



# LEPTOSPIROSIS ALERT



What clinical manifestations should alert a health practitioner to suspect leptospirosis?

**CONSULT YOUR DOCTOR IF YOU HAVE ANY OF THESE SIGNS OR SYMPTOMS**

Any individual with the following presentations:

- At least 2 days of acute febrile illness
- **AND** either residing in a flooded area or has high-risk exposure (defined as wading in floods and contaminated water, contact with animal fluids, swimming in flood water or ingestion of contaminated water with or without cuts or wounds)
- **AND** presenting with at least two of the following symptoms:
  - myalgia
  - calf tenderness
  - conjunctival suffusion
  - chills
  - abdominal pain
  - headache
  - jaundice
  - oliguria



How is leptospirosis treated?

## MILD LEPTOSPIROSIS

**First line:**  
**Doxycycline 100 mg PO BID**

**Alternative:**  
**Amoxicillin 500 mg IVq6hr,**  
**or 1 gm q8 hr**  
**Azithromycin 1 gm initially, followed by**  
**500 mg OD for 2 more days**

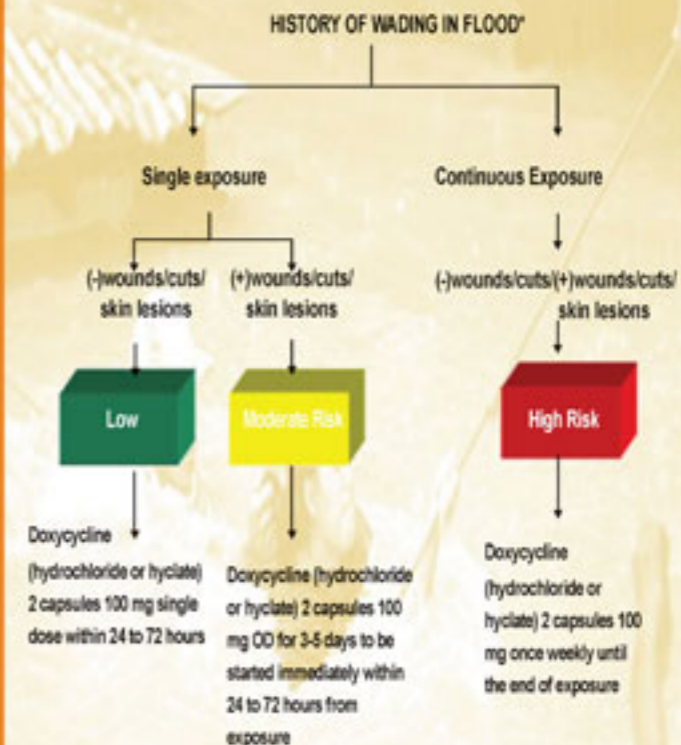
## SEVERE LEPTOSPIROSIS

**First line:**  
**Pen G 1.5 MU q6-8h**

**Alternative:**  
**Ampicillin 0.5-1 gm IV q6h**  
**Azithromycin 500 mg IV OD for 5 days**  
**Ceftriaxone 1 gm q24**  
**Cefotaxime 1 gm q6**



What is the recommended post-exposure prophylaxis for leptospirosis?



- *Consult your doctor before taking the prophylaxis.*
- *No recommended prophylaxis for children less than 8 years old, pregnant and lactating women; personal protective measure is advised (wear boots, goggles, and rubber gloves).*
- *For children 8-12 years old, follow algorithm above but give doxycycline 100 mg instead of 200mg.*
- *Prophylaxis is not 100% effective. Early recognition is still advised.*

### INFOLINE

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