NJDOH LEPTOSPIROSIS INVESTIGATION WORKSHEET

CDRSS #: _____

DEMOGRAPHICS

Patient Name	Date of Birth	Sex
	____ / ____ / ____	

Address	Phone number

Race
☐ White ☐ Black ☐ American Indian or Alaskan Native ☐ Asian ☐ Pacific Islander/Native Hawaiian
☐ Other_____

Ethnicity	Country of Birth	Pregnancy status
☐ Hispanic ☐ Non-Hispanic		☐Pregnant ☐ Not Pregnant ☐ N/A

CLINICAL INFORMATION

Disease Presentation
☐Acute (0 - <8 weeks) ☐Subacute (8 weeks - <1 year) ☐Chronic (1 year+) ☐Unknown

Onset Date ____ / ____ / ____

Select a response for each sign or symptom below and include onset/resolution dates

Sign/Symptom	Response	Onset Date	Resolution Date
Conjunctival suffusion without purulent discharge	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____	____ / ____ / ____
Fever	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____	____ / ____ / ____
Headache	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____	____ / ____ / ____
Hepatitis	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____	____ / ____ / ____
Jaundice	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____	____ / ____ / ____
Myalgia	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____	____ / ____ / ____
Rash (petechial or maculopapular)	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____	____ / ____ / ____
Thrombocytopenia	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____	____ / ____ / ____
Other Clinical Findings		**Onset Date**	**Describe**
Aseptic meningitis	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____	
GI symptoms (e.g., abdominal pain, nausea, vomiting, diarrhea)	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____	
Pulmonary complications (e.g., cough, breathlessness, hemoptysis)	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____	
Cardiac arrhythmias, ECG abnormalities	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____	
Renal insufficiency (e.g., anuria, oliguria)	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____	
Hemorrhage (e.g., intestinal, pulmonary, hematuria, hematemesis)	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____	
Jaundice with acute renal failure	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____	

Was patient hospitalized because of this illness? ☐ No ☐ Unknown ☐ Yes, *specify location and date(s)* Hospital name: Admission: _____ / _____ / _____ Discharge: _____ / _____ / _____ Number of days hospitalized:_____	**Did the patient die because of this illness?** ☐ Yes, *specify date* _____ / _____ / _____ ☐ No ☐ Unknown	**Illness Duration (in days)**

TREATMENT

Was antimicrobial treatment given for this infection? ☐ Yes ☐ No ☐ Unk.

Treatment	Dosage	Dates
☐ Doxycycline	_____mg/day x _____days	_____ / _____ / _____ to _____ / _____ / _____
☐ Penicillin	_____mg/day x _____days	_____ / _____ / _____ to _____ / _____ / _____
Other:_____	_____mg/day x _____days	_____ / _____ / _____ to _____ / _____ / _____
Other:_____	_____mg/day x _____days	_____ / _____ / _____ to _____ / _____ / _____

☐ Not treated

RISK FACTORS (30 DAY HISTORY FROM ILLNESS ONSET)

In the 30 days prior to illness onset, did the patient have contact with animals?
☐ Yes, specify type below ☐ No ☐ Unknown

In the 30 days prior to illness onset, did the patient have contact with water sources?
☐ Yes, specify type below ☐ No ☐ Unknown

Contact with animals (select all that apply)

Animal	*Location (e.g., home, address)*
☐ Farm livestock	_____
☐ Wildlife	_____
☐ Rodents	_____
☐ Dogs	_____
☐ No known contact	_____
☐ Other	_____
☐ Unknown	_____

Specify species:

Dates of contact:

Contact with water (select all that apply)

Type	*Location*
☐ Standing water *(e.g., lake, pond)*	_____
☐ River/stream	_____
☐ Wet soil	_____
☐ Flood water, run-off	_____
☐ Sewage	_____
☐ No known contact	_____
☐ Other	_____
☐ Unknown	_____

Additional information:

Dates of contact:

If the patient had contact with animals or water, select the type of contact below:

Occupational exposures	**Avocational exposures**	**Recreational exposures**	**Other type of exposure, specify:**
☐ Farmer (land)	☐ Gardening	☐ Swimming	
☐ Farmer (animal)	☐ Pet ownership	☐ Boating	
☐ Fish worker	☐ Unknown	☐ Outdoor competition	
☐ Unknown	☐ Other, specify:	☐ Camping/hiking	
☐ Other, specify:		☐ Hunting	
		☐ Unknown	
		☐ Other, specify:	

In the 30 days prior to illness onset, did the patient stay in housing with evidence of rodents?	☐ Yes ☐ No ☐ Unknown Address: Dates:
In the 30 days prior to illness onset, did the patient stay in a rural area?	☐ Yes ☐ No ☐ Unknown Address: Dates:

In the 30 days prior to illness onset, did the patient travel outside of the county, state, or country?	☐ Yes	☐ No	☐ Unknown
	Destination and Address:		
	Dates:		
In the 30 days prior to illness onset, was there heavy rainfall near the patient's place of residence, work site, activities, or travel?	☐ Yes	☐ No	☐ Unknown
	Address:		
	Dates:		
In the 30 days prior to illness onset, did the patient have similar exposures as a contact diagnosed with leptospirosis in the 30 day period?	☐ Yes	☐ No	☐ Unknown
	Dates:		
Has the patient ever had leptospirosis?	☐ Yes	☐ No	☐ Unknown
	Dates:		

LABORATORY DATA

Name of test/ Methodology	Name of laboratory	Specimen type	Specimen collection date	Result	Reference range
Culture					
PCR					
MAT (>7 days)					
MAT (>2 weeks later, highest titer)					
Other:					
Other:					

ADDITIONAL CASE NOTES