



Enhanced Surveillance Form for Suspected, Probable or Confirmed Cases of Leptospirosis



Forename Initial	<input type="text"/>	Surname Initial	<input type="text"/>	CIDR Event ID	<input type="text"/>
DOB	<input type="text"/>	Age	<input type="text"/>	Sex:	M <input type="checkbox"/> F <input type="checkbox"/> Not Known <input type="checkbox"/>
CCA	<input type="text"/>	County	<input type="text"/>	HSE-Area	<input type="text"/>
Date of Onset of Symptoms	<input type="text"/>	Date of Diagnosis of Disease	<input type="text"/>		
Is this case	Suspected <input type="checkbox"/>	Probable <input type="checkbox"/>	Confirmed <input type="checkbox"/>		
Method of Diagnosis (tick one or more) :			Clinical Details		
Clinical	<input type="checkbox"/>	<input type="text"/>			
Specific Ab response	<input type="checkbox"/>				
Detection of nucleic acid	<input type="checkbox"/>				
Culture of Blood	<input type="checkbox"/>				
Urine	<input type="checkbox"/>				
CSF	<input type="checkbox"/>				
Immunofluorescence	<input type="checkbox"/>	Patient type			
Serovar		Hosp. In-patient	<input type="checkbox"/>		
<i>L. icterohaemorrhagiae</i>	<input type="checkbox"/>	Hosp. Out-patient	<input type="checkbox"/>		
<i>L. hardjo</i>	<input type="checkbox"/>	GP patient	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Undetermined	<input type="checkbox"/>	Not known	<input type="checkbox"/>		
Possible exposures (See Note -tick all that apply)					
Occupational	<input type="checkbox"/>	Outcome of Care <input type="text"/>			
Recreational	<input type="checkbox"/>				
Residential	<input type="checkbox"/>				
Accidental	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Not known	<input type="checkbox"/>				
Was case aware of risk prior to infection? <input type="text"/>					
Details Possible Source of Infection (incl. occupation/details of activity, location of exposure as appropriate):					
<input type="text"/>					
<input type="text"/>					
Public Health Action Taken <input type="text"/>					
<input type="text"/>					
Form Completed by: <input type="text"/>					
Title <input type="text"/>		Date of Completion <input type="text"/>			

If you have direct access to CIDR, please enter these enhanced data.

If you do not have direct access to CIDR, please forward this form to the HSE-## Dept. of Public Health (Fax: #####) who will enter the data on CIDR

Note on Possible Exposures

Occupational: For example, farming, veterinary, water management, fish farmer/worker, abattoir worker, park ranger, zoo keeper, armed forces personnel, or any other occupation which involves potential exposure to cattle or rats or water which could have been contaminated by rats.

Recreational: For example, caving, canoeing, swimming outdoors, rowing or foreign travel

Residential: For example, dog or other relevant pet ownership, homelessness, working in yard/garden, exposure to flooding in or around the home, rodent sightings near home, living on a farm, exposure to home pond or canal

Accidental: For example, accidental falls into water or animal bites

Leptospirosis case definition (*Leptospira* species)**Clinical criteria**

Any person with
Fever

OR

At least two of the following eleven:

- Chills
- Headache
- Myalgia
- Conjunctival suffusion
- Haemorrhages into skin and mucous membranes
- Rash
- Jaundice
- Myocarditis
- Meningitis
- Renal impairment
- Respiratory symptoms such as haemoptysis

Laboratory criteria

At least one of the following four:

- Isolation of *Leptospira interrogans* or any other pathogenic *Leptospira* spp from a clinical specimen
- Detection of *Leptospira interrogans* or any other pathogenic *Leptospira* spp nucleic acid in a clinical specimen
- Demonstration of *Leptospira interrogans* or any other pathogenic *Leptospira* spp by immunofluorescence in a clinical specimen
- *Leptospira interrogans* or any other pathogenic *Leptospira* spp specific antibody response

Epidemiological criteria

An epidemiological link by exposure to a common source

Case classification**A. Possible case**

NA

B. Probable case

Any person meeting the clinical criteria and with an epidemiological link

C. Confirmed case

Any person meeting the clinical and the laboratory criteria

If you have direct access to CIDR, please enter these enhanced data.

If you do not have direct access to CIDR, please forward this form to the HSE-## Dept. of Public Health (Fax: #####) who will enter the data on CIDR