Hansen's Disease (Leprosy)

Agency: ____
Investigator: ____ Phone number: ____

FOR STATE USE ONLY
Status: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case
Reviewer initials:
Referred to another state:

CASE

Last name: ____
First and middle name: ____
Maiden name: ____ Suffix: ____
Address line: ____
Zip: ____ City: ____
State: ____ County: ____
Phone: ( )- - Type: ____
Long-term care resident: ☐ Yes ☐ No ☐ Unknown
Facility name: ____

Date of Birth: / / Estimated? ☐ Age: ____
Gender: ☐ Female ☐ Male ☐ Other ____
Pregnant: ☐ Yes ☐ No ☐ Unk Est. delivery date: / /
Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Parent with partner ☐ Widowed
Race: ☐ American Indian or Alaskan Native ☐ Unknown ☐ Black or African American ☐ White ☐ Hawaiian or Pacific Islander ☐ Asian
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown
Parent/Guardian name: ____
Parent/Guardian phone: ( )- - Type: ____

EVENT

Diagnosis date: / / Onset date: / /
Event outcome: ☐ Survived this illness ☐ Died from this illness ☐ Died unrelated to this illness ☐ Unknown
Date of death / /
Event exception ☐ Case could not be found ☐ Case could not be interviewed ☐ Case refused interview ☐ Other – see notes
Outbreak related: ☐ Yes ☐ No ☐ Unknown
Outbreak name: ____
Exposure setting: ____
Epi-linked: ☐ Yes ☐ No ☐ Unknown
Location acquired: ☐ In USA, in reporting state ☐ In USA, outside reporting state ☐ Outside USA ☐ Unknown
State: ____ Country: ____

Healthcare provider information

Last name: ____
First name: ____
Provider title: ☐ ARNP ☐ MD ☐ DO ☐ NP ☐ PA
Facility name: ____
Address line 1: ____
Address line 2: ____
Zip code: ____ City: ____
State: ____ County: ____
Phone : ( )- - Type: ____

LABORATORY FINDINGS

See Other Lab Findings

OCCUPATIONS

Interpret 'occupation' very loosely and consider every person to have at least one 'occupation'.

Occupation type: ____ Job title: ____
Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown Facility name: ____
Date worked from: / / Address: ____
Date worked to: / / Zip code: ____
Removed from duties: ☐ Yes ☐ No ☐ Unknown City: ____ State: ____ County: ____
Date removed: / / Phone: ( )- - Type: ____

Handle food: ☐ Yes ☐ No ☐ Unknown
Attend or provide child care: ☐ Yes ☐ No ☐ Unknown
Attend school: ☐ Yes ☐ No ☐ Unknown
Work in a lab setting: ☐ Yes ☐ No ☐ Unknown
Work in a health care setting: ☐ Yes ☐ No ☐ Unknown
Direct patient care duties in lab or health care setting: ☐ Yes ☐ No ☐ Unknown
Health care worker type:

Occupation type: ______________
Job title: ______________
Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown
Facility name: ______________
Date worked from: / /
Address: ______________
Date worked to: / /
Zip code: ______________
Removed from duties: ☐ Yes ☐ No ☐ Unknown
City: ______________ State: ________ County: ______________
Date removed: / /
Phone: ( )- - Type:
Handle food: ☐ Yes ☐ No ☐ Unknown
Attend or provide child care: ☐ Yes ☐ No ☐ Unknown
Attend school: ☐ Yes ☐ No ☐ Unknown
Work in a lab setting: ☐ Yes ☐ No ☐ Unknown
Work in a health care setting: ☐ Yes ☐ No ☐ Unknown
Direct patient care duties in lab or health care setting: ☐ Yes ☐ No ☐ Unknown
Health care worker type:

HOSPITALIZATIONS

Was the case hospitalized? ☐ Yes ☐ No ☐ Unknown

Hospital: ______________
Isolated at entry: ☐ Yes ☐ No ☐ Unk
Isolation type (entry): ______________
Admission date: / /
Discharge date: / /
Days hospitalized: ______________
Currently isolated: ☐ Yes ☐ No ☐ Unk
Current isolation type:

