

LEPTOSPIROSIS

Last revised August 8, 2011

I. IDENTIFICATION

A. CLINICAL DESCRIPTION:

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

B. REPORTING CRITERIA: Clinical diagnosis with supportive laboratory findings.

C. LABORATORY CRITERIA

Confirmatory:

- Isolation of *Leptospira* from a clinical specimen, or
- Fourfold or greater increase in *Leptospira* agglutination titer between acute- and convalescent-phase serum specimens obtained greater than or equal to 2 weeks apart and studied at the same laboratory, or
- Demonstration of *Leptospira* in a clinical specimen by immunofluorescence

Supportive:

- A *Leptospira* agglutination titer of greater than or equal to 200 in one or more serum specimens of *Leptospira* from a clinical specimen

D. WISCONSIN CASE DEFINITION:

- Confirmed Case: A clinically compatible case that is laboratory confirmed
- Probable Case: A clinically compatible case with supportive laboratory findings

II. ACTIONS REQUIRED / PREVENTION MEASURES

A. WISCONSIN DISEASE SURVEILLANCE CATEGORY II:

Report to the patient's local health department either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report ([F-44151](#)), or by other means within 72 hours upon recognition of a case or suspected case.

B. EPIDEMIOLOGY REPORTS REQUIRED:

- *Electronically* – Report through WEDSS, including appropriate disease-specific tabs with laboratory results attached.

OR

- *Paper Copy* – Acute and Communicable Diseases Case Report ([F-44151](#)) containing the laboratory results.

C. PUBLIC HEALTH INTERVENTIONS:

In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association.

Wisconsin Division of Public Health Communicable Disease Surveillance Guideline

Briefly, public health investigation should focus on risk factors encountered during the 30 days prior to onset. These include exposure to contaminated water sources, sewage, rodents, swimming in surface water, participation in “extreme” sports events like adventure trekking, and animal contact.

III. CONTACTS FOR CONSULTATION

A. LOCAL HEALTH DEPARTMENT – REGIONAL OFFICES – TRIBAL AGENCIES:

<http://www.dhs.wisconsin.gov/localhealth/index.htm>

B. BCDER / COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION: (608) 267-9003

C. WISCONSIN STATE LABORATORY OF HYGIENE / BACTERIOLOGY: (608) 263-3421

III. RELATED REFERENCES

- Heymann DL, ed. Leptospirosis. In: *Control of Communicable Diseases Manual*. 19th ed. Washington, DC: American Public Health Association, 2008:351-357
- Pickering LK, ed. Leptospirosis. In: *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2009:427-428