### SIGNS AND SYMPTOMS

<table>
<thead>
<tr>
<th>Symptomatic?</th>
<th>Onset Date (mm/dd/yyyy)</th>
<th>Date First Sought Medical Care (mm/dd/yyyy)</th>
<th>Signs and Symptoms</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Signs and Symptoms

- **Fever**
  - If Yes, highest temperature: _____ specify °F/°C
- **Headache**
- **Chills**
- **Myalgia**
- **Conjunctivitis**
- **Photophobia, uveitis**
- **Meningitis**
- **Rash**
  - If Yes, location of rash: ____________________
- **Icterus**
- **Uremia**
- **Abdominal pain**
- **Vomiting**
- **Diarrhea**
- **Hemorrhage**
- **Respiratory insufficiency**
- **Other signs / symptoms (specify)**

### HOSPITALIZATION

<table>
<thead>
<tr>
<th>Did patient visit emergency room for illness?</th>
<th>Was patient hospitalized?</th>
<th>If Yes, how many total hospital nights?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
</tbody>
</table>

If there were any ER or hospital stays related to this illness, specify details below.

### HOSPITALIZATION - DETAILS

<table>
<thead>
<tr>
<th>Hospital Name 1</th>
<th>Street Address</th>
<th>Admission Date (mm/dd/yyyy)</th>
<th>City</th>
<th>Discharge / Transfer Date (mm/dd/yyyy)</th>
<th>State</th>
<th>Zip Code</th>
<th>Telephone Number</th>
<th>Medical Record Number</th>
<th>Discharge Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Admission Date (mm/dd/yyyy)</td>
<td>City</td>
<td>Discharge / Transfer Date (mm/dd/yyyy)</td>
<td>State</td>
<td>Zip Code</td>
<td>Telephone Number</td>
<td>Medical Record Number</td>
<td>Discharge Diagnosis</td>
<td></td>
</tr>
<tr>
<td>Hospital Name 2</td>
<td>Street Address</td>
<td>Admission Date (mm/dd/yyyy)</td>
<td>City</td>
<td>Discharge / Transfer Date (mm/dd/yyyy)</td>
<td>State</td>
<td>Zip Code</td>
<td>Telephone Number</td>
<td>Medical Record Number</td>
<td>Discharge Diagnosis</td>
</tr>
</tbody>
</table>

### TREATMENT / MANAGEMENT

<table>
<thead>
<tr>
<th>Received Treatment?</th>
<th>If Yes, specify the treatment below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td></td>
</tr>
</tbody>
</table>

### TREATMENT / MANAGEMENT - DETAILS

<table>
<thead>
<tr>
<th>Treatment Type 1</th>
<th>Treatment Name &amp; Dosage</th>
<th>Date Started (mm/dd/yyyy)</th>
<th>Date Ended (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Antibiotic ☐ Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Type 2</td>
<td>Treatment Name &amp; Dosage</td>
<td>Date Started (mm/dd/yyyy)</td>
<td>Date Ended (mm/dd/yyyy)</td>
</tr>
<tr>
<td>☐ Antibiotic ☐ Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OUTCOME

<table>
<thead>
<tr>
<th>Outcome?</th>
<th>If Survived, Alive as of (mm/dd/yyyy)</th>
<th>Date of Death (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Survived ☐ Died ☐ Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### LABORATORY INFORMATION

#### LABORATORY RESULTS SUMMARY

<table>
<thead>
<tr>
<th>Specimen Type 1</th>
<th>Collection Date (mm/dd/yyyy)</th>
<th>Laboratory Name</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: __________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Serum, Type of Test 1
- Microscopic Agglutination Test (MAT)
- Indirect Immunofluorescence (IFA)
- Complement Fixation (CF)
- Indirect Hemagglutination Assay (IHA)
- ELISA/EIA
- Unspecified/Other: __________

**Antibody type and titer**
- IgG __________
- IgM __________
- Unspecified: __________

**Interpretation**
- Positive
- Negative
- Equivocal

**Serovar?**
- Canicola
- Icterohemorrhagiae
- Pomona
- Other serovar: __________
- Unspecified

If Other specimen, Type of Test 1
- Direct Immunofluorescence (DFA)
- Darkfield Microscopy
- Polymerase Chain Reaction (PCR)
- Other: __________

**Result?**
- Culture
- Interpretation
- Positive
- Negative
- Equivocal

<table>
<thead>
<tr>
<th>Specimen Type 2</th>
<th>Collection Date (mm/dd/yyyy)</th>
<th>Laboratory Name</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: __________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Serum, Type of Test 2
- Microscopic Agglutination Test (MAT)
- Indirect Immunofluorescence (IFA)
- Complement Fixation (CF)
- Indirect Hemagglutination Assay (IHA)
- ELISA/EIA
- Unspecified/Other: __________

