

# CASE REPORT FORM

# Leptospirosis

Leptospirosis _____	EpiSurv No. <b>EpiSurvNumber</b> _____
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## Reporting Authority

Name of Public Health Officer responsible for case **OfficerName** \_\_\_\_\_

## Notifier Identification

**Reporting source\*** **ReportSrc**

General Practitioner     
  Hospital-based Practitioner     
  Laboratory  
 Self-notification     
  Outbreak Investigation     
  Other

Name of reporting source **ReportName** \_\_\_\_\_ **Organisation** **ReportOrganisation** \_\_\_\_\_

Date reported\* **ReportDate** \_\_\_\_\_ **Contact phone** **ReportPhone** \_\_\_\_\_

Usual GP **UsualGP** \_\_\_\_\_ **Practice** **GPPracticeName** \_\_\_\_\_ **GP phone** **GPPhone** \_\_\_\_\_

**GP/Practice address**

Number **houzenumber** Street **streetname** Suburb **suburb**

Town/City **towncity** Post Code **postcode**  GeoCode **geocode** **addressmatchaccuracy** \_\_\_\_\_

## Case Identification

**Name of case\*** Surname **Surname** \_\_\_\_\_ Given Name(s) **GivenName** \_\_\_\_\_

**NHI number\*** **NHINumber** \_\_\_\_\_ **Email** **Email** \_\_\_\_\_

**Current address\***

Number **houzenumber** Street **streetname** Suburb **suburb**

Town/City **towncity** Post Code **postcode**  GeoCode **geocode** **addressmatchaccuracy** \_\_\_\_\_

**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** **occupation\_place\_type**  Place of Work  School  Pre-school

**Name** **occupation\_place\_name** \_\_\_\_\_

**Address**

Number **houzenumber** Street **streetname** Suburb **suburb**

Town/City **towncity** Post Code **postcode**  GeoCode **geocode** **addressmatchaccuracy** \_\_\_\_\_

**Alternative location** **occupation\_place\_type**  Place of Work  School  Pre-school

**Name** **occupation\_place\_name** \_\_\_\_\_

**Address**

Number **houzenumber** Street **streetname** Suburb **suburb**

Town/City **towncity** Post Code **postcode**  GeoCode **geocode** **addressmatchaccuracy** \_\_\_\_\_

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

NZ European **EthNZEuropan**   
  Maori **EthMaori**   
  Samoan **EthSamoan**   
  Cook Island Maori **EthCookIslandMaori**  
 Niuean **EthNiuean**   
  Chinese **EthChinese**   
  Indian **EthIndian**   
  Tongan **EthTongan**  
 Other (such as Dutch, Japanese, Tokelauan) \*(specify) **EthOther** **EthSpecify1** \_\_\_\_\_ **EthSpecify2** \_\_\_\_\_

**Basis of Diagnosis****CLINICAL CRITERIA**Fits clinical description\* **FitClinDes**  Yes  No  Unknown**LABORATORY CRITERIA**Isolation of *Leptospira* from clinical specimen\* **Isolation**  Yes  No  Not Done  Awaiting ResultsFour-fold or greater rise in antibody titre in paired sera by microagglutination test (MAT)\* **Titre4x**  Yes  No  Not Done  Awaiting ResultsSingle high (>=400 and <800) antibody titre by microagglutination test (MAT)\* **Titre400**  Yes  No  Not Done  Awaiting ResultsSingle high (>800) antibody titre by microagglutination test (MAT)\* **Titre800**  Yes  No  Not Done  Awaiting Results**STATUS\*** **Status**  Under investigation  Probable  Confirmed  Not a case**ADDITIONAL LABORATORY DETAILS**Serovar (specify)\* **Seravar** \_\_\_\_\_**Clinical Course and Outcome**Date of onset\* **OnsetDt** \_\_\_\_\_  Approximate **OnsetDtApprox**  Unknown **OnsetDtUnknown**Hospitalised\* **Hosp**  Yes  No  UnknownDate hospitalised\* **HospDt** \_\_\_\_\_  Unknown **HospDtUnknown**Hospital\* **HospName** \_\_\_\_\_Died\* **Died**  Yes  No  UnknownDate died\* **DiedDt** \_\_\_\_\_  Unknown **DiedDtUnknown**Was this disease the primary cause of death?\* **DiedPrimary**  Yes  No  UnknownIf 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  UnknownIf yes, specify exposure in detail\* **ExpAnimSpec** \_\_\_\_\_Exposure to streams, rivers, lakes in 20 days before illness? (e.g. swimming, canoeing)\* **ExpWatr**  Yes  No  UnknownIf yes, specify exposure(s) in detail\* **ExpWatrSpec** \_\_\_\_\_Was the case overseas during the incubation period (range = 4-20 days) for leptospirosis?\* **Overseas**  Yes  No  UnknownOther risk factor for leptospirosis (specify)\* **RiskOthSpecify** \_\_\_\_\_Were any of these activities part of employment?\* **ExpOccup**  Yes  No  UnknownIf yes, specify\* **ExpOccSpec** \_\_\_\_\_

**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  UnknownDate commenced **AbxDate** \_\_\_\_\_ Unknown **AbxDateUnknown****Comments\*****Comments**