

**CASE REPORT FORM****Leptospirosis**

Leptospirosis \_\_\_\_\_

EpiSurv No. \_\_\_\_\_

**Reporting Authority**Name of Public Health Officer responsible for case **OfficerName** \_\_\_\_\_**Notifier Identification**

**Reporting source\*** **ReportSrc**  General Practitioner  Hospital-based Practitioner  Laboratory  
 Self-notification  Outbreak Investigation  Other

Name of reporting source **ReportName** \_\_\_\_\_Organisation **ReportOrganisation** \_\_\_\_\_Date reported\* **ReportDate** \_\_\_\_\_Contact phone **ReportPhone** \_\_\_\_\_Usual GP **UsualGP** \_\_\_\_\_Practice **GPPpracticeName** \_\_\_\_\_GP phone **GPPhone** \_\_\_\_\_

GP/Practice address Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_

**GPAAddress** \_\_\_\_\_

Town/City \_\_\_\_\_

Post Code \_\_\_\_\_

 **GeoCode** \_\_\_\_\_**Case Identification**Name of case\* Surname **Surname** \_\_\_\_\_Given Name(s) **GivenName** \_\_\_\_\_NHI number\* **NHINumber** \_\_\_\_\_Email **Email** \_\_\_\_\_

Current address\* Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_

**CaseAddress** \_\_\_\_\_

Town/City \_\_\_\_\_

Post Code \_\_\_\_\_

 **GeoCode** \_\_\_\_\_Phone (home) **PhoneHome** \_\_\_\_\_Phone (work) **PhoneWork** \_\_\_\_\_Phone (other) **PhoneOther** \_\_\_\_\_**Case Demography**Location **TA\* TA** \_\_\_\_\_**DHB\* DHB** \_\_\_\_\_Date of birth\* **DateOfBirth** \_\_\_\_\_OR **Age Age** \_\_\_\_\_ Days Months Years **AgeUnits****Sex\* Sex** Male Female Indeterminate Unknown**Occupation\* Occupation** \_\_\_\_\_**Occupation location PlaceOfWork1Type** Place of Work School Pre-schoolName **PlaceOfWork1** \_\_\_\_\_**Address**

Number \_\_\_\_\_

Street \_\_\_\_\_

Suburb \_\_\_\_\_

**PlaceOfWork1Address** \_\_\_\_\_

Town/City \_\_\_\_\_

Post Code \_\_\_\_\_

 **GeoCode** \_\_\_\_\_**Alternative location PlaceOfWork2Type** Place of Work School Pre-school

Name \_\_\_\_\_

**Address**

Number \_\_\_\_\_

Street \_\_\_\_\_

Suburb \_\_\_\_\_

**PlaceOfWork2Address** \_\_\_\_\_

Town/City \_\_\_\_\_

Post Code \_\_\_\_\_

 **GeoCode** \_\_\_\_\_**Ethnic group case belongs to\*** (tick all that apply)NZ European **EthNZEuropan**Maori **EthMaori**Samoan **EthSamoan**Cook Island Maori **EthCookIslandMaori**Niuean **EthNiuean**Chinese **EthChinese**Indian **EthIndian**Tongan **EthTongan**Other (such as Dutch, Japanese) **EthOther**

\*(specify)

**EthSpecify1** \_\_\_\_\_**EthSpecify2** \_\_\_\_\_

Leptospirosis		EpiSurv No. _____
<b>Basis of Diagnosis</b>		
<b>CLINICAL CRITERIA</b>		
Fits clinical description* <i>FitClinDes</i>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
<b>LABORATORY CRITERIA</b>		
Meets laboratory confirmation criteria for disease* <i>LabConf</i>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Isolation of <i>Leptospira</i> from clinical specimen <i>Isolation</i>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
Detection of <i>Leptospira</i> nucleic acid from clinical specimen <i>NAAT</i>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
Four-fold or greater rise in antibody titre in paired sera by microagglutination test (MAT) <i>Titre4x</i>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
Single high antibody titre of $\geq 400$ by microagglutination test (MAT) <i>Titre400</i>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
Single raised antibody titre of $< 400$ by microagglutination test (MAT) <i>TitreLT400</i>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
<b>CLASSIFICATION*</b> <i>Status</i>	<input type="radio"/> Under investigation	<input type="radio"/> Probable <input type="radio"/> Confirmed <input type="radio"/> Not a case
<b>ADDITIONAL LABORATORY DETAILS</b>		
Serovar (specify)* <i>Serovar</i>	_____	
<b>Clinical Course and Outcome</b>		
Date of onset* <i>OnsetDt</i>	_____	<input type="checkbox"/> Approximate <i>OnsetDtApprox</i> <input type="checkbox"/> Unknown <i>OnsetDtUnknown</i>
Hospitalised* <i>Hosp</i>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Date hospitalised* <i>HospDt</i>	_____	<input type="checkbox"/> Unknown <i>HospDtUnknown</i>
Hospital * <i>HospName</i>	_____	
Died* <i>DiedDt</i>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Date died* <i>DiedDt</i>	_____	<input type="checkbox"/> Unknown <i>DiedDtUnknown</i>
Was this disease the primary cause of death?* <i>DiedPrimary</i>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If no, specify the primary cause of death* <i>DiedOther</i>	_____	
<b>Outbreak Details</b>		
Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*		
<input type="checkbox"/> Yes <i>Outbrk</i> If yes, specify Outbreak No.* <i>OutbrkNo</i> _____		
<b>Risk Factors</b>		
Exposure to farm or wild animals or their products in 20 days before illness?* <i>ExpAnimal</i>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, specify exposure in detail* <i>ExpAnimSpec</i>	_____	
Exposure to streams, rivers, lakes in 20 days before illness? (e.g. swimming, canoeing)* <i>ExpWatr</i>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, specify exposure(s) in detail* <i>ExpWatrSpec</i>	_____	
Was the case overseas during the incubation period (range = 4-20 days) for leptospirosis?* <i>Overseas</i>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Other risk factor for leptospirosis (specify)* <i>RiskOthSpecify</i>	_____	
Were any of these activities part of employment?* <i>ExpOccup</i>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, specify* <i>ExpOccSpec</i>	_____	

**Leptospirosis** EpiSurv No. \_\_\_\_\_

**Protective Factors**

If exposure to farm animals or their products, was herd immunised against leptospirosis?\* **HerdImmun**

- Fully immunised
- Partially immunised
- Not immunised at all
- Unknown

**Management**

**CASE MANAGEMENT**

Were antibiotics given for this episode of leptospirosis? **AbxGiven**     Yes     No     Unknown

Date commenced **AbxGiven** \_\_\_\_\_  Unknown **AbxDateUnknown**

**Comments\***

**Comments**