

CASE REPORT FORM**Leptospirosis**

Leptospirosis _____

EpiSurv No. _____

Reporting Authority

Name of Public Health Officer responsible for case _____

Notifier Identification

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

Name of reporting source _____

Organisation _____

Date reported* _____

Contact phone _____

Usual GP _____

Practice _____

GP phone _____

GP/Practice address

Number _____

Street _____

Suburb _____

Town/City _____

Post Code _____

☐ GeoCode _____**Case Identification**

Name of case*

Surname _____

Given Name(s) _____

NHI number* _____

Email _____

Current address*

Number _____

Street _____

Suburb _____

Town/City _____

Post Code _____

☐ GeoCode _____

Phone (home) _____

Phone (work) _____

Phone (other) _____

Case Demography

Location TA* _____

DHB* _____

Date of birth*

OR

Age _____

☐ Days☐ Months☐ Years

Sex*

☐ Male☐ Female☐ Indeterminate☐ Unknown

Occupation* _____

Occupation location

☐ Place of Work☐ School☐ Pre-school

Name _____

Address

Number _____

Street _____

Suburb _____

Town/City _____

Post Code _____

☐ GeoCode _____

Alternative location

☐ Place of Work☐ School☐ Pre-school

Name _____

Address

Number _____

Street _____

Suburb _____

Town/City _____

Post Code _____

☐ GeoCode _____

Ethnic group case belongs to* (tick all that apply)

☐ NZ European☐ Maori☐ Samoan☐ Cook Island Maori☐ Niuean☐ Chinese☐ Indian☐ Tongan☐ Other (such as Dutch, Japanese, Tokelauan) *(specify) _____

Leptospirosis		EpiSurv No. _____	
Basis of Diagnosis			
CLINICAL CRITERIA			
Fits clinical description*	☐ Yes	☐ No	☐ Unknown
LABORATORY CRITERIA			
Meets laboratory confirmation criteria for disease*	☐ Yes	☐ No	☐ Unknown
Isolation of <i>Leptospira</i> from clinical specimen	☐ Yes	☐ No	☐ Not Done ☐ Awaiting Results
Detection of <i>Leptospira</i> nucleic acid from clinical specimen	☐ Yes	☐ No	☐ Not Done ☐ Awaiting Results
Four-fold or greater rise in antibody titre in paired sera by microagglutination test (MAT)	☐ Yes	☐ No	☐ Not Done ☐ Awaiting Results
Single high antibody titre of ≥ 400 by microagglutination test (MAT)	☐ Yes	☐ No	☐ Not Done ☐ Awaiting Results
Single raised antibody titre of < 400 by microagglutination test (MAT)	☐ Yes	☐ No	☐ Not Done ☐ Awaiting Results
CLASSIFICATION*			
☐ Under investigation	☐ Probable	☐ Confirmed	☐ Not a case
ADDITIONAL LABORATORY DETAILS			
Serovar (specify)* _____			
Clinical Course and Outcome			
Date of onset*	☐ Approximate	☐ Unknown	
Hospitalised*	☐ Yes	☐ No	☐ Unknown
Date hospitalised*	☐ Unknown		
Hospital * _____			
Died*	☐ Yes	☐ No	☐ Unknown
Date died*	☐ Unknown		
Was this disease the primary cause of death?*	☐ Yes	☐ No	☐ Unknown
If no, specify the primary cause of death* _____			
Outbreak Details			
Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*			
☐ Yes If yes, specify Outbreak No.* _____			
Risk Factors			
Exposure to farm or wild animals or their products in 20 days before illness?*	☐ Yes	☐ No	☐ Unknown
If yes, specify exposure in detail* _____			
Exposure to streams, rivers, lakes in 20 days before illness? (e.g. swimming, canoeing)*	☐ Yes	☐ No	☐ Unknown
If yes, specify exposure(s) in detail* _____			
Was the case overseas during the incubation period (range = 4-20 days) for leptospirosis?*	☐ Yes	☐ No	☐ Unknown
Other risk factor for leptospirosis (specify)* _____			
Were any of these activities part of employment?*	☐ Yes	☐ No	☐ Unknown
If yes, specify* _____			

Leptospirosis	EpiSurv No. _____
Protective Factors	
If exposure to farm animals or their products, was herd immunised against leptospirosis?*	
☐ Fully immunised ☐ Partially immunised ☐ Not immunised at all ☐ Unknown	
Management	
CASE MANAGEMENT	
Were antibiotics given for this episode of leptospirosis? ☐ Yes ☐ No ☐ Unknown	
Date commenced _____ ☐ Unknown	
Comments*	