



# Leptospirosis

County \_\_\_\_\_

Case name (last, first) \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_ Sex at birth  F  M  Other Alternate name \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address type  Home  Mailing  Other  Temporary  Work  
 Street address \_\_\_\_\_  
 City/State/Zip/County \_\_\_\_\_  
 Residence type (incl. Homeless) \_\_\_\_\_ WA resident  Yes  No

## ADMINISTRATIVE

Investigator \_\_\_\_\_  
 LHJ Case ID (optional) \_\_\_\_\_  
 LHJ notification date \_\_\_/\_\_\_/\_\_\_  
 Classification  Classification pending  Confirmed  
 Not reportable  Probable  Ruled out  Suspect  
 Investigation status  
 In progress  
 Complete  
 Complete – not reportable to DOH  
 Unable to complete Reason \_\_\_\_\_  
 Investigation start date \_\_\_/\_\_\_/\_\_\_  
 Investigation complete date \_\_\_/\_\_\_/\_\_\_  
 Case complete date \_\_\_/\_\_\_/\_\_\_  
 Outbreak related  Yes  No  
 LHJ Cluster ID \_\_\_\_\_ Cluster Name \_\_\_\_\_

## DEMOGRAPHICS

Age at symptom onset \_\_\_\_\_  Years  Months  
 Ethnicity  Hispanic or Latino  Not Hispanic or Latino  Unk  
 Race (check all that apply)  Unk  Amer Ind/AK Native  
 Asian  Black/African Amer  Native HI/other PI  
 White  Other \_\_\_\_\_  
 Primary language \_\_\_\_\_  
 Interpreter needed  Yes  No  Unk  
 Employed  Yes  No  Unk Occupation \_\_\_\_\_  
 Industry \_\_\_\_\_ Employer \_\_\_\_\_  
 Work site \_\_\_\_\_ City \_\_\_\_\_  
 Student/Day care  Yes  No  Unk  
 Type of school  Preschool/day care  K-12  College  
 Graduate School  Vocational  Online  Other  
 School name \_\_\_\_\_  
 School address \_\_\_\_\_  
 City/State/County \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone number \_\_\_\_\_ Teacher's name \_\_\_\_\_

## REPORT SOURCE

Initial report source \_\_\_\_\_  
 LHJ \_\_\_\_\_  
 Reporter organization \_\_\_\_\_  
 Reporter name \_\_\_\_\_  
 Reporter phone \_\_\_\_\_  
 All reporting sources (list all that apply)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## COMMUNICATIONS

Primary HCP name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 OK to talk to patient (If Later, provide date)  
 Yes  Later \_\_\_/\_\_\_/\_\_\_  Never  
 Date of interview attempt \_\_\_/\_\_\_/\_\_\_  
 Complete  Partial  Unable to reach  
 Patient could not be interviewed  
 Alternate contact  Parent/Guardian  Spouse/Partner  
 Friend  Other \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

## CLINICAL INFORMATION

Complainant ill  Yes  No  Unk Symptom Onset \_\_\_/\_\_\_/\_\_\_  Derived Diagnosis date \_\_\_/\_\_\_/\_\_\_  
 Illness duration \_\_\_\_\_  Days  Weeks  Months  Years Illness is still ongoing  Yes  No  Unk

### Clinical Features

**Y N Unk**  
   Any fever, subjective or measured If yes, Temp measured?  Yes  No Highest measured temp \_\_\_\_\_°F  
 Onset date \_\_\_/\_\_\_/\_\_\_  
   Biphasic fever  
   Chills or rigors  
   Headache  
   Nausea  
   Vomiting  
   Abdominal pain or cramps  
   Diarrhea (3 or more loose stools within a 24 hour period)  
   Cough  
   Dyspnea (shortness of breath)  
   Conjunctival suffusion without purulent discharge  
   Myalgia (muscle aches or pain)

**Y N Unk**

- Rash (i.e., maculopapular or petechial)**
- Cardiac arrhythmias, ECG abnormalities**
- Hemorrhagic signs**
- Blood in vomitus, stool, urine
- Epistaxis (nose bleed)
- Gum bleeding
- Petechiae
- Positive tourniquet test
- Positive urinalysis
- Purpura/ecchymosis
- Vaginal Bleeding
- Hemoptysis
- Other \_\_\_\_\_
- Pale stool, dark urine, yellowing of skin or eyes (jaundice)**
- Meningitis**
- Renal insufficiency (e.g., anuria, oliguria)**
- Hepatitis
- Septic shock
- Respiratory complications or failure
- Prior leptospirosis
- Other symptoms consistent with this illness \_\_\_\_\_

