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
   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

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

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

III. RELATED REFERENCES