CLINICAL INFO & DIAGNOSIS

Hypopigmented skin lesion: ☐ Yes ☐ No ☐ Unknown
Anesthetic skin lesions: ☐ Yes ☐ No ☐ Unknown
Red papules or nodules: ☐ Yes ☐ No ☐ Unknown
Papules bilateral: ☐ Yes ☐ No ☐ Unknown
Thickening of skin at papules or nodules: ☐ Yes ☐ No ☐ Unknown
Hypopigmented macules with ill-defined borders: ☐ Yes ☐ No ☐ Unknown

OTHER LAB FINDINGS

Biopsy performed:
☐ Yes ☐ No ☐ Unknown
Date of biopsy: / /
Biopsy site:
Result:
Acid fast test performed:
☐ Yes ☐ No ☐ Unknown

TREATMENT

Antibiotics prescribed? ☐ Yes ☐ No ☐ Unknown

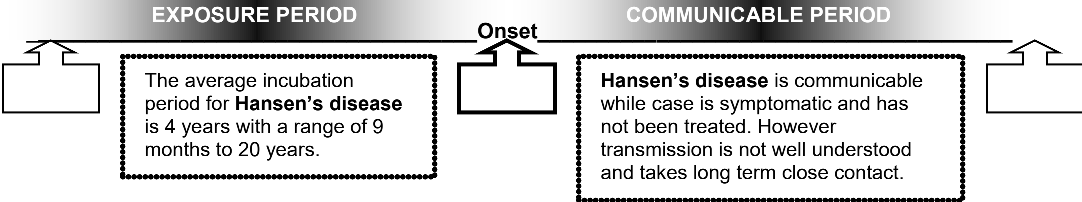
Antibiotic: ______________
Date started: / /
Dose: ______________
Unit: ☐ mg ☐ ml ☐ IU
# of days: ________ # of times a day: ________
Route: ______________

Antibiotic: ______________
Date started: / /
Dose: ______________
Unit: ☐ mg ☐ ml ☐ IU
# of days: ________ # of times a day: ________
Route: ______________

Antibiotic: ______________
Date started: / /
Dose: ______________
Unit: ☐ mg ☐ ml ☐ IU
# of days: ________ # of times a day: ________
Route: ______________

INFECTION TIMELINE

Enter onset date in dark-line box. Enter dates for start of exposure period and start and end of communicable period.



RISK FACTORS/TRAVEL

In the 20 years prior to the onset of symptoms:

Has the case lived outside the U.S.: ☐ Yes ☐ No ☐ Unknown

Country: From date: / / To date: / /

Country: From date: / / To date: / /

Country: From date: / / To date: / /

Has the case had armadillo contact?
☐ Yes ☐ No ☐ Unknown From date: / / To date: / /

CONTACTS

Number of people living in case's household: _____

List all close contacts

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case		List symptoms	Symptom onset date	Is contact a case?
☐ Spouse ☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian	☐ Sexual contact ☐ Family member (non-household) ☐ Friend/acquaintance ☐ Contact- work/school/etc ☐ Unknown/Other		/ /	☐ Yes ☐ No

If this contact is a case create a new event and/or case for this contact.

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case		List symptoms	Symptom onset date	Is contact a case?
☐ Spouse ☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian	☐ Sexual contact ☐ Family member (non-household) ☐ Friend/acquaintance ☐ Contact- work/school/etc ☐ Unknown/Other		/ /	☐ Yes ☐ No

If this contact is a case create a new event and/or case for this contact.

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case		List symptoms	Symptom onset date	Is contact a case?
☐ Spouse ☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian	☐ Sexual contact ☐ Family member (non-household) ☐ Friend/acquaintance ☐ Contact- work/school/etc ☐ Unknown/Other		/ /	☐ Yes ☐ No

If this contact is a case create a new event and/or case for this contact.

NOTES: