

CASE REPORT FORM

Leptospirosis

Leptospirosis _____	EpiSurv No. _____
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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)

<input type="checkbox"/> NZ European	<input type="checkbox"/> Maori	<input type="checkbox"/> Samoan	<input type="checkbox"/> Cook Island Maori
<input type="checkbox"/> Niuean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Tongan
<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan)	*(specify) _____		

Basis of Diagnosis**CLINICAL CRITERIA**

Fits clinical description*

 Yes No Unknown**LABORATORY CRITERIA**Isolation of *Leptospira* 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 ResultsSingle high (≥ 400 and < 800) antibody titre by microagglutination test (MAT)* Yes No Not Done Awaiting ResultsSingle high (> 800) antibody titre by microagglutination test (MAT)* Yes No Not Done Awaiting Results**STATUS*** 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* _____

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*

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