



Leptospirosis Case Report Form

Form Approved
OMB 0920-0728
Exp. 2/28/2021

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			Pregnant		Birth Date	Age	days months years
			Male	Female	Unknown	Yes	No			
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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

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				Collection date	Result		
	Blood	CSF	Urine	Other _____	_____	Positive	Negative	Indeterminate

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

MAT	Acute serum	Convalescent serum (≥ 2 weeks later)	Result	
	Collection Date _____	Collection Date _____	Met MAT case criteria (check all that apply)	4-fold rise in titer
	Highest Titer _____	Highest Titer _____		Single titer ≥ 800
				Single titer 200–400

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

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

Other test	ELISA	Immunohistochemistry (IHC)	Lateral flow test	Result			
				Positive	Negative	Borderline	Indeterminate

Other (Specify): _____

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

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 30329-4027; ATTN: PRA (0920-0728).

Leptospirosis Case Report Form

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

Contact with animals <i>(select all that apply)</i>	Rodents	Dogs	Cows	Sheep/goats	Pigs	Horses	No known contact	Unknown
	Wildlife, specify: _____							
	Other, specify: _____							
	Where did animal contact(s) occur <i>(specify location)</i> ? _____							
Contact with fresh water <i>(select all that apply)</i>	Standing water <i>(e.g. lake, pond)</i>	Running water <i>(e.g. river, stream)</i>	Wet soil/mud	Flood water, rainwater run-off	Sewage			
	No known contact	Unknown	Other, specify: _____					
	Body of water name <i>(if applicable)</i> : _____							
	Where did water contact(s) occur <i>(specify location)</i> ? _____							

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

Occupational <i>(select all that apply)</i>	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 <i>(select all that apply)</i>	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 acute phase serum specimen, but without confirmatory laboratory evidence of *Leptospira* infection.