

Leptospirosis

County _____

Case name (last, first) _____
 Birth date ____/____/____ Age at symptom onset _____ ☐ Years ☐ Months
 Alternate name _____
 Phone _____ Email _____
 Address type ☐ Home ☐ Mailing ☐ Other ☐ Temporary ☐ Work
 Street address _____
 City/State/Zip/County _____
 Residence type (incl. Homeless) _____ WA resident ☐ Yes ☐ No

ADMINISTRATIVE

Investigator _____ LHJ Case ID (optional) _____

LHJ notification date ____/____/____

Classification

☐ Classification pending ☐ Confirmed ☐ Investigation in progress ☐ Not reportable ☐ Probable ☐ Ruled out ☐ Suspect

Investigation status

☐ Complete ☐ Complete – not reportable to DOH ☐ Unable to complete Reason _____ ☐ In progress

Dates: **Investigation start** ____/____/____ Investigation complete ____/____/____ Record complete ____/____/____ **Case complete** ____/____/____

REPORT SOURCE

Initial report source _____ LHJ _____

Reporter organization _____

Reporter name _____ Reporter phone _____

All reporting sources (list all that apply) _____

DEMOGRAPHICS

Sex at birth: ☐ Female ☐ Male ☐ Other ☐ Unknown

Do you consider yourself (your child) Hispanic, Latino/a, or Latinx?

Ethnicity ☐ Hispanic, Latino/a, Latinx ☐ Non-Hispanic, Latino/a, Latinx ☐ Patient declined to respond ☐ Unknown

What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like (check all responses):

Race ☐ Amer Ind/AK Native (*specify*: ☐ Amer Ind *and/or* ☐ AK Native) ☐ Asian ☐ Black or African American
☐ Native HI/Pacific Islander (*specify*: ☐ Native HI *and/or* ☐ Pacific Islander) ☐ White ☐ Patient declined to respond ☐ Unk

Additional race information:

☐ Afghan ☐ Afro-Caribbean ☐ Arab ☐ Asian Indian ☐ Bamar/Burman/Burmese ☐ Bangladeshi ☐ Bhutanese
☐ Central American ☐ Cham ☐ Chicano/a or Chicanx ☐ Chinese ☐ Congolese ☐ Cuban ☐ Dominican ☐ Egyptian
☐ Eritrean ☐ Ethiopian ☐ Fijian ☐ Filipino ☐ First Nations ☐ Guamanian or Chamorro ☐ Hmong/Mong
☐ Indigenous-Latino/a or Indigenous-Latinx ☐ Indonesian ☐ Iranian ☐ Iraqi ☐ Japanese ☐ Jordanian ☐ Karen
☐ Kenyan ☐ Khmer/Cambodian ☐ Korean ☐ Kuwaiti ☐ Lao ☐ Lebanese ☐ Malaysian ☐ Marshallese ☐ Mestizo
☐ Mexican/Mexican American ☐ Middle Eastern ☐ Mien ☐ Moroccan ☐ Nepalese ☐ North African ☐ Oromo
☐ Pakistani ☐ Puerto Rican ☐ Romanian/Rumanian ☐ Russian ☐ Samoan ☐ Saudi Arabian ☐ Somali
☐ South African ☐ South American ☐ Syrian ☐ Taiwanese ☐ Thai ☐ Tongan ☐ Ugandan ☐ Ukrainian
☐ Vietnamese ☐ Yemeni ☐ Other: _____

What is your (your child's) preferred language? Check one:

☐ Amharic ☐ Arabic ☐ Balochi/Baluchi ☐ Burmese ☐ Cantonese ☐ Chinese (unspecified) ☐ Chamorro ☐ Chuukese
☐ Dari ☐ English ☐ Farsi/Persian ☐ Fijian ☐ Filipino/Pilipino ☐ French ☐ German ☐ Hindi ☐ Hmong ☐ Japanese
☐ Karen ☐ Khmer/Cambodian ☐ Kinyarwanda ☐ Korean ☐ Kosraean ☐ Lao ☐ Mandarin ☐ Marshallese ☐ Mixteco
☐ Nepali ☐ Oromo ☐ Panjabi/Punjabi ☐ Pashto ☐ Portuguese ☐ Romanian/Rumanian ☐ Russian ☐ Samoan
☐ Sign languages ☐ Somali ☐ Spanish/Castilian ☐ Swahili/Kiswahili ☐ Tagalog ☐ Tamil ☐ Telugu ☐ Thai ☐ Tigrinya
☐ Ukrainian ☐ Urdu ☐ Vietnamese ☐ Other language: _____ ☐ Patient declined to respond ☐ Unknown

