

# Hansen's Disease (Leprosy)

## PATIENT DEMOGRAPHICS

Name (last, first): \_\_\_\_\_  
 Address (mailing): \_\_\_\_\_  
 Address (physical): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ Phone (work/cell): \_\_\_\_\_  
 Alternate contact:  Parent/Guardian  Spouse  Other  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_  
 Sex:  Male  Female  Unk  
 Ethnicity:  Not Hispanic or Latino  
 Hispanic or Latino  Unk  
 Race:  White  Black/Afr. Amer.  
 Asian  Am. Ind/AK Native  
 (Mark all that apply)  Native HI/Other PI  Unk

## INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): \_\_\_\_\_  
 Investigation Start Date: \_\_/\_\_/\_\_\_\_  
 Earliest date reported to LHD: \_\_/\_\_/\_\_\_\_  
 Earliest date reported to DIDE: \_\_/\_\_/\_\_\_\_

Entered in WVEDSS?  Yes  No  Unk  
 Case Classification:  
 Confirmed  Probable  Suspect  
 Not a case  Unknown

## REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source:  Laboratory  Hospital  HCP  Public Health Agency  Other  
 Reporter Name: \_\_\_\_\_ Reporter Phone: \_\_\_\_\_  
 Primary HCP Name: \_\_\_\_\_ Primary HCP Phone: \_\_\_\_\_

## CLINICAL

Onset date: \_\_/\_\_/\_\_\_\_ Diagnosis date: \_\_/\_\_/\_\_\_\_ Recovery date: \_\_/\_\_/\_\_\_\_

### Clinical Findings

Y N U  
   Hypopigmented  
   Anesthetic macules  
   Erythematous nodules  
   Erythematous papules  
   Thickening of the skin  
   Peripheral nerve swelling  
   Peripheral nerve thickening  
   Disease classification-tuberculoid  
   Disease classification-lepromatous  
   Disease classification-borderline (dimorphous)  
   Disease classification-indeterminate  
 Date first diagnosed (if different from above)  
 \_\_/\_\_/\_\_\_\_  Inside U.S.  Outside U.S.

### Complications

Y N U  
   Sensory loss ( Hands  Feet)  
   Deformity ( Hands  Feet)  
   Lagophthalmos

### Hospitalization

Y N U  
   Patient hospitalized for this illness  
 If yes, hospital name: \_\_\_\_\_  
 Admit date: \_\_/\_\_/\_\_\_\_ Discharge date: \_\_/\_\_/\_\_\_\_

### Death

Y N U  
   Patient died due to this illness If yes, date of death: \_\_/\_\_/\_\_\_\_

## TREATMENT

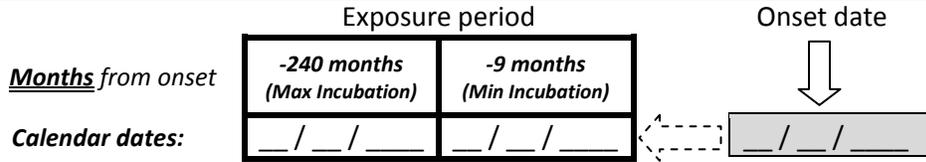
Y N U  
   Treatment given for this disease  
 If yes, indicate:  Dapsone  Rifampin  
 Clofazimine  Other:  
 Date started: \_\_/\_\_/\_\_\_\_

## LABORATORY

Y N U  
   Acid fast bacilli demonstrated in skin or a dermal nerve from a biopsy of a skin lesion

## INFECTION TIMELINE

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period



## EPIDEMIOLOGIC EXPOSURES (based on the above exposure period)

Y N U

History of travel during exposure period (if yes, complete travel history below):

Destination (City, County, State and Country)	Arrival Date	Departure Date	Reason for Travel

Foreign arrival (e.g. immigrant, adoptee, etc)

If yes, country: \_\_\_\_\_

Patient born outside of current county

If yes, indicate: Country: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

If yes, date entered U.S. \_\_/\_\_/\_\_

Contact with armadillos

If yes, indicate: Country: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

If yes, describe type of contact: \_\_\_\_\_

If yes, date of most recent contact: \_\_/\_\_/\_\_

Where did exposure most likely occur? County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

## PUBLIC HEALTH ISSUES

Y N U

Case knows someone who had shared exposure and is currently having similar symptoms

Epi link to another confirmed case of same condition

Case is part of an outbreak

Other:

Current household contacts (if yes, complete below):

Name	Relationship to case
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

## PUBLIC HEALTH ACTIONS

Y N U

Disease education and prevention information provided to patient and/or family/guardian

Facilitate laboratory testing of other symptomatic persons who have a shared exposure

Patient is lost to follow-up

Other:

## WVEDSS

Y N U

Entered into WVEDSS (Entry date: \_\_/\_\_/\_\_)

Case Status:  Confirmed  Probable  Suspect  Not a case  Unknown

## NOTES

