Hansen's Disease Case Report Form

Instructions

Please complete as much of the form as possible. The instructions below explain each variable. Some variables have been combined but are independent questions within the form. If you have questions, please contact Bacterial Special Pathogens Branch at (404) 639-1711 or bspb@cdc.gov

Send the completed form to CDC with all personal identifiers removed by one of the following methods:

Email: bspb@cdc.gov

Fax: (404) 929-1590

DCIPHER: contact bspb@cdc.gov for more information

Reporting Information	Description
Date reported	Date case was first reported to jurisdiction (mm/dd/yyyy).
Reporting Jurisdiction	State, territory, or jurisdiction reporting case to CDC.
Local record ID	Unique identifier given by the state health department.
Reporter Name, Phone Number, and Email	Contact information for person reporting case to CDC.
Case status	Indicate Patient's case status.

Case Demographic Information	Description
Sex	Patient's current sex.
Pregnant	Pregnancy status at the time of the event.
Date of birth (DOB)	Patient's birthdate and year (mm/dd/yyyy).
Age	If date of birth is unknown or cannot be reported, list the age of patient at the time of investigation.
Race and Ethnicity	Race and ethnicity of patient as identified by the patient. Multiple boxes for race may be checked. If race or ethnicity is unknown, please select "Unknown."
Country of birth and, if applicable, date arrived in the US	Indicate original country of birth, including US born. If unknown, please enter "Unknown." If patient was born outside of the US enter date the patient arrived in the US (mm/dd/yyyy).
State/territory of residency and zip code	State/territory where patient resides and zip code of residency.
Occupation	List the patient's current occupation.

Pertinent Past Medical History	Description
Armadillo contact	Indicate any direct contact the patient had with armadillos.
History of tuberculosis (TB)	Indicate if the patient was previously treated for TB.
Previous diagnosis and treatment for Hansen's Disease	Indicate if the patient has ever been diagnosed and received treatment for Hansen's Disease. If yes, list the number of months the patient was treated.
Post-exposure prophylaxis (PEP)	Indicate if the patient has ever received PEP for Hansen's Disease. If yes, list the medication start date (mm/dd/yyyy) and name of medication prescribed. This includes PEP received outside of the US.

Diagnostic and Clinical History	Description
Date of symptom onset	Indicate date of symptom onset (mm/dd/yyyy).
Biopsy results	Indicate if biopsy was performed on the patient, date of specimen collection (mm/dd/yyyy) and results.
Skin smear	Indicate if a skin smear was performed on the patient, date of collection (mm/dd/yyyy) and results.
Type of Hansen's Disease	Identify the type of Hansen's Disease and diagnosis date (mm/dd/yyyy).
Location of initial diagnosis	Identify where patient was diagnosed with Hansen's Disease and diagnosis date (mm/dd/yyyy).
Treatment	For each antimicrobial agent listed indicate which were administered and the associated start and end dates for each. If the antimicrobial given is not listed, enter the generic name and dates given if known.
Hansen's Disease complications	Select any complications the patient experienced from Hansen's Disease leading to disabilities such as any sensory abnormalities or deformities of the hands, eyes, or feet.
Hospitalization	Indicate whether the patient was admitted to a hospital for this illness. Enter admission and discharge dates, if applicable.
Patient died	Indicate the outcome of the patient following this illness. If the patient died of this illness, enter date of death.

Household Contacts	Description
Household contacts	Identify the number of known or suspected household contacts. Indicate if the household contacts have been examined for Hansen's Disease and if any additional cases were found. Also indicate if any of the patient's household contacts were previously diagnosed with Hansen's Disease, the number, and their relationship to the patient.

Residence in US and Other Countries	Description
Residence in the US and other countries	List all places the patient has lived prior to being diagnosed with Hansen's Disease.
Comments	List any other pertinent information about the case not provided elsewhere on the form. Do not send personally identifiable information to CDC in this field.