**Antibody type and titer**
- IgG __________
- IgM __________
- Unspecified: __________

**Interpretation**
- Positive
- Negative
- Equivocal

**Serovar?**
- Canicola
- Icterohemorrhagiae
- Pomona
- Other serovar: __________
- Unspecified

If Other specimen, Type of Test 2
- Direct Immunofluorescence (DFA)
- Darkfield Microscopy
- Polymerase Chain Reaction (PCR)
- Other: __________

**Result?**
- Culture
- Interpretation
- Positive
- Negative
- Equivocal

<table>
<thead>
<tr>
<th>Specimen Type 3</th>
<th>Collection Date (mm/dd/yyyy)</th>
<th>Laboratory Name</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: __________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Serum, Type of Test 3
- Microscopic Agglutination Test (MAT)
- Indirect Immunofluorescence (IFA)
- Complement Fixation (CF)
- Indirect Hemagglutination Assay (IHA)
- ELISA/EIA
- Unspecified/Other: __________

**Antibody type and titer**
- IgG __________
- IgM __________
- Unspecified: __________

**Interpretation**
- Positive
- Negative
- Equivocal

**Serovar?**
- Canicola
- Icterohemorrhagiae
- Pomona
- Other serovar: __________
- Unspecified

If Other specimen, Type of Test 3
- Direct Immunofluorescence (DFA)
- Darkfield Microscopy
- Polymerase Chain Reaction (PCR)
- Other: __________

**Result?**
- Culture
- Interpretation
- Positive
- Negative
- Equivocal
## EPIDEMIOLOGIC INFORMATION

### EXPOSURES / RISK FACTORS

**CONTACT WITH THE FOLLOWING DURING THE 30 DAYS PRIOR TO ONSET**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
<th>If Yes, Specify as Noted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodies of water, natural (e.g., lakes, rivers)</td>
<td>Activity</td>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Bodies of water, temporary (e.g., lagoons, flood waters)</td>
<td>Activity</td>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Other untreated water (e.g., sewage)</td>
<td>Activity</td>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Farm, agriculture</td>
<td>Activity</td>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Farm, livestock</td>
<td>Activity</td>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Other exposure or activity</td>
<td>Activity</td>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Occupation at Date of Onset</td>
<td>Kind of Business or Industry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ANIMAL CONTACTS

**Animal Contact 1**

- Type of Exposure
- Place of Exposure
- Date of Exposure (mm/dd/yyyy)
- Was the animal ill? Yes ☐ No ☐ Unknown ☐
- Seen by Veterinarian? Yes ☐ No ☐ Unknown ☐
- Name of Veterinarian
- Address of Veterinarian

**Animal Contact 2**

- Type of Exposure
- Place of Exposure
- Date of Exposure (mm/dd/yyyy)
- Was the animal ill? Yes ☐ No ☐ Unknown ☐
- Seen by Veterinarian? Yes ☐ No ☐ Unknown ☐
- Name of Veterinarian
- Address of Veterinarian

### TRAVEL HISTORY

Did patient travel **outside county of residence** during the month preceding illness onset?

- Yes ☐ No ☐ Unknown ☐

If Yes, specify all locations and dates below.

### TRAVEL HISTORY - DETAILS

<table>
<thead>
<tr>
<th>Location (city, county, state, country)</th>
<th>Date Travel Started (mm/dd/yyyy)</th>
<th>Date Travel Ended (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### CONTACTS / OTHER ILL PERSONS

Any contacts with similar illness?
- Yes
- No
- Unknown

If Yes, specify details below.

### ILL CONTACTS - DETAILS

<table>
<thead>
<tr>
<th>Name 1</th>
<th>Age</th>
<th>Gender</th>
<th>Telephone Number</th>
<th>Type of Contact / Relationship</th>
<th>Illness Onset Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Street Address

Exposure Dates Shared with Index Case (mm/dd/yyyy)

City

State

Zip Code

Date First Reported to Public Health (mm/dd/yyyy)

Name 2

Age

Gender

Telephone Number

Type of Contact / Relationship

Illness Onset Date (mm/dd/yyyy)

Street Address

Exposure Dates Shared with Index Case (mm/dd/yyyy)

City

State

Zip Code

Date First Reported to Public Health (mm/dd/yyyy)

