

## SURVEILLANCE OF LEPTOSPIROSIS – CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

**The ICNO/ designated person in the institution for sentinel surveillance should do the investigation personally. Necessary data should be obtained from the hospital by reference to the BHT/Physician or from the diagnosis card. Early investigation and return are essential.**

Week ending of notification	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>d d m m y y</small>	Serial no: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Please write the Serial No given in the Infectious Disease Register (ID Register) in the MOH office
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### A. PARTICULARS OF PATIENT (Please tick (✓) the appropriate box where applicable)

1. Name of patient (BLOCK LETTERS) .....

2. Residential address: .....

3. Date of birth:  /  /  (dd/mm/yyyy)

4. Age <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> y y / m m	5. Sex <input type="checkbox"/> 1. male <input type="checkbox"/> 2. female <input type="checkbox"/> 3. not known	6. Ethnic group <input type="checkbox"/> 1. Sinhalese <input type="checkbox"/> 2. Tamil <input type="checkbox"/> 3. Moor <input type="checkbox"/> 4. others <input type="checkbox"/> 5. not known	7. Occupation .....	8. DPDHS division .....	9. MOH area .....
FOR OFFICE USE ONLY					
			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

### B. PRESENT ILLNESS/OUTCOME

<p>10. Date of onset of symptoms: <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>d d m m y y</small></p> <p>11. Where did the patient first seek medical advice?</p> <p><input type="checkbox"/> 1. government hospital</p> <p><input type="checkbox"/> 2. private hospital</p> <p><input type="checkbox"/> 3. private practitioner</p> <p><input type="checkbox"/> 4. Ayurvedic institution (public/private)</p> <p><input type="checkbox"/> 5. other (specify) .....</p>	<p>12. Was patient admitted to hospital?</p> <p><input type="checkbox"/> 1. yes</p> <p><input type="checkbox"/> 2. no</p> <p><input type="checkbox"/> 3. not known } to Q. 22</p> <p>13. If yes, date of admission: <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>d d m m y y</small></p> <p>14. Name of hospital: .....</p> <p>15. Ward : .....</p> <p>16. BHT no: .....</p>	<p>17. Outcome of the case</p> <p><input type="checkbox"/> 1. cured    <input type="checkbox"/> 3. transferred</p> <p><input type="checkbox"/> 2. died    <input type="checkbox"/> 4. not known</p> <p>18. Date of discharge/transfer or death: <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>d d m m y y</small></p> <p>19. If transferred, name of hospital .....</p> <p>20. Was patient transferred from some other hospital?</p> <p><input type="checkbox"/> 1. yes    <input type="checkbox"/> 2. no</p> <p>21. If "yes", where was the patient transferred from? .....</p>
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### 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:

<input type="checkbox"/> 1. acute fever	<input type="checkbox"/> 7. meningeal irritation
<input type="checkbox"/> 2. headache	<input type="checkbox"/> 8. anuria / oliguria
<input type="checkbox"/> 3. myalgia (muscle pain)	<input type="checkbox"/> 9. haemorrhage
<input type="checkbox"/> 4. prostration	<input type="checkbox"/> 10. cardiac failure / arrhythmia
<input type="checkbox"/> 5. jaundice	<input type="checkbox"/> 11. skin rash
<input type="checkbox"/> 6. conjunctival suffusion	<input type="checkbox"/> 12. other (specify) .....

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Compatible with the case definition:

Yes  
 No

**D. LABORATORY FINDINGS**

23. Laboratory tests done:  1. yes  2. no  3. not known

24. If yes:

Test	Blood			Urine			Other body tissues		
	+	-	Not known/ NA	+	-	Not known/ NA	+	-	Not known/ NA
Direct microscopy (darkground)									
Culture									
Proteinuria									

25. Was blood taken for serology?  1. yes  2. no.  3. not known

26. If yes:

Investigation	Date of collection of specimen (dd/mm/yy)	Laboratory** (MRI/ other govt./ private/ not known)	Results (mark NA if test results are not available and PP if pending)
1. MAT* 1 <sup>st</sup> specimen			
2. MAT* 2 <sup>nd</sup> specimen			

\* MAT = Microscopic Agglutination Test

**E. INFORMATION ON DISEASE TRANSMISSION**

27. 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. History of a recent skin lesion/injury  
 1. yes  2. no  3. not known

30. 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 22?  
 1. yes  2. no  3. not known

28. Grama Sevaka division/s where the likely source/s of contamination is/are located

i. ....

ii. ....

iii. ....

iv. ....

**E. PROPHYLAXIS**

31. Was the patient on chemo-prophylactic treatment for leptospirosis at the time of onset of illness?  
 1. yes  2. no  3. not known

32. If yes, describe:

.....

.....

33. Remarks:

.....

.....

.....

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

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

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