



Department of Health and Human Services
Centers for Disease Control and Prevention
Atlanta, GA 30329-4027

Leptospirosis Case Report Form

Form Approved
OMB 0920-0728
Exp. 1/31/2019

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

Patient's Name <input style="width:90%;" type="text"/>	Date First Submitted <input style="width:90%;" type="text"/>	Clinician's Name <input style="width:90%;" type="text"/>
Address <input style="width:90%;" type="text"/>	State Case ID <input style="width:90%;" type="text"/>	Clinician's Phone <input style="width:90%;" type="text"/>
City <input style="width:90%;" type="text"/>	Reporting State <input style="width:90%;" type="text"/>	

Demographics

State of Residence <input style="width:90%;" type="text"/>	Zip Code <input style="width:90%;" type="text"/>	County of Usual Residence <input style="width:90%;" type="text"/>	Sex <input style="width:90%;" type="text"/>	Pregnant <input style="width:90%;" type="text"/>	Birth Date <input style="width:90%;" type="text"/>	Age <input style="width:90%;" type="text"/>	<input type="checkbox"/> days <input type="checkbox"/> months <input type="checkbox"/> years
Race <input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Asian		<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White <input type="checkbox"/> Not Specified		Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	

Clinical Presentation

Was the patient symptomatic? If yes, Date of Onset

Select all clinical manifestations the patient experienced:

<input type="checkbox"/> Fever	<input type="checkbox"/> Conjunctival suffusion	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Pulmonary complications	<input type="checkbox"/> Gastrointestinal involvement
<input type="checkbox"/> Myalgia	<input type="checkbox"/> Thrombocytopenia	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Cardiac involvement	<input type="checkbox"/> Rash (petechial or maculopapular)
<input type="checkbox"/> Headache	<input type="checkbox"/> Aseptic meningitis	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> 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 Illness Duration (days)

Laboratory Results

Culture	Specimen Type <input style="width:90%;" type="text"/>	Collection date <input style="width:90%;" type="text"/>	Result <input style="width:90%;" type="text"/>
PCR	Specimen Type <input style="width:90%;" type="text"/>	Collection date <input style="width:90%;" type="text"/>	Result <input style="width:90%;" type="text"/>
MAT (≥7 days)	Acute (highest titer)		Convalescent (≥ 2 weeks later, highest titer)
	Date <input style="width:90%;" type="text"/>	Titer <input style="width:90%;" type="text"/>	Date <input style="width:90%;" type="text"/>
			<input type="checkbox"/> 4-fold rise in titer <input type="checkbox"/> Single titer ≥ 800
Other test	<input style="width:90%;" type="text"/>	Choose ELISA <input style="width:90%;" type="text"/>	Titer* <input style="width:90%;" type="text"/> Result <input style="width:90%;" type="text"/>
Other test	<input style="width:90%;" type="text"/>	Choose ELISA <input style="width:90%;" type="text"/>	Titer* <input style="width:90%;" type="text"/> Result <input style="width:90%;" type="text"/>

**if applicable*

Leptospira serovar[^] [^]identified by PFGE, 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 30329-4027; ATTN: PRA (0920-0728).

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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.

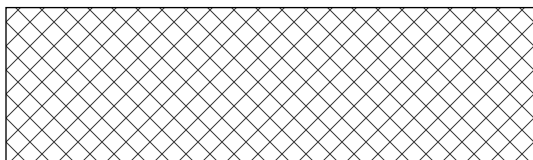


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Date First Submitted Clinician's Name

State Case ID Clinician's Phone

Reporting State CDC ID
CDC use only

Demographics

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

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

Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown

Clinical Presentation

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Culture Specimen Type Collection date Result

PCR Specimen Type Collection date Result

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 Titer* Result

Other test Choose ELISA Titer* Result

**if applicable*

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Confirmed Probable

Investigator Name Phone Number

Comments

Send completed pages 3-4 to: CDC/ Bacterial Special Pathogens Branch, 1600 Clifton Road NE, MS-A30, Atlanta, GA 30329-4027, by fax to (404) 929-1590, encrypted e-mail to bspb@cdc.gov, or via secure FTP. Call (404) 639-1711 or e-mail bspb@cdc.gov with questions about a case, lab testing, or form submission.