



Leptospirosis Case Report Form

Visit www.cdc.gov/leptospirosis for a fillable PDF version of this Case Report



Patient's Name Date Submitted to CDC
 Address State Case ID
 City Clinician's Name Clinician's Phone

Demographics

State of Residence Zip Code County of Residence Sex Date of Birth Age days
 months
 years

Race Alaska Native or American Indian Black/African American White Native Hawaiian or Other Pacific Islander Not Specified

Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown

Clinical Presentation

Was the patient symptomatic? If yes, Date of Onset

Select all clinical manifestations the patient experienced:

Fever Conjunctival suffusion Jaundice Pulmonary complications Gastrointestinal involvement
 Myalgia Thrombocytopenia Hepatitis Cardiac involvement Rash (petechial or maculopapular)
 Headache Aseptic meningitis Hemorrhage Renal insufficiency/failure
 Other, specify:

Outcome

Was the patient hospitalized? If yes, date admitted Number of days hospitalized
 Was antimicrobial treatment given for this infection? If yes, date started
 Which drugs (select all that apply)? Doxycycline Penicillin Other, specify:
 Clinical Outcome Date of discharge Date of death

Laboratory Results

Culture Specimen Type Collection date Positive Negative Not done
 PCR Specimen Type Collection date Positive Negative Not done

MAT Acute (highest titer) Convalescent (≥ 2 weeks later, highest titer)
 (≥7 days) Date Titer Date Titer 4-fold rise in titer
 Single titer ≥ 800

Other test Choose ELISA Positive Negative
 Other test Choose ELISA Positive Negative

Leptospira serovar[^] [^]identified by PFGE or MLST or other molecular typing method

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 30333; ATTN: PRA (0920-0009).

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Form Approved
OMB 0920-0009
Exp. 4/30/2016

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

Contact with animals (select all that apply) Farm livestock Wildlife Rodents Dogs Other No known contact Unknown

Specify animal:

Where did animal contact(s) occur (eg, at home)?

Contact with water (select all that apply) Standing fresh water (eg, lake, pond) River/stream Wet soil Flood water, run-off Sewage

Other No known contact Unknown

Specify water:

Where did water contact(s) occur (specify location)?

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

Occupational Farmer (Land) Farmer (Animals) Fish worker Unknown

Other If Other, Specify:

Avocational Gardening Pet Ownership Unknown

Other If Other, Specify:

Recreational Swimming Boating Outdoor competition Camping/hiking Hunting Unknown

Other If Other, Specify:

Other (Specify):

In the 30 days prior to illness onset,

Did the patient stay in housing with evidence of rodents? Did the patient stay in a rural area?

Did the patient travel outside of county, state, or country? Travel destination(s)

Was there heavy rainfall near the patient's place of residence, work site, activities, or travel?

Was there flooding near the patient's place of residence, work site, activities, or travel?

Did the patient have similar exposures as a contact diagnosed with leptospirosis in the 30 day period?

Has the patient ever had leptospirosis?

Is this patient part of an outbreak? If yes, describe outbreak

Classify case based on the CSTE/CDC case definition (see criteria below)

Confirmed Probable

Investigator Name Phone Number

Comments

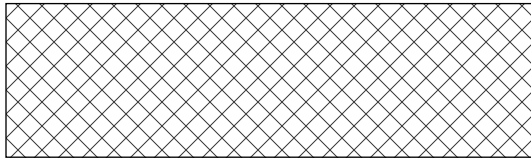
Confirmed: Isolation of *Leptospira* from a clinical specimen, **OR** fourfold or greater increase in *Leptospira* agglutination titer between acute- and convalescent-phase serum specimens studied at the same laboratory, **OR** demonstration of *Leptospira* in tissue by direct immunofluorescence, **OR** *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.



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CDC ID
CDC use only

State Case ID

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Clinician's Phone

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Investigator Name Phone Number
Comments

Send completed pages 3-4 to: CDC/ Bacterial Special Pathogens Branch, 1600 Clifton Road NE, MS-A30, Atlanta, GA 30333,
by fax to (404) 929-1590, or by encrypted e-mail to bspb@cdc.gov.
Call (404) 639-1711 or e-mail bspb@cdc.gov with questions about a case, lab testing, or the form.