HANSEN'S DISEASE CASE INVESTIGATION FORM

NOTE: Enter all dates as MM/DD/YYYY

Form Version July 2023

REPORTING INFORMATION

Date Reported: _____ Reporting Jurisdiction: _____ Local Record ID: _____

Reporter Name: _____ Reporter Phone Number: _____ Reporter Email: _____

Reporter Affiliation: _____

Case Status:

○ New ○ Return after loss to follow up ○ Transfer In ○ Relapse ○ Reclassification ○ Other, specify: _____

DEMOGRAPHIC INFORMATION

Sex: ○ Male ○ Female ○ Unknown DOB: _____ Age: _____ ○ Years ○ Months ○ Days

Pregnant: ○ Yes ○ No ○ Unknown Country of Birth: _____ Date arrived in the US: _____

State of residency: _____ County of residency: _____ Zip Code of Residence: _____

Race:

☐ American Indian/Alaskan Native ☐ Black or African American ☐ Other: _____

☐ Asian ☐ Native Hawaiian or Pacific Islander

☐ White ☐ Unknown

Ethnicity:

○ Hispanic
○ Non-Hispanic
○ Unknown
○ Other: _____

Occupation: _____ Other: _____

PERTINENT PAST MEDICAL HISTORY

Has the patient ever had direct contact with an armadillo?

○ Yes ○ No ○ Unknown

Has the patient ever been treated for latent or active tuberculosis?

○ Yes ○ No ○ Unknown

Was the patient previously diagnosed with Hansen's Disease?

○ Yes ○ No ○ Unknown

If yes, diagnosis date: _____

Has the patient ever been treated for Hansen's Disease prior to the current diagnosis?

○ Yes ○ No ○ Unknown

If yes, how many months was the patient treated? _____

Has the patient ever received post-exposure prophylaxis (PEP) for Hansen's disease?

○ Yes ○ No ○ Unknown

If yes, start date: _____

Name of medication: _____

DIAGNOSTIC AND CLINICAL HISTORY

Date of symptom onset: _____

Type of Hansen's Disease diagnosed:

○ Lepromatrous (LL)
○ Borerline Lepromatrous (BL)
○ Dimorphous/Borderline (BB)
○ Borderline Tuberculoid (BT)
○ Tuberculoid (TT)
○ Indeterminant
○ Other: _____

Was a biopsy performed?

○ Yes ○ No ○ Unknown

If yes, date biopsy was performed: _____

Biopsy results: _____

Was a skin smear performed?

○ Yes ○ No ○ Unknown

If yes, date of skin smear: _____

Skin smear results:

○ 6+ ○ 4+ ○ 2+
○ 5+ ○ 3+ ○ 1+ ○ None Found

Date of diagnoses: _____ Country of initial diagnosis: _____ State/Territory of initial diagnosis: _____

Current treatment for Hansen's Disease (Check all that apply):

- ☐ Dapsone — Start Date: _____ End Date: _____
- ☐ Rifampin — Start Date: _____ End Date: _____
- ☐ Clofazimine — Start Date: _____ End Date: _____
- ☐ Other: _____ — Start Date: _____ End Date: _____

Has the patient ever been hospitalized for Hansen's Disease?

- ○ Yes
- ○ No
- ○ Unknown

If yes, admission date: _____

Discharge date: _____

Select any complications the patient experienced due to Hansen's Disease leading to disabilities.

- ☐ Sensory abnormalities
- ☐ Hand deformities
- ☐ Feet deformities
- ☐ Eye complications
- ☐ No complications
- ☐ Unknown

Did the patient die from Hansen's Disease?

- ○ Yes
- ○ No
- ○ Unknown

If yes, date of death: _____

HOUSEHOLD CONTACTS

Number of household contacts? _____

Have any of the household contacts been examined for Hansen's Disease?

- ○ Yes
- ○ No
- ○ Unknown

If yes, were any additional cases found?

- ○ Yes
- ○ No

Were any household contacts previously diagnosed with Hansen's Disease?

- ○ Yes
- ○ No
- ○ Unknown

If yes, how many? _____

Relationship to patient:

- ☐ Spouse
- ☐ Parent
- ☐ Sibling
- ☐ Grandparent
- ☐ Child
- ☐ Other: _____

RESIDENCE IN US AND OTHER COUNTRIES

List all places in the US and all foreign countries the patient resided (including military service) before Hansen's Disease was diagnosed.

Country	State	Date From	Date To

ADDITIONAL COMMENTS

RESET