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Send or Fax to:
ADHS Infectious Disease Epidemiology
150 North 18th Ave, Suite 140
Phoenix, Arizona 85007-3237
(602) 364-3199 Fax

Outbreak Name:

Part of National Outbreak? ☐Yes

Epi-linked to confirmed case? ☐ Yes MEDSISID_____

HANSEN'S DISEASE (LEPROSY)

PATIENT INFORMATION

MEDSIS Case No: _____

County: _____

☐ Confirmed ☐ Probable
☐ Ruled Out ☐ Lost to follow up

Name (last, first) _____

Street address _____

City _____ State _____ Zip _____

Mailing address _____

Phone _____ Alt. Phone _____

Occupation/school grade:_____

Place of Birth:

State _____ County _____
Country _____

Birthdate ____ / ____ / ____ or age _____ Sex: ☐ Male ☐ Female ☐ Unknown/Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown
Race: ☐ White ☐ African American ☐ Native Hawaiian/Pac Islander
☐ Asian ☐ Amer Indian / AK Native ☐ Other _____

REPORT SOURCE

Initial report date: _____

Reporter: _____

Reporter org.: _____

Reporter phone: _____

Provider name _____

Provider org.: _____

Provider phone: _____

CLINICAL INFORMATION

Onset date: ___ / ___ / ____ ☐ Unknown **Diagnosis date**: ___ / ___ / ____ **Date Entered US:** ___ / ___ / ____

Signs & Symptoms

Y	N	DK	NA	
				Skin Rash
				Hypopigmentation
				Nodules
				Infiltration
				Nerve Thickening
				Sensory Loss in Hands
				Sensory Loss in Feet
				Deformity in Hands
				Deformity in Feet
				Lagophthalmos (eye)

☐ Other, Specify: _____
☐ Other, Specify: _____

Type of Leprosy

☐ Paucibacillary (Tuberculoid, Borderline Tuberculoid, Indeterminate)

☐ Multibacillary (Mid-borderline, Borderline, Lepromatous, Lepromatous Leprosy)

☐ Undetermined

☐ Ridley-Jopling Classification, if known: _____

Hospitalization

Y	N	DK	NA		
				Hospitalized	ED only

Hospital: _____

Admit date ___ / ___ / ____ Discharge date___ / ___ / ____

Died from illness Death date___ / ___ / ____

Diagnosis of Disease

Was Biopsy Performed? *Attach results if reporting to ADHS*

Y	N	DK	NA

Date: ___ / ___ / ____
Result: _____

Skin Smear *Attach results if reporting to ADHS*

Y	N	DK	NA

Date: ___ / ___ / ____
Result: _____

Y=Yes N=No/Negative DK=Don't Know NA=Not Asked/ Not Answered P=Positive O=Other/Unknown NT=Not Tested

HANSEN'S DISEASE (LEPROSY)

Name (Last, First) _____

Medication, Treatment, and/or Medical Procedures

Y N DK NA

Dapsone
Rifampin
Clofazimine
Other HD Drugs, specify: _____

Additional Notes:
_____
_____
_____
_____

MISCELLANEOUS INFORMATION

In the past 5 years:
Has the patient ever touched armadillos?
Y N DK NA

Has the patient traveled? (if not enough room—please continue in notes section)
Y N DK NA

Out of: ☐County ☐State ☐Country
Destination/Dates: _____
_____
Destination/Dates: _____
_____
_____

CONTACT INVESTIGATION

Infection Timeline:

3 - 5 years | Date of illness onset | 3 months

Exposure Period | Date of Treatment | Communicable Period

Contact: Persons who have been in close, continuous household contact for 1 month or more within 5 years prior to diagnosis or during an period of inadequate treatment. *List all possible contacts below:*

Residence in USA, Or Other Countries, Starting From Present *(Including Military Service)*

NAME/RELATIONSHIP	City, County	State	Country	Phone number	Inclusive Dates (Mo./Yr.) From	To
1.					____/____	____/____
2.					____/____	____/____
3.					____/____	____/____
4.					____/____	____/____
5.					____/____	____/____

FOR PUBLIC HEALTH DEPRTMENT USE ONLY

ACTIONS TAKEN:

How was person likely exposed?
- ☐ Childhood exposure
- ☐ Household contact
- ☐ Other prolonged contact
- ☐ Droplet exposure
- ☐ Unknown

Where did the exposure likely occur? _____

- ☐ No risk factors/exposures could be identified
- ☐ Patient could not be interviewed/LTF
- ☐ Case is part of known outbreak
  Outbreak Name: _____
- ☐ Epi-linked to confirmed case?
  MEDISIS ID of confirmed case: _____
- ☐ Education provided to case/contacts/facilities (Medication)
- ☐ Follow-up to ensure compliance with treatments
- ☐ Follow-up on contacts who may have been exposed
- ☐ Other: _____

NOTES

INVESTIGATOR(S): _____ **DATE:** ___/___/___ **DATE CLOSED:** ___/___/___

Y=Yes **N=No/Negative** **DK=Don't Know** **NA=Not Asked/ Not Answered** **P=Positive** **O=Other/Unknown** **NT=Not Tested**