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Letter to the Editor

Criteria-based approach to diagnosing leptospirosis

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To the Editor,

I read with interest the informative review article on Leptospirosis,[1] and would like to share my thoughts around the diagnostic aspects. Shah[1] has pertinently and rightly pointed out that leptospirosis is notoriously difficult to identify and arriving at a diagnosis can be quite tedious.

This aspect has been recognized and in order to achieve this, Faine's criteria have been developed[2] incorporating clinical (Part A), epidemiological (Part B) and laboratory data (Part C).

Subsequently, to meet the needs of identifying and managing Leptospirosis in the Indian setting, modifications were carried out in Parts B and C (i.e. the epidemiological and laboratory sections).[3] The authors[3] deemed modification to Faine's Criteria to be necessary for the Indian setting due to (i) high degree of rainfall and association of leptospirosis thus seen, and (ii) complications associated with the MAT test.[4] As per these 'Modified Faine's Criteria', a score of 20–25 indicates 'possible leptospirosis' and a score of $\geq$26 indicates 'presumptive leptospirosis'.

The inherent advantage associated in using the 'Modified Faine's Criteria' is that physicians can use these criteria to arrive at a possible or presumptive diagnosis of leptospirosis. This argument carries further credence, as the common clinical features (fever, headache, conjunctival suffusion, myalgia, jaundice) that are seen in (or raise a clinical suspicion of) leptospirosis are part of the Modified Faine's Criteria. Leptospirosis is an illness in which the serological results are available not before day 5 of the onset of the illness, and prior to that, clinicians have to rely on the available clinical and epidemiological data.[1,4,5]

Using Parts A and B of the Modified Faine's Criteria can be a useful checklist and evidence-based approach to back-up a clinical diagnosis of suspected leptospirosis. By doing so, in the initial 5 day period, an empirical trial of antibiotic treatment for 'suspected/possible' leptospirosis can therefore be safely initiated. This can therefore help to prevent progression and potential mortality.[1]

I am unaware of any restriction or limitations in the use of these criteria in the pediatric population. A closer look at the three parts of 'Modified Faine's Criteria' actually demonstrates face validity for their application and/or usage across all age groups.

Applicability of 'Modified Faine's Criteria' could be an area for exploration and research in Leptospirosis for all pediatricians; especially those with a special interest in infectious diseases.

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