Interpreter needed ☐ Yes ☐ No ☐ Unk

EMPLOYMENT AND SCHOOL

Employed ☐ Yes ☐ No ☐ Unk Occupation _____ Industry _____
 Employer _____ Work site _____ City _____

Student/Day care ☐ Yes ☐ No ☐ Unk
 Type of school ☐ Preschool/day care ☐ K-12 ☐ College ☐ Graduate School ☐ Vocational ☐ Online ☐ Other
 School name _____ School address _____
 City/State/County _____ Zip _____ Phone number _____ Teacher's name _____

COMMUNICATIONS

Primary HCP name _____ Phone _____
 OK to talk to patient (If Later, provide date) ☐ Yes ☐ Later ____/____/____ ☐ Never
 Date of interview attempt ____/____/____ ☐ Complete ☐ Partial ☐ Unable to reach ☐ Patient could not be interviewed
 Alternate contact: ☐ Parent/Guardian ☐ Spouse/Partner ☐ Friend ☐ Other _____
 Name _____ Phone _____

Outbreak related ☐ Yes ☐ No LHJ Cluster ID _____ Cluster Name _____

CLINICAL INFORMATION

Complainant ill ☐ Yes ☐ No ☐ Unk **Symptom Onset** ____/____/____ ☐ Derived **Diagnosis date** ____/____/____
 Illness duration _____ ☐ Days ☐ Weeks ☐ Months ☐ Years Illness is still ongoing ☐ Yes ☐ No ☐ Unk

Clinical Features**Y N Unk**

- ☐ ☐ ☐ **Any fever, subjective or measured** If yes, Temp measured? ☐ Yes ☐ No Highest measured temp _____°F
 Onset date ____/____/____
☐ ☐ ☐ **Biphasic fever**
☐ ☐ ☐ Chills or rigors
☐ ☐ ☐ **Headache**
☐ ☐ ☐ **Nausea**
☐ ☐ ☐ **Vomiting**
☐ ☐ ☐ **Abdominal pain or cramps**
☐ ☐ ☐ **Diarrhea** (3 or more loose stools within a 24 hour period)
☐ ☐ ☐ **Cough**
☐ ☐ ☐ **Dyspnea** (shortness of breath)
☐ ☐ ☐ **Conjunctival suffusion without purulent discharge**
☐ ☐ ☐ **Myalgia** (muscle aches or pain)

Y N Unk

- ☐ ☐ ☐ **Rash** (i.e., maculopapular or petechial)
☐ ☐ ☐ **Cardiac arrhythmias, ECG abnormalities**
☐ ☐ ☐ **Hemorrhagic signs**
☐ ☐ ☐ Blood in vomitus, stool, urine
☐ ☐ ☐ Epistaxis (nose bleed)
☐ ☐ ☐ Gum bleeding
☐ ☐ ☐ Petechiae
☐ ☐ ☐ Positive tourniquet test
☐ ☐ ☐ Positive urinalysis
☐ ☐ ☐ Purpura/ecchymosis
☐ ☐ ☐ Vaginal Bleeding
☐ ☐ ☐ Hemoptysis
☐ ☐ ☐ Other _____
☐ ☐ ☐ **Pale stool, dark urine, yellowing of skin or eyes (jaundice)**
☐ ☐ ☐ **Meningitis**
☐ ☐ ☐ **Renal insufficiency** (e.g., anuria, oliguria)
☐ ☐ ☐ Hepatitis
☐ ☐ ☐ Septic shock
☐ ☐ ☐ Respiratory complications or failure
☐ ☐ ☐ Prior leptospirosis
☐ ☐ ☐ Other symptoms consistent with this illness _____

Clinical Testing**Y N Unk**

- ☐ ☐ ☐ Elevated CSF cell count
☐ ☐ ☐ Elevated CSF protein
☐ ☐ ☐ Thrombocytopenia Value _____

Hospitalization

Y N Unk

- ☐ ☐ ☐ **Hospitalized at least overnight for this illness** Facility name _____
 Hospital admission date ____/____/____ Discharge ____/____/____ HRN _____
☐ ☐ ☐ Admitted to ICU Date admitted to ICU ____/____/____ Date discharged from ICU ____/____/____
☐ ☐ ☐ Mechanical ventilation or intubation required
☐ ☐ ☐ Still hospitalized As of ____/____/____

Y N Unk

- ☐ ☐ ☐ **Died of this illness** Death date ____/____/____ Please fill in the death date information on the Person Screen
☐ ☐ ☐ Autopsy performed
☐ ☐ ☐ Death certificate lists disease as a cause of death or a significant contributing condition

Pregnancy

Pregnancy status at time of symptom onset

- ☐ Pregnant (Estimated) delivery date ____/____/____ Weeks pregnant at any symptom onset _____
 OB name, phone, address _____
 Outcome of pregnancy ☐ Still pregnant ☐ Fetal death (miscarriage or stillbirth) ☐ Abortion
☐ Other _____
☐ Delivered – full term ☐ Delivered – preemie ☐ Delivered – Unk
 Delivery method ☐ Vaginal ☐ C-section ☐ Unk
☐ Postpartum (Estimated) delivery date ____/____/____
 OB name, phone, address _____
 Outcome of pregnancy ☐ Fetal death (miscarriage or stillbirth) ☐ Abortion
☐ Other _____
☐ Delivered – full term ☐ Delivered – preemie ☐ Delivered – Unk
 Delivery method ☐ Vaginal ☐ C-section ☐ Unk
☐ Neither pregnant nor postpartum ☐ Unk

RISK AND RESPONSE (Ask about exposures 2-30 days before symptom onset)**Travel**

	Setting 1	Setting 2	Setting 3
Travel out of:	☐ County/City _____ ☐ State _____ ☐ Country _____ ☐ Other _____	☐ County/City _____ ☐ State _____ ☐ Country _____ ☐ Other _____	☐ County/City _____ ☐ State _____ ☐ Country _____ ☐ Other _____
Destination name	_____	_____	_____
Start and end dates	____/____/____ to ____/____/____	____/____/____ to ____/____/____	____/____/____ to ____/____/____

Risk and Exposure Information

Y N Unk

- ☐ ☐ ☐ Is case a recent foreign arrival (e.g., immigrant, refugee, adoptee, visitor) Country _____
☐ ☐ ☐ **Commercial animal or animal product implicated** Specify _____
☐ ☐ ☐ **Involvement in an exposure event (e.g., adventure race, triathlon, flooding) with known associated cases**
 Specify event _____
☐ ☐ ☐ Does the case know anyone else with similar symptoms or illness
 Onset date, shared meals, relationship, etc. _____

Water Exposure

Y N Unk

- ☐ ☐ ☐ **Source of drinking water known** Describe
☐ ☐ ☐ Bottled water _____
☐ ☐ ☐ Public water system _____
☐ ☐ ☐ Individual well _____
☐ ☐ ☐ Shared well _____
☐ ☐ ☐ Other _____
☐ ☐ ☐ Motorcycle/bicycle riding in wet conditions
☐ ☐ ☐ **Exposure to wet soil, vegetation, or mud**
☐ ☐ ☐ **Contact with untreated water** Describe
☐ ☐ ☐ Flood water, run-off _____
☐ ☐ ☐ River/stream/spring _____
☐ ☐ ☐ Sewage _____
☐ ☐ ☐ Standing fresh water (e.g., lake, pond) _____
☐ ☐ ☐ Surface well _____
☐ ☐ ☐ Other _____
 Where did water contact occur (specific location) _____

Y N Unk

- ☐ ☐ ☐ **Flooding near residence, work site, activities, or travel**
☐ ☐ ☐ Heavy rainfall near residence, work site, activities, or travel