### NOTES / REMARKS


### REPORTING AGENCY

Investigator Name

Local Health Jurisdiction

Telephone Number

Date (mm/dd/yyyy)

First Reported By
- Clinician
- Laboratory
- Other (specify):______________________

### EPIDEMIOLOGICAL LINKAGE

Epi-linked to known case?
- Yes
- No
- Unknown

Contact Name / Case Number

### DISEASE CASE CLASSIFICATION

Case Classification (see case definition on page 6)
- Confirmed
- Probable

### OUTBREAK

Part of known outbreak?
- Yes
- No
- Unknown

If Yes, extent of outbreak
- One CA jurisdiction
- Multiple CA jurisdictions
- Multistate
- International
- Unknown
- Other (specify):______________________

Mode of Transmission
- Point source
- Person-to-person
- Unknown
- Other (specify):______________________

Vehicle of Outbreak

Pattern 1 ID Number

Pattern 2 ID Number

### STATE USE ONLY

State Case Classification
- Confirmed
- Probable
- Not a case
- Need additional information
CASE DEFINITION

LEPTOSPIROSIS (2013)

CLINICAL CRITERIA
An illness characterized by fever, headache, and myalgia, and less frequently by conjunctival suffusion, meningitis, rash, jaundice, or renal insufficiency. Symptoms may be biphasic.

Clinical presentation includes history of fever within the past two weeks and at least two of the following clinical findings: myalgia, headache, jaundice, conjunctival suffusion without purulent discharge, or rash (i.e. maculopapular or petechial); OR at least one of the following clinical findings:

- Aseptic meningitis
- GI symptoms (e.g., abdominal pain, nausea, vomiting, diarrhea)
- Pulmonary complications (e.g., cough, breathlessness, hemoptysis)
- Cardiac arrhythmias, ECG abnormalities
- Renal insufficiency (e.g., anuria, oliguria)
- Hemorrhage (e.g., intestinal, pulmonary, hematuria, hematemesis)
- Jaundice with acute renal failure

LABORATORY CRITERIA FOR DIAGNOSIS
Diagnostic testing should be requested for patients in whom there is a high index of suspicion for leptospirosis, based either on signs and symptoms, or on occupational, recreational or vocational exposure to animals or environments contaminated with animal urine.

Supportive:
- *Leptospira* agglutination titer of ≥ 200 but < 800 by Microscopic Agglutination Test (MAT) in one or more serum specimens, or
- Demonstration of anti-*Leptospira* antibodies in a clinical specimen by indirect immunofluorescence, or
- Demonstration of *Leptospira* in a clinical specimen by darkfield microscopy, or
- Detection of IgM antibodies against *Leptospira* in an acute phase serum specimen.

Confirmed:
- Isolation of *Leptospira* from a clinical specimen, or
- Fourfold or greater increase in *Leptospira* agglutination titer between acute- and convalescent-phase serum specimens studied at the same laboratory, or
- Demonstration of *Leptospira* in tissue by direct immunofluorescence, or
- *Leptospira* agglutination titer of ≥ 800 by Microscopic Agglutination Test (MAT) in one or more serum specimens, or
- Detection of pathogenic *Leptospira* DNA (e.g., by PCR) from a clinical specimen.

EPIDEMIOLOGIC LINKAGE
Involvement in an exposure event (e.g., adventure race, triathlon, flooding) with associated laboratory-confirmed cases.

CASE CLASSIFICATION
Probable: A clinically compatible case with at least one of the following:
- Involvement in an exposure event (e.g., adventure race, triathlon, flooding) with known associated cases, or
- Presumptive laboratory findings, but without confirmatory laboratory evidence of *Leptospira* infection.

Confirmed: A case with confirmatory laboratory results, as listed above.
### RACE DESCRIPTIONS

<table>
<thead>
<tr>
<th>Race</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>Patient has origins in any of the original peoples of North and South America (including Central America).</td>
</tr>
<tr>
<td>Asian</td>
<td>Patient has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).</td>
</tr>
<tr>
<td>Black or African American</td>
<td>Patient has origins in any of the black racial groups of Africa.</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>Patient has origins in any of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.</td>
</tr>
<tr>
<td>White</td>
<td>Patient has origins in any of the original peoples of Europe, the Middle East, or North Africa.</td>
</tr>
</tbody>
</table>

### OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

### OCCUPATION

- Adult film actor/actress
- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - server
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - nurse
- Medical - other/unknown
- Military
- Police officer
- Professional, technical, or related profession
- Retired
- Sex worker
- Stay at home parent/guardian
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Volunteer
- Other
- Refused
- Unknown