Washington State Department of HEALTH

Leptospirosis

County

Case name (last, first) _____

Birth date ___/___/___ Age at symptom onset _____ ☐ Years ☐ Months

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 ☐ Investigation in progress ☐ Not reportable ☐ Probable ☐ Ruled out ☐ Suspect

Investigation status

☐ Complete ☐ Complete – not reportable to DOH ☐ Unable to complete Reason _____ ☐ In progress

Dates: **Investigation start** __/__/__ Investigation complete __/__/__ Record complete __/__/__ **Case complete** __/__/__

REPORT SOURCE

Initial report source _____ LHJ _____

Reporter organization _____

Reporter name _____ Reporter phone _____

All reporting sources (list all that apply) _____

DEMOGRAPHICS

Sex at birth: ☐ Female ☐ Male ☐ Other ☐ Unknown

Do you consider yourself (your child) Hispanic, Latino/a, or Latinx?

Ethnicity ☐ Hispanic, Latino/a, Latinx ☐ Non-Hispanic, Latino/a, Latinx ☐ Patient declined to respond ☐ Unknown

What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like (check all responses):

Race ☐ Amer Ind/AK Native (***specify***: ☐ Amer Ind ***and/or*** ☐ AK Native) ☐ Asian ☐ Black or African American ☐ Native HI/Pacific Islander (***specify***: ☐ Native HI ***and/or*** ☐ Pacific Islander) ☐ White ☐ Patient declined to respond ☐ Unk

Additional race information:

☐ Afghan ☐ Afro-Caribbean ☐ Arab ☐ Asian Indian ☐ Bamar/Burman/Burmese ☐ Bangladeshi ☐ Bhutanese
☐ Central American ☐ Cham ☐ Chicano/a or Chicanx ☐ Chinese ☐ Congolese ☐ Cuban ☐ Dominican ☐ Egyptian
☐ Eritrean ☐ Ethiopian ☐ Fijian ☐ Filipino ☐ First Nations ☐ Guamanian or Chamorro ☐ Hmong/Mong
☐ Indigenous-Latino/a or Indigenous-Latinx ☐ Indonesian ☐ Iranian ☐ Iraqi ☐ Japanese ☐ Jordanian ☐ Karen
☐ Kenyan ☐ Khmer/Cambodian ☐ Korean ☐ Kuwaiti ☐ Lao ☐ Lebanese ☐ Malaysian ☐ Marshallese ☐ Mestizo
☐ Mexican/Mexican American ☐ Middle Eastern ☐ Mien ☐ Moroccan ☐ Nepalese ☐ North African ☐ Oromo
☐ Pakistani ☐ Puerto Rican ☐ Romanian/Rumanian ☐ Russian ☐ Samoan ☐ Saudi Arabian ☐ Somali
☐ South African ☐ South American ☐ Syrian ☐ Taiwanese ☐ Thai ☐ Tongan ☐ Ugandan ☐ Ukrainian
☐ Vietnamese ☐ Yemeni ☐ Other: _____

What is your (your childs) preferred language? Check one:

☐ Amharic ☐ Arabic ☐ Balochi/Baluchi ☐ Burmese ☐ Cantonese ☐ Chinese (unspecified) ☐ Chamorro ☐ Chuukese
☐ Dari ☐ English ☐ Farsi/Persian ☐ Fijian ☐ Filipino/Pilipino ☐ French ☐ German ☐ Hindi ☐ Hmong ☐ Japanese
☐ Karen ☐ Khmer/Cambodian ☐ Kinyarwanda ☐ Korean ☐ Kosraean ☐ Lao ☐ Mandarin ☐ Marshallese ☐ Mixteco
☐ Nepali ☐ Oromo ☐ Panjabi/Punjabi ☐ Pashto ☐ Portuguese ☐ Romanian/Rumanian ☐ Russian ☐ Samoan
☐ Sign languages ☐ Somali ☐ Spanish/Castilian ☐ Swahili/Kiswahili ☐ Tagalog ☐ Tamil ☐ Telugu ☐ Thai ☐ Tigrinya
☐ Ukrainian ☐ Urdu ☐ Vietnamese ☐ Other language: _____ ☐ Patient declined to respond ☐ Unknown

Interpreter needed ☐ Yes ☐ No ☐ Unk

Case Name _____ LHJ Case ID _____

EMPLOYMENT AND SCHOOL

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 _____

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 _____

Outbreak related ☐ Yes ☐ No LHJ Cluster ID _____ Cluster Name _____

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 _____ºF
			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
Travel out of:	☐ County/City _____ ☐ State _____ ☐ Country _____ ☐ Other _____	☐ County/City _____ ☐ State _____ ☐ Country _____ ☐ Other _____	☐ County/City _____ ☐ State _____ ☐ Country _____ ☐ Other _____
Destination name			
Start and end dates	___/___/___ to ___/___/___	___/___/___ to ___/___/___	___/___/___ 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) _____

Y N Unk
☐ ☐ ☐ **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 case

Likely geographic region of exposure ☐ In Washington – county _____ ☐ Other state _____
☐ Not in US - country _____ ☐ Unk

International travel related ☐ During entire exposure period ☐ During part of exposure period ☐ No international travel

Suspected 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/treatment
Specify medication _____ ☐ Antibiotic ☐ Other _____
Number of days actually taken _____ Treatment start date ___/___/___ Treatment end date ___/___/___
Prescribed dose _____ ☐ g ☐ mg ☐ ml Frequency _____ Duration _____ ☐ Days ☐ Weeks ☐ Months
Indication ☐ 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 ☐ Pending
Test 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 _____

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.