Additional Exposures**Y N Unk**

- ☐ ☐ ☐ Stayed in rural area
☐ ☐ ☐ Occupational animal or water contact
☐ ☐ ☐ Farmer (animals)
☐ ☐ ☐ Farmer (land)
☐ ☐ ☐ Fish worker
☐ ☐ ☐ Specify occupation _____
☐ ☐ ☐ Avocational animal or water contact
☐ ☐ ☐ Specify avocation _____
☐ ☐ ☐ Gardening
☐ ☐ ☐ Pet ownership
☐ ☐ ☐ Other _____
☐ ☐ ☐ Recreational animal or water contact
☐ ☐ ☐ Describe recreation _____
☐ ☐ ☐ Swimming
☐ ☐ ☐ Boating
☐ ☐ ☐ Camping/hiking
☐ ☐ ☐ Hunting
☐ ☐ ☐ Outdoor competition
☐ ☐ ☐ Other _____
☐ ☐ ☐ Visited farm, zoo, fair, or pet shop Specify _____
☐ ☐ ☐ Contact with animal carcass
☐ ☐ ☐ Contact with animals or animals excreta
☐ ☐ ☐ Where did animal contact occur (e.g., home) _____
☐ ☐ ☐ Dogs
☐ ☐ ☐ Farm livestock
☐ ☐ ☐ Rodents
☐ ☐ ☐ Wildlife
☐ ☐ ☐ Other _____
☐ ☐ ☐ Housing had evidence of rodents

Exposure and Transmission Summary**Y N Unk**

- ☐ ☐ ☐ Epidemiologic link to a confirmed human case

Likely geographic region of exposure ☐ In Washington – county _____ ☐ Other state _____
☐ Not in US - country _____ ☐ Unk

International travel related ☐ During entire exposure period ☐ During part of exposure period ☐ No international travel

Suspected exposure type ☐ Foodborne ☐ Waterborne ☐ Animal related ☐ Person to person ☐ Sexual ☐ Unk
☐ Other _____
Describe _____

Suspected exposure setting ☐ Day care/Childcare ☐ School (not college) ☐ Home ☐ Work ☐ College ☐ Military
☐ Correctional facility ☐ Place of worship ☐ Laboratory ☐ Long term care facility ☐ Homeless/shelter
☐ International travel ☐ Out of state travel ☐ Social event ☐ Large public gathering ☐ Restaurant ☐ Hotel/motel/hostel
☐ Other _____
Describe _____

Exposure Summary

Public Health Issues**Y N Unk**☐ ☐ ☐ Notify others sharing exposure**Public Health Interventions/Actions****Y N Unk**

☐ ☐ ☐ Initiate trace-back investigation
☐ ☐ ☐ Patient education regarding risk factors
☐ ☐ ☐ Educate on proper disposal of animal carcass
☐ ☐ ☐ Biohazard issues identified
☐ ☐ ☐ Biohazard protocol followed
☐ ☐ ☐ Letter sent Date ____/____/____ Batch date ____/____/____
☐ ☐ ☐ Any other public health action _____

TREATMENT**Y N Unk**

☐ ☐ ☐ Did patient receive prophylaxis/treatment
 Specify medication _____ ☐ Antibiotic ☐ Other _____
 Number of days actually taken _____ Treatment start date ____/____/____ Treatment end date ____/____/____
 Prescribed dose _____ ☐ g ☐ mg ☐ ml Frequency _____ Duration _____ ☐ Days ☐ Weeks ☐ Months
 Indication ☐ PEP ☐ Treatment for disease ☐ Incidental ☐ Other _____
 Did patient take medication as prescribed ☐ Yes ☐ No - Why not _____ ☐ Unk
 Prescribing provider _____

NOTES**LAB RESULTS**Lab report information**Lab report reviewed – LHJ** ☐

WDRS user-entered lab report note

Submitter _____
 Performing lab for entire report _____
 Referring lab _____

Specimen**Specimen identifier/accession number** _____**Specimen collection date** ____/____/____ **Specimen received date** ____/____/____**WDRS specimen type** _____

WDRS specimen source site _____

WDRS specimen reject reason _____

Test performed and result**WDRS test performed** _____**WDRS test result, coded** _____

WDRS test result, comparator _____

WDRS result, numeric only (enter only if given, including as necessary **Comparator** and **Unit of measure**) _____

WDRS unit of measure _____

Test method _____

WDRS interpretation code _____

Test result – Other, specify _____

WDRS result summary ☐ Positive ☐ Negative ☐ Indeterminate ☐ Equivocal ☐ Test not performed ☐ PendingTest result status ☐ Final results; Can only be changed with a corrected result☐ Preliminary results☐ Record coming over is a correction and thus replaces a final result☐ Results cannot be obtained for this observation☐ Specimen in lab; results pending

Result date ____/____/____

Upload documentOrdering Provider

WDRS ordering provider _____

Ordering facility

WDRS ordering facility name _____

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