**Clinical Testing**

**Y N Unk**

- Elevated CSF cell count
- Elevated CSF protein
- Thrombocytopenia Value \_\_\_\_\_

**Hospitalization**

**Y N Unk**

- Hospitalized at least overnight for this illness** Facility name \_\_\_\_\_
- Hospital admission date \_\_\_/\_\_\_/\_\_\_ Discharge \_\_\_/\_\_\_/\_\_\_ HRN \_\_\_\_\_
- Admitted to ICU Date admitted to ICU \_\_\_/\_\_\_/\_\_\_ Date discharged from ICU \_\_\_/\_\_\_/\_\_\_
- Mechanical ventilation or intubation required
- Still hospitalized As of \_\_\_/\_\_\_/\_\_\_

**Y N Unk**

- Died of this illness** Death date \_\_\_/\_\_\_/\_\_\_ *Please fill in the death date information on the Person Screen*
- Autopsy performed
- Death certificate lists disease as a cause of death or a significant contributing condition

**Pregnancy**

Pregnancy status at time of symptom onset

- Pregnant (Estimated) delivery date \_\_\_/\_\_\_/\_\_\_ Weeks pregnant at any symptom onset \_\_\_\_\_
- OB name, phone, address \_\_\_\_\_
- Outcome of pregnancy  Still pregnant  Fetal death (miscarriage or stillbirth)  Abortion
- Other \_\_\_\_\_
- Delivered – full term  Delivered – preemie  Delivered – Unk
- Delivery method  Vaginal  C-section  Unk
- Postpartum (Estimated) delivery date \_\_\_/\_\_\_/\_\_\_
- OB name, phone, address \_\_\_\_\_
- Outcome of pregnancy  Fetal death (miscarriage or stillbirth)  Abortion
- Other \_\_\_\_\_
- Delivered – full term  Delivered – preemie  Delivered – Unk
- Delivery method  Vaginal  C-section  Unk
- Neither pregnant nor postpartum  Unk

**RISK AND RESPONSE (Ask about exposures 2-30 days before symptom onset)**

**Travel**

	Setting 1	Setting 2	Setting 3
<b>Travel out of:</b>	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____
Destination name	_____		
Start and end dates	_____/_____/_____ to ____/____/_____		

**Risk and Exposure Information**

**Y N Unk**

- Is case a recent foreign arrival (e.g., immigrant, refugee, adoptee, visitor) Country \_\_\_\_\_
- Commercial animal or animal product implicated** Specify \_\_\_\_\_
- Involvement in an exposure event (e.g., adventure race, triathlon, flooding) with known associated cases**  
Specify event \_\_\_\_\_
- Does the case know anyone else with similar symptoms or illness  
Onset date, shared meals, relationship, etc. \_\_\_\_\_

**Water Exposure**

**Y N Unk**

- Source of drinking water known** Describe
- Bottled water \_\_\_\_\_
- Public water system \_\_\_\_\_
- Individual well \_\_\_\_\_
- Shared well \_\_\_\_\_
- Other \_\_\_\_\_
- Motorcycle/bicycle riding in wet conditions
- Exposure to wet soil, vegetation, or mud**
- Contact with untreated water** Describe
- Flood water, run-off \_\_\_\_\_
- River/stream/spring \_\_\_\_\_
- Sewage \_\_\_\_\_
- Standing fresh water (e.g., lake, pond) \_\_\_\_\_
- Surface well \_\_\_\_\_
- Other \_\_\_\_\_
- Where did water contact occur (specific location) \_\_\_\_\_
- Flooding near residence, work site, activities, or travel**
- Heavy rainfall near residence, work site, activities, or travel

