

CASE REPORT FORM

Leptospirosis

Leptospirosis		EpiSurv No. EpiSurvNumber	
Reporting Authority			
Name of Public Health Officer responsible for case OfficerName			
Notifier Identification i			
Reporting source* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ReportSrc ☐ Self-notification ☐ Outbreak Investigation ☐ Other			
Name of reporting source ReportName		Organisation ReportOrganisation	
Date reported* ReportDate	Laboratory sample date SampleDate	Contact phone ReportPhone	
Usual GP UsualGP	Practice GPPracticeName	GP phone GPPhone	
GP/Practice address Number		Street	Suburb
GPAddress		Town/City	Post Code ☐ GeoCode
Case Identification i			
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-school	
Name PlaceOfWork1			
Address Number		Street	Suburb
PlaceOfWork1Address		Town/City	Post Code ☐ GeoCode
Alternative location PlaceOfWork2Type		☐ Place of Work ☐ School ☐ Pre-school	
Name PlaceOfWork2			
Address Number		Street	Suburb
PlaceOfWork2Address		Town/City	Post Code ☐ GeoCode
Ethnic group case belongs to* (tick all that apply) i			
☐ NZ European EthNZEuroean ☐ 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			

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

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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 AbxDate ☐ Unknown AbxDateUnknown	
Comments*	
Comments	