

Case name: *First name* *Surname* DOB/...../..... Notification ID:



Leptospirosis Case Report Form

..... **Public Health Unit** Outbreak ID:
Completed by: Date sent to NOCS:/...../.....
Telephone: Fax:

NOTIFICATION:

Date PHU notified:/...../..... Date initial response:/...../.....
Notifier: Organisation:
Telephone: Fax: Email:
Treating Dr:
Telephone: Fax: Email:

CASE DETAILS:

UR No:

Name: *First name* *Surname*
Date of birth:/...../..... Age: Years Months Sex: Male Female
Name of parent/carer:
 Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander Non-Indigenous Unknown
English preferred language: Yes No – *specify* Ethnicity – *specify*
Permanent address: Postcode:
Home tel: Mob: Email:
Occupation: Work telephone:
Temporary address in Queensland (*if different from permanent address*): Postcode:
Telephone: Mob: Email:
General Practitioner: Dr
Address: Postcode:
Telephone: Fax: Email:

CLINICAL DETAILS:

Date of Onset:/...../..... Date of first Consultation:/...../.....
Antibiotics commenced: Yes No Details: Date:/...../.....

Symptoms:

Early phase

- Fever
- Headache
- Chills
- Myalgia
- Redness of conjunctiva

Other Symptoms

- Nausea
- Vomiting
- Diarrhoea
- Abdominal pain
- Cough
- Photophobia
- Rash
- Calf tenderness

Late Phase

- Prolonged fever
- Jaundice
- Renal failure
- Bleeding
- Respiratory insufficiency with or without haemoptysis
- Hypotensio
- Myocarditis
- Meningitis
- Mental confusion

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Past history of leptospirosis: Yes No Details:

Any co-existing illness: Yes No Details:

Hospitalised: Yes No Unknown Hospital: Date:/...../..... to/...../.....

Complications: Yes – *specify*: No Unknown

Outcome: Survived Died Date of death:/...../..... Died of condition Unknown

LABORATORY CRITERIA: Laboratory: Collection date:/...../.....

(≤ 10 days) Blood culture: Positive Negative Not done

OR (< 7 days) PCR: Positive Negative Not done

OR (if ≥ 7 days), MAT testing:

Fourfold rise in MAT: **1st** Date:/...../..... (≥ 2 weeks later) **2nd** Date:/...../.....

Single high MAT (≥ 400): **AND** EIA IgM : Positive Negative Not done

Leptospiral serovar:

EXPOSURE PERIOD:

Date:/...../..... to Date:/...../.....
(Onset of symptoms – 30 days) (Onset of symptoms – 2 days)

Was there a single event of exposure? Yes No Unknown Date:/...../.....

Location of event:

Description of event:

Any close contacts with similar symptoms: Yes No Details:

Any heavy rainfall recently: Yes No Details:

Any flooding recently: Yes No Details:

Has the case travelled in the last month: Within Australia Details:

Overseas Details:

Animal exposure

Has there been recent contact with the following animals during the exposure period:

- Rats Dogs Horses
- Mice Cats Native rats or mice
- Domestic pigs Dairy cattle Other native animals – *specify*:
- Feral pigs Beef cattle Other animals – *specify*:
- Sheep Goats

Recreational exposure

Have the following activities recently been undertaken during the exposure period:

- Bushwalking When: Where:
- Camping When: Where:
- Hunting When: Where:
- Gardening When: Where:
- Swimming When: Where:

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- White water rafting When: Where:
- Other water sports When: Where:
- Drinking untreated water When: Where:
- Other When: Where:

Occupational Contact

Occupation:

Place of work:

Specific nature of work:

Animal contact at work:

Recent cuts/grazes on limbs:

Footwear at work:

Protective clothing at work:

Usual place of lunch/tea breaks:

Hand hygiene prior to breaks: Yes No

PLACE ACQUIRED:

- Queensland Other Australian state/territory – *specify*
- Unknown Other country – *specify*

INFECTIOUS PERIOD:

(Not applicable as person to person transmission is rare but can be excreted in urine from one month to years following acute illness).

NOTIFICATION DECISION: Confirmed – Leptospirosis case

OUTBREAK MANAGEMENT:

(Two or more epidemiologically linked confirmed cases with a suspected local source of exposure).

Type of contact	Number of contacts	Treatment recommended	Potential Source
Community
Occupational
Other – <i>specify</i>

COMMENTS: