

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Public Health Service
Centers for Disease Control and Prevention
National Center for Infectious Diseases
Atlanta, Georgia 30333



LEPROSY SURVEILLANCE

Form Approved

State _____ <small>(1-2)</small>	Date of Report _____ / _____ / _____ <small>(3-4) (5-6) (7-8)</small>	CDC Case Number: