Case Initials:	
State ID:	
☐ sporadic case ☐ outbreak case	
Outbreak ref:	

NSW Health

Leptospirosis Questionnaire (v5 May 2021)

1. CASE DETAILS

First Name:		Last Name:	Parent's Name (if applicable):
DOB: ____/____/____	Age:	Gender: ☐M ☐F Other (specify)☐	
Address:			
Home Phone:		Mobile Phone:	
Email:			
Physician name:		Physician Phone:	
Physician email:			
Case deceased? ☐Y ☐N **If yes:** Date of death: ____/____/____			
Born in Australia ☐Yes ☐No If no, specify where:			
Are [you/the case] of Aboriginal or Torres Strait Islander origin? (check all that apply) ☐No ☐Yes, Aboriginal ☐Yes, Torres Strait Islander ☐Not stated			
English preferred language ☐Yes ☐No If no, specify:			

Interviewer Initials:

Date/time	Interviewed
1	☐
2	☐
3	☐
4	☐
5	☐
6	☐

Person interviewed (if not case):

Call back notes:

Interpreter used ☐
Case lost to follow up ☐

2. LABORATORY DETAILS

Testing laboratory:	Specimen collection date: ____/____/____	Specimen type: ☐Stool ☐Blood ☐Urine ☐Other, specify:
(≤ 10 days from onset) isolation from culture: ☐Positive ☐Negative ☐Not done		
OR (< 7 days from onset) PCR: ☐Positive ☐Negative ☐ Not done	**OR** (> 7 days from onset), MAT testing:______	
☐ Fourfold rise in MAT (acute): 1st ______ Date: ____/____/____	(≥ 2 weeks later, convalescent) 2nd: ______ Date: ____/____/____	
☐ Single high MAT (> 400) **AND** EIA IgM ☐Positive ☐Negative ☐Not done		
Leptospira serovar: ☐ australis ☐ arborea ☐ canicola ☐ copenhageni ☐ hardjo ☐ icterohaemorrhagiae ☐ pomona ☐ tarassovi ☐ topaz ☐Other specify:		
Case classification, based on surveillance case definition ☐Case – confirmed ☐Case – probable ☐Case – possible		

3. CLINICAL

I'm now going to ask you about some symptoms that are associated with your illness.		
Did you experience symptoms? ☐Yes ☐No Date of onset: ____/____/____ Date of first consultation: ____/____/____		
Did you commence antibiotic treatment? ☐Yes ☐No Details: Date commenced: ____/____/____		
Initial symptoms: ☐Malaise ☐Fever ☐Headache ☐Chills ☐Muscle pains ☐Redness of conjunctiva (eyes)		
Other symptoms: ☐Nausea ☐Vomiting ☐Diarrhoea ☐Abdominal pain ☐Cough ☐Rash ☐Sensitivity to light		
Late-stage symptoms: ☐Prolonged fever ☐Kidney insufficiency/failure ☐Jaundice ☐Bleeding ☐Hypotension ☐Hepatitis ☐Cardiac complications ☐Meningitis ☐Mental confusion ☐Respiratory complications ☐Weil's syndrome Other: ☐Yes ☐No ☐Unknown If yes, specify:		
Duration of illness ☐hrs /☐days ☐ still ill		
Emerg. Dept visit for illness? ☐Y ☐N	Date of visit(s): ____/____/____	Hospital Name:

Admitted for illness? ☐Y ☐N	Date Admitted ____/____/____	Date Discharged: ____/____/____
Treated for illness? ☐Y ☐N	**If yes:** ☐ Rehydration ☐ Antibiotics ☐ Other, please describe:	
Underlying conditions or medications that suppress the immune system (e.g. pregnancy, diabetes, cancers, steroids, etc.) ☐Y ☐N ☐DK **If yes, specify:**		
Previous history of leptospirosis: ☐Yes ☐No ☐Unknown **If yes, specify:**		

4. EXPOSURE PERIOD

I'm now going to ask some questions about what [you/the case] did before getting sick, including some questions that are specifically about the 30 days before the start of [your/the case's] illness.

The first day of illness was (day and date)	Thirty days before this was (day and date)
____/____/____	____/____/____

It is often helpful to have a calendar or diary in front of you to help you remember what you did during this time.

5. EXPOSURE HISTORY

In the 30 days prior to illness onset, did [you/the case] have one or more of the following exposures:

5.1 Direct or indirect contact with animals (select all that apply):

☐Yes ☐Unknown ☐No – **If no, skip to section 5.2**

☐(beef) Cattle ☐(dairy) Cattle ☐Sheep ☐Goats ☐Horses ☐Domestic pigs ☐Feral pigs ☐Dogs ☐Cats
☐Rodents (rats, mice) ☐Native wildlife – specify:
☐ Other, specify:

Please indicate animal leptospirosis vaccination status (where applicable)
Cattle: ☐Ultravac 7in1 ☐Not vaccinated ☐Unknown ☐NA
Dogs: ☐ProtecC2i ☐Not vaccinated ☐Unknown ☐NA
Pigs: ☐Lepto-eryvac ☐Not vaccinated ☐Unknown ☐NA

Did [you/the case] have any cuts, abrasions or wounds at the time of contact?
☐ Yes ☐No ☐Unknown
If yes, specify:

Do [you/the case] recall a specific event of direct or indirect animal contact?
☐Yes ☐No If yes, date: ____/____/____
If yes, location (be specific, e.g. address):
Description of event:

Please select the type, and describe the setting(s) of direct or indirect animal contact (select all that apply):

☐Occupational animal contact

☐Farm worker – livestock	☐Farm worker – seasonal	☐Farm worker – other	☐ Veterinarian	
☐Abattoir worker	☐Marine (fish) industry worker	☐Researcher (e.g. ecologist)	☐SES (rescue) worker	☐Tourism (e.g. zoo staff)
☐Occupational, other – specify:				

Setting and location of occupational exposure (e.g. exposure to animal waste whilst cleaning enclosure):

☐ Avocational animal contact

☐Resident of a rural property/acreage/farm	☐Gardening	☐Resident of a flood-affected property
☐Pet ownership	☐Wildlife rescue	☐SES (rescue) volunteer
☐Avocational, other – specify:		
Setting and location of avocational exposure (e.g. contact with animal droppings whilst gardening):		

☐Recreational animal contact				
☐Swimming	☐Boating	☐Other watersports	☐Adventure racing	☐Fishing
☐Hunting	☐Camping	☐Bushwalking	☐Tourism (e.g. farm stay)	
☐Recreational, other – specify:				
Setting and location of recreational exposure (e.g. hunting feral pigs):				

5.2 Contact with a water source (select all that apply):
☐Yes ☐Unknown ☐No – **If no, skip to section 5.3**
☐Standing fresh water (e.g. dam, lake, pond) ☐Flowing river/creek/stream ☐Wet soil ☐Waterlogged areas, e.g. swamp/marsh ☐Floodwater, run-off ☐Sewage ☐Ocean ☐Public pool ☐Private pool ☐ Unknown ☐Other, specify:
Did [you/the case] have any cuts, abrasions or wounds at the time of contact? ☐ Yes ☐No ☐Unknown If yes, specify:
Do [you/the case] recall a specific event of contact with a water source? ☐Yes ☐No If yes, date: **____/____/____** If yes, location (be specific, e.g. address): Description of event:
Please select the type, and describe the setting(s) of contact with a water source (select all that apply):

☐Occupational			
☐Farm worker – livestock	☐Farm worker – seasonal	☐Farm worker – other	☐Marine (fish) industry worker
☐Abattoir worker	☐Naval (boating) industry	☐SES (rescue) worker	☐ Tourism operator
☐Occupational, other – specify:			
Setting and location of occupational exposure (e.g. tourism operator, fishing trip guide):			

☐ Avocational		
☐Resident of a rural property/acreage/farm	☐Gardening	☐Resident of a flood-affected property
☐SES (rescue) volunteer	☐Avocational, other – specify:	
Setting and location of avocational exposure (e.g. cleaned flood-affected home):		

☐Recreational				
☐Swimming	☐Boating	☐Other watersports	☐Fishing	☐Adventure racing
☐Hunting	☐Camping	☐Bushwalking	☐Tourism (e.g. farm stay)	

☐Recreational, other – specify:
Setting and location of recreational exposure (e.g. swim in lake on vacation):

5.3 In the 30 days prior to illness onset:
Was there heavy rainfall near the place of residence, work site, activities, or travel? ☐Yes ☐No **If yes, specify location and time:**
Was there flooding near the place of residence, work site, activities, or travel? ☐Yes ☐No **If yes, specify location and time:**
Did [you/the case] consume any untreated water? ☐Yes ☐No **If yes, specify location and time:**
Did [you/the case] have contact with floodwater runoff or sewage? ☐Yes ☐No **If yes, specify location and time:**
Did [you/the case] stay or spend time in a dwelling with evidence of rodents? ☐Yes ☐No **If yes, specify location and time:**
Did [you/the case] have other direct or indirect contact with rodents? ☐Yes ☐No **If yes, specify:** ☐ Cleaning rodent-soiled areas, e.g. outbuildings ☐ Rodent trapping ☐ Rodents in cropland ☐ Rodents in water supply (e.g. tanks, dams) ☐ Other – specify:
Do [you/the case] know about any close contacts with similar symptoms? ☐Yes ☐No **If yes, specify:**
Did [you/the case] have similar exposures as a contact diagnosed with leptospirosis in the 30-day period? ☐Yes ☐No **If yes, specify:**
Are [you/the case] epidemiologically linked to a known outbreak? ☐Yes ☐No **If yes, specify:**

6. TRAVEL HISTORY

In the 30 days prior to your illness, did [you/the case] travel?	
Overseas ☐Yes ☐No ☐Unknown Interstate ☐Yes ☐No ☐ Unknown Within State ☐Yes ☐No ☐ Unknown	If yes, provide travel details: Destination(s): Date of departure: ____/____/____ Date of return: ____/____/____ Comment on exposure history during travel (refer to section 5. EXPOSURE HISTORY, above):

7. OCCUPATION (Include part-time/casual/volunteer work) and/or INSTITUTION CONTACT

What is [your/the case's] occupation?	
Name of workplace:	
Address of workplace:	
Contact details for workplace:	
Specific nature of work:	
Animal contact at work:	☐Yes ☐No If yes, specify:
Recent cuts or grazes on limbs:	☐Yes ☐No If yes, specify:
Protective footwear at work:	☐Yes ☐No If yes, specify:
Protective clothing at work:	☐Yes ☐No If yes, specify:

Usual place of lunch/tea breaks:	
Hand hygiene prior to breaks:	☐Yes ☐No If yes, specify:

8. EDUCATION: Preventing Leptospirosis and other zoonotic diseases

Would you like us to send you a fact sheet with information about *Leptospirosis*?	☐Yes ☐No
[If thought to be *occupationally* acquired:] Based on the information you have provided, it is possible you may have been exposed to this disease during your work. It is mandatory for employers to report these infections to Safework NSW if an employee has been exposed at work. This is in order to prevent other co-workers from being exposed to the bacteria. To do so, you would need to inform your employer of your diagnosis. If you don't feel confident about telling your employer about this infection, you can also choose to notify Safework NSW yourself, and may do so anonymously. You can do this by calling 13 10 50 any time or day of the week. Alternatively, if you would like us to do this for you, we can and will inform you of the reference number so you can follow-up at any time. If we do so, Safework NSW may contact you or your workplace to assist the investigation. Would you like us to notify Safework NSW of this event?	☐Yes ☐No

9. CONCLUSION

Thanks for your time today.
The information you provide in this questionnaire is for the purpose of trying to prevent further cases of illness.
We do this by trying to find out what is likely to have caused your illness and also by providing you with information to prevent future illness. The data collected is kept confidential and identifying information will not be disclosed for any other purpose without your consent.

If we have any further questions, could we contact you again?	☐Yes ☐No

10. INTERVIEW COMPLETED BY

Name of Interviewer:

How well did the case recall the information requested? ☐Very well ☐Well ☐Not well ☐ Not at all

11. GENERAL NOTES: