

**North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch**



ATTENTION HEALTH CARE PROVIDERS:

Please report relevant clinical findings about this disease event to the local health department.

Durham County Health Department
Communicable Disease Control
414 East Main Street
Durham, NC 27701

Telephone: (919) 560-7600
Fax: (919) 560-7716

**LEPROSY (HANSEN'S DISEASE)
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 19**

**ATTENTION Local Health Department Staff: There is no Part 2 Wizard for this disease.
Enter all information from this form into the NC EDSS question packages.**

If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN

NC EDSS LAB RESULTS Verify if lab results for this event are in NC EDSS. If not present, enter results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name—City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	

CLINICAL FINDINGS

Is/was patient symptomatic for this disease? Y N U

If yes, symptom onset date (mm/dd/yyyy): ___/___/___

Palpable enlargement and tenderness of peripheral nerves Y N U

Skin lesions Y N U

Please describe (check all that apply)

- Papule
- Ulcer
- Nodule(s)
- Color of lesion(s)
- Erythematous
- Hypopigmented

Anesthetic and well-demarcated Y N U

Other symptoms, signs, clinical findings, or complications consistent with this illness Y N U

Please specify: _____

Clinical classification

- Dimorphous/borderline
- Indeterminate
- Lepromatous
- Tuberculoid
- Unknown

PREDISPOSING CONDITIONS

Any immunosuppressive conditions? Y N U

Specify _____

TREATMENT

Did the patient take an antibiotic for this illness? Y N U

Specify antibiotic name: _____

CLINICAL OUTCOMES

Discharge/Final diagnosis: _____

Survived? Y N U

Died? Y N U

Died from this illness? Y N U

Date of death (mm/dd/yyyy): ___/___/___

TRAVEL & IMMIGRATION

The patient is:

- Resident of NC
- Resident of another state or US territory
- Foreign Visitor
- Refugee
- Recent Immigrant
- Foreign Adoptee
- None of the above

Did patient have a foreign travel history? Y N U

List travel dates and destinations:
From ___/___/___ to ___/___/___

REASON FOR TESTING

Why was the patient tested for this condition?

- Symptomatic of disease
- Screening of asymptomatic person with reported risk factor(s)
- Exposed to organism causing this disease (asymptomatic)
- Household / close contact to a person reported with this disease
- Other, specify _____
- Unknown

HOSPITALIZATION INFORMATION

Was patient hospitalized for this illness >24 hours? Y N U

Hospital name: _____

City, State: _____

Hospital contact name: _____

Telephone: (____) _____ - _____

Admit date (mm/dd/yyyy): ___/___/___

Discharge date (mm/dd/yyyy): ___/___/___

Does patient know anyone else with similar symptom(s) who had the same or similar travel history? Y N U

List persons and contact information: _____

Additional travel/residency information: _____

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN

CHILD CARE/SCHOOL/COLLEGE

Patient in child care? Y N U

Patient a child care worker or volunteer in child care? Y N U

Patient a parent or primary caregiver of a child in child care? Y N U

Is patient a student? Y N U

Is patient a school WORKER / VOLUNTEER in NC school setting? Y N U

Give details:

HEALTH CARE FACILITY AND BLOOD & BODY FLUID EXPOSURE RISKS

Was the patient a laboratory worker? Y N U

Notes:

BEHAVIORAL RISK & CONGREGATE LIVING

In what setting was the patient most likely exposed?

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Place of Worship
<input type="checkbox"/> Home	<input type="checkbox"/> Outdoors, including woods or wilderness
<input type="checkbox"/> Work	<input type="checkbox"/> Athletics
<input type="checkbox"/> Child Care	<input type="checkbox"/> Farm
<input type="checkbox"/> School	<input type="checkbox"/> Pool or spa
<input type="checkbox"/> University/College	<input type="checkbox"/> Pond, lake, river or other body of water
<input type="checkbox"/> Camp	<input type="checkbox"/> Hotel / motel
<input type="checkbox"/> Doctor's office/ Outpatient clinic	<input type="checkbox"/> Social gathering, other than listed above
<input type="checkbox"/> Hospital In-patient	<input type="checkbox"/> Travel conveyance (airplane, ship, etc.)
<input type="checkbox"/> Hospital Emergency Department	<input type="checkbox"/> International
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Community
<input type="checkbox"/> Long-term care facility /Rest Home	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Military	<input type="checkbox"/> Unknown
<input type="checkbox"/> Prison/Jail/Detention Center	

CASE INTERVIEWS/INVESTIGATIONS

Was the patient interviewed? Y N U

Were interviews conducted with others? Y N U

Who was interviewed?

Friend

Date of Interview: ____/____/____

Location of Interview: _____

Interpreter Used: _____

Co-Worker

Date of Interview: ____/____/____

Location of Interview: _____

Interpreter Used: _____

Relative

Date of Interview: ____/____/____

Location of Interview: _____

Interpreter Used: _____

Other

Date of Interview: ____/____/____

Location of Interview: _____

Interpreter Used: _____

Were health care providers consulted? Y N U

Who was consulted?

Physician Infectious disease physician

PA/FNP Other

Medical records reviewed? Y N U

Sources:

Hospital Clinic/Health Care provider

Other _____

Please specify reason if medical records were not reviewed:

Notes on medical record verification:

GEOGRAPHICAL SITE OF EXPOSURE

In what geographic location was the patient MOST LIKELY exposed?

Specify location:

In NC

City _____

County _____

Outside NC, but within US

City _____

State _____

County _____

Outside US

City _____

Country _____

Unknown

Is the patient part of an outbreak of this disease? Y N

Notes:

VACCINE

Has patient/contact ever received vaccine for this disease? Y N

Vaccine type: _____

Leprosy (Hansen's Disease (*Mycobacterium leprae*))

1997 CDC Case Definition

Clinical description

A chronic bacterial disease characterized by the involvement primarily of skin as well as peripheral nerves and the mucosa of the upper airway. Clinical forms of Hansen's disease represent a spectrum reflecting the cellular immune response to *Mycobacterium leprae*. The following characteristics are typical of the major forms of the disease:

- *Tuberculoid*: one or a few well-demarcated, hypopigmented, and anesthetic skin lesions, frequently with active, spreading edges and a clearing center; peripheral nerve swelling or thickening also may occur
- *Lepromatous*: a number of erythematous papules and nodules or an infiltration of the face, hands, and feet with lesions in a bilateral and symmetrical distribution that progress to thickening of the skin
- *Borderline (dimorphous)*: skin lesions characteristic of both the tuberculoid and lepromatous forms
- *Indeterminate*: early lesions, usually hypopigmented macules, without developed tuberculoid or lepromatous features

Laboratory criteria for diagnosis

- Demonstration of acid-fast bacilli in skin or dermal nerve, obtained from the full-thickness skin biopsy of a lepromatous lesion

Case classification

Confirmed: a clinically compatible case that is laboratory confirmed