CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

LEPTOSPIROSIS – Field Version
EPID/DS/LEPTO/FV/2008

The Public Health Inspector should investigate and complete this form. Medical Officer of Health is responsible for the completeness and accuracy of data provided. Necessary data should be obtained from the patient, his/her relatives and from the diagnosis card. Early investigation and return are essential.

Week Ending: of notification ☐☐ ☐☐ ☐☐ (d d m m y y)	Serial No: ☐☐☐☐ Please write the Serial No given in the Infectious Disease Register (ID Register) in the MOH Office

A. PARTICULARS OF PATIENT *(Please (✓) appropriate box where applicable)*

1. Name of patient (BLOCK LETTERS)				
2. Residential Address				
3. Age ☐☐/☐☐ (y y / m m)		4. Date of Birth : ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)		
5. Sex ☐ 1. Male ☐ 2. Female ☐ 9. Unknown	6. Ethnic group ☐ 1. Sinhalese ☐ 2. Tamil ☐ 3. Moor ☐ 4. Others ☐ 9. Unknown	7. Occupation	8. DPDHS Division	9. MOH area
		FOR OFFICE USE ONLY		
		☐☐	☐☐	☐☐

B. PRESENT ILLNESS/OUTCOME

10 . Date of onset of symptoms: ☐☐ ☐☐ ☐☐ (d d m m y y)

11. Where did the patient first seek medical advice?
☐1. Government hospital
☐2. Private hospital
☐3. Private practitioner
☐4. Ayurvedic institution (public/private)
☐5. Other (specify)
.....

12. Was patient admitted to hospital?
☐1. Yes
☐2. No
☐3. Not known
} To Q.22

13. if yes, date of admission ☐☐ ☐☐ ☐☐ (d d m m y y)

14. Name of hospital:

15. Ward:

16. BHT No:

17. Was patient transferred from some other hospital?
☐ 1. Yes ☐ 2. No

18. If 'Yes" from where the patient was transferred?
.....

19. BHT No. of transferring hospital:
.....

20. Outcome of the case
☐ 1. Cured ☐ 4. Still in hospital
☐ 2. Died ☐ 5. Not known
☐ 3. Transferred to (specify):
..... Hospital

21. Date of discharge/ transfer or death ☐☐ ☐☐ ☐☐ (d d m m y y)

C. CLINICAL DATA

Case definition: acute febrile illness with headache, myalgia and prostration associated with any of the following: conjunctival suffusion, meningeal irritation, anuria/oliguria/proteinuria, jaundice, haemorrhage, cardiac arrhythmia/failure, skin rash AND history of exposure to infected animal/contaminated environment AND laboratory isolation of pathogenic leptospirosis/ positive serology (MAT)

22. Symptoms and complications: If available, refer to patient's notes/ diagnosis card before completing this section

☐1. Acute fever (Sudden onset of fever)
☐2. Headache
☐3. Myalgia (severe muscle pain)
☐4. Prostration (Severe tiredness or lack of energy)
☐5. Jaundice (Yellowish discolouration of skin or eyes)
☐6. Conjunctival suffusion (Redness of eyes)
☐7. Meningeal irritation
☐8. Anuria/oliguria (No urine output or reduced urine output)
☐9. Haemorrhage (Bleeding from unusual sites. Eg.: gum bleeding, bleeding from rectum, vomiting of blood, blood stained urine, bleeding under the skin etc.)
☐10. Cardiac failure/ arrhythmia
☐11. Skin rash
☐12. Cough
☐13. Haemoptysis
☐14. Breathlessness
☐15. Other (specify).....

For office use only Compatible with the case definition: ☐ 1. Yes ☐ 2. No

D. LABORATORY DIAGNOSIS

23. Any laboratory investigations performed? ☐ 1. Yes ☐ 2. No ☐ 3. Unknown

24. If yes,

Test	Blood			Urine			Other body fluids		
	+	-	Non Known / NA	+	-	Non Known / NA	+	-	Non Known / NA
Culture									
Proteinuria (Urine albumin)									

27. Other laboratory investigation results:

25. Was blood taken for serology?

☐ 1. Yes ☐ 2. No ☐ 3. Not known

26. If yes,

Investigation – MAT*	1st specimen	2nd specimen
Date of collection of specimen		
Laboratory (MRI/ Other govt./Private/ Not known)		
Results (Mark NA if test results are not available and PP if pending)		

*MAT = Microscopic Agglutination Test

E. INFORMATION ON DISEASE TRANSMISSION

28. Possible source of contamination:
☐ 1. Paddy field
☐ 2. Other agricultural land (sugar cane, chena)
☐ 3. Marshy/ muddy land
☐ 4. Other water related source (sewer, irrigation, fisheries)
☐ 5. Animal husbandry, veterinary
☐ 6. Other (specify): ……

29. Grama Sevaka Division/s where the likely source/s of contamination is/are located

i. .....
ii. .....
iii. .....
iv. .....

30. History of a recent skin lesion/ injury
☐ 1. Yes ☐ 2. No ☐ 3. Not known

31. Did any of the patient's family members, companions, associates or neighbours develop a similar illness (within a one month period) with acute fever, headache, myalgia, prostration and any other signs mentioned under question 21?

☐ 1. Yes ☐ 2. No ☐ 3. Not known

F. PROPHYLAXIS

32. Was the patient on chemoprophylactic treatment for leptospirosis at the time of onset of illness?

☐ 1. Yes ☐ 2. No ☐ 3. Not known

33. If yes, How many weekly doses have taken before onset of illness? ☐☐

34. Has the patient taken prophylaxis regularly? ☐ 1. Yes ☐ 2. No ☐ 3. Not known

35. Remarks:

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Signature: ..... Name:.....

Date: ..... Designation:.....

Please return to:
Epidemiologist, Epidemiology Unit, 231, De Saram Place, Colombo 10
email: chepid@sltnet.lk Tel: 011-2695112 / 2681548 Fax: 011-2696583