

Last Name: _____ First Name:_____
Middle Name:_____ Suffix: _____

DOB: __ __ / __ __ /__ __ __ __ Current Sex: ☐Female ☐Male ☐Unknown

Is the patient deceased? ☐No ☐Unknown ☐Yes Deceased Date: __ __ / __ __ /__ __ __ __
Marital Status: (Circle) S / M / D / W/ Annulled/ Cohabitating/ Legally Separated/ Polygamous/Unknown
SSN: __ __ __ / __ __ /__ __ __ __
Identification Information: Type:_____ Assigning Authority_____ ID Value_____
Street Address 1: _____
Street Address 2: _____
City: _____ State:_____
Zip Code: __ __ __ __ __- __ __ __ __ County:_____ Country:_____
Home Phone: (__ __ __) -- __ __ __ - __ __ __ __ Ext. __ __ __ __
Work Phone: (__ __ __) -- __ __ __ - __ __ __ __ Ext. __ __ __ __

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race : ☐Unknown ☐ American Indian or Alaska Native ☐Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

Reporting Source

Date of Report: __ __ / __ __ /__ __ __ __
Reporting Source:_____
Earliest Date Reported to: County : __ __ / __ __ /__ __ __ __ State: __ __ / __ __ /__ __ __ __
Reporter's Name:_____

Clinical

Physician's Name: _____
Physician's Phone Number: (__ __ __) -- __ __ __ - __ __ __ __ Ext. __ __ __ __
Physician's Address: _____
City:_____ State:_____
Zip Code: __ __ __ __ __- __ __ __ __ County:_____ Country

Hospital

Was patient hospitalized for this illness? ☐No ☐Unknown ☐Yes
If yes: Hospital Name: _____
Admission Date__ __ / __ __ /__ __ __ __ Discharge Date __ __ / __ __ /__ __ __ __
Total Duration of stay within hospital _____days

Condition

Diagnosis Date: __ __ / __ __ /__ __ __ __ Illness Onset Date: __ __ / __ __ /__ __ __ __
Illness End Date: __ __ / __ __ /__ __ __ __
Illness Duration: _____ Circle: days/hrs./minutes/months/unknown/weeks/years
Age at Onset: _____ Circle: days/hrs./minutes/months/unknown/weeks/years

Did the patient die from this illness? ☐No ☐Unknown ☐Yes

Epidemiologic

Is this patient associated with a day care facility?	☐No ☐Unknown ☐Yes	Is this patient a food handler?	☐No ☐Unknown ☐Yes
Is this case part of an outbreak?	☐No ☐Unknown ☐Yes	If yes, outbreak name:	

Where was the disease acquired?

☐ Indigenous within jurisdiction	☐ Out of Country	☐ Out of jurisdiction, from another jurisdiction
☐ Out of state	☐ Unknown	

If the answer is out of Country, Jurisdiction, or State

Imported Country:	Imported State:
Imported City:	Imported County:

Transmission Mode

☐ Airborne	☐ Bloodborne	☐ Dermal	☐ Foodborne	☐ Indeterminate	☐ Mechanical
☐ Nosocomial	☐ Sexually Transmitted	☐ Vectorborne	☐ Waterborne	☐ Zoonotic	☐ Other

Detection Method

☐ Patient Self-referral	☐ Prenatal Testing	☐ Prison Entry Screening	☐ Provider Reported	☐ Routine Physical	☐ Other

Confimation Method

☐ Active Surveillance	☐ Case Outbreak Investigation	☐ Clinical Diagnosis	☐ Epidemiologically Linked
☐ Laboratory Confirmed	☐ Laboratory Report	☐ Local/State Specified	☐ Medical Record Review
☐ No information given	☐ Occupational Disease Surveillance	☐ Provider Certified	☐ Other

Confirmation Date: : __ __ / __ __ /__ __ __ __

CASE STATUS: (Required for Notification) ☐ Confirmed ☐ Not a Case ☐ Probable ☐ Suspect ☐ Unknown

MMWR Week _____ MMWR Year _____

Custom Fields

Date Due __ __ / __ __ /__ __ __ __

Investigation Ready for Supervisor Review:

☐ Reviewed (Complete) ☐ Reviewed (Incomplete) ☐ Reviewed (Not a case) ☐ Yes

Date Investigation ready for supervisor review: __ __ / __ __ /__ __ __ __

Condition Specific Custom Fields	
Clinical Data	
Autopsy :	☐ No ☐ Unknown ☐ Yes
Initial clinical impression	
Leptospirosis:	☐ No ☐ Unknown ☐ Yes
Unknown (initial clinical impression):	☐ No ☐ Unknown ☐ Yes
Other, specify (initial clinical impression):	
Presumptive serotype:	
Signs and Symptoms	
Renal involvement	
anuria or oliguria:	☐ No ☐ Unknown ☐ Yes
elevated BUN (over 20 mg.%):	☐ No ☐ Unknown ☐ Yes
hematuria:	☐ No ☐ Unknown ☐ Yes
albuminuria (over "2+"):	☐ No ☐ Unknown ☐ Yes
Liver involvement	
jaundice:	☐ No ☐ Unknown ☐ Yes

Central nervous system involvement	
stiff neck:	☐No ☐Unknown ☐Yes
elevated CSF protein (over 50 mg.%):	☐No ☐Unknown ☐Yes
elevated CSF cell count (over 5 cells per ml):	☐No ☐Unknown ☐Yes
Manifestations	
Other Manifestations	☐No ☐Unknown ☐Yes
Animal / Water Contact	
Recent contact with animals:	☐No ☐Unknown ☐Yes

If yes, select animal type:

☐ Alpaca	☐ Bat	☐ Bovidae	☐ Bovine	☐ Burro/Donkey	☐ Cat
☐ Chipmunk	☐ Cow	☐ Coyote	☐ Dog	☐ Equine	☐ Ferret
☐ Fox, fennec	☐ Fox, grey	☐ Fox, red	☐ Fox, unknown	☐ Gerbil	☐ Goat
☐ Groundhog	☐ Guinea pig	☐ Hamster	☐ Llama	☐ Mink	☐ Mole
☐ Mouse	☐ Muskrat	☐ Opossum	☐ Other / Unknown	☐ Ovine	☐ Prairie dog
☐ Rabbit	☐ Raccoon	☐ Rat	☐ Shrew	☐ Skunk, other	☐ Squirrel,flying
☐ Squirrel, fox	☐ Squirrel, other	☐ Weasel	☐ Wolf/Hybrid	☐ Chicken	☐ lizard
☐ turkey	☐ turtle				

Water, Recent history of contact in potentially contaminated water (i.e., sewage, streams, ponds, floods, etc.):	☐No ☐Unknown ☐Yes
Clinical criteria for case classification	
Does the patient have: fever, headache, chills, myalgia, conjunctival suffusion :	☐No ☐Unknown ☐Yes
Less frequently seen: meningitis, rash, jaundice, or renal insufficiency :	☐No ☐Unknown ☐Yes
Laboratory criteria for case classification	
Isolation of Leptospira :	☐No ☐Not tested ☐Unknown ☐Yes
A greater than or equal to 4 fold rise in Leptospira agglutination titer	☐No ☐Not tested ☐Unknown ☐Yes
Demonstration of Leptospira by IFA :	☐No ☐Not tested ☐Unknown ☐Yes