**Additional Exposures**

**Y N Unk**

- Stayed in rural area
- Occupational animal or water contact
- Farmer (animals)
- Farmer (land)
- Fish worker  
Specify occupation \_\_\_\_\_
- Avocational animal or water contact  
Specify avocation \_\_\_\_\_
- Gardening
- Pet ownership
- Other \_\_\_\_\_
- Recreational animal or water contact  
Describe recreation \_\_\_\_\_
- Swimming
- Boating
- Camping/hiking
- Hunting
- Outdoor competition
- Other \_\_\_\_\_
- Visited farm, zoo, fair, or pet shop Specify \_\_\_\_\_
- Contact with animal carcass
- Contact with animals or animals excreta  
Where did animal contact occur (e.g., home) \_\_\_\_\_
- Dogs
- Farm livestock
- Rodents
- Wildlife
- Other \_\_\_\_\_
- Housing had evidence of rodents

**Exposure and Transmission Summary****Y N Unk**   Epidemiologic link to a confirmed human caseLikely geographic region of exposure  In Washington – county \_\_\_\_\_  Other state \_\_\_\_\_  
 Not in US - country \_\_\_\_\_  UnkInternational travel related  During entire exposure period  During part of exposure period  No international travelSuspected exposure type  Foodborne  Waterborne  Animal related  Person to person  Sexual  Unk  
 Other \_\_\_\_\_

Describe \_\_\_\_\_

Suspected exposure setting  Day care/Childcare  School (not college)  Home  Work  College  Military  
 Correctional facility  Place of worship  Laboratory  Long term care facility  Homeless/shelter  
 International travel  Out of state travel  Social event  Large public gathering  Restaurant  Hotel/motel/hostel  
 Other \_\_\_\_\_

Describe \_\_\_\_\_

Exposure Summary

**Public Health Issues****Y N Unk**   Notify others sharing exposure**Public Health Interventions/Actions****Y N Unk**   Initiate trace-back investigation  
   Patient education regarding risk factors  
   Educate on proper disposal of animal carcass  
   Biohazard issues identified  
   Biohazard protocol followed  
   Letter sent Date \_\_\_/\_\_\_/\_\_\_ Batch date \_\_\_/\_\_\_/\_\_\_  
   Any other public health action \_\_\_\_\_**TREATMENT****Y N Unk**   Did patient receive prophylaxis/treatmentSpecify medication \_\_\_\_\_  Antibiotic  Other \_\_\_\_\_

Number of days actually taken \_\_\_\_\_ Treatment start date \_\_\_/\_\_\_/\_\_\_ Treatment end date \_\_\_/\_\_\_/\_\_\_

Prescribed dose \_\_\_\_\_  g  mg  ml Frequency \_\_\_\_\_ Duration \_\_\_\_\_  Days  Weeks  MonthsIndication  PEP  Treatment for disease  Incidental  Other \_\_\_\_\_Did patient take medication as prescribed  Yes  No - Why not \_\_\_\_\_  Unk

Prescribing provider \_\_\_\_\_

**NOTES****LAB RESULTS**Lab report information**Lab report reviewed – LHJ** 

WDRS user-entered lab report note

Submitter \_\_\_\_\_

Performing lab for entire report \_\_\_\_\_

Referring lab \_\_\_\_\_

Specimen**Specimen identifier/accession number** \_\_\_\_\_**Specimen collection date** \_\_\_/\_\_\_/\_\_\_ **Specimen received date** \_\_\_/\_\_\_/\_\_\_**WDRS specimen type** \_\_\_\_\_

WDRS specimen source site \_\_\_\_\_

WDRS specimen reject reason \_\_\_\_\_

Test performed and result**WDRS test performed** \_\_\_\_\_**WDRS test result, coded** \_\_\_\_\_

WDRS test result, comparator \_\_\_\_\_

**WDRS result, numeric only** (enter only if given, including as necessary **Comparator** and **Unit of measure**) \_\_\_\_\_

WDRS unit of measure \_\_\_\_\_

Test method \_\_\_\_\_

WDRS interpretation code \_\_\_\_\_

Test result – Other, specify \_\_\_\_\_

**WDRS result summary**  Positive  Negative  Indeterminate  Equivocal  Test not performed  PendingTest result status  Final results; Can only be changed with a corrected result Preliminary results Record coming over is a correction and thus replaces a final result Results cannot be obtained for this observation Specimen in lab; results pending

Result date \_\_\_/\_\_\_/\_\_\_

**Upload document**Ordering Provider

WDRS ordering provider \_\_\_\_\_

Ordering facility

WDRS ordering facility name \_\_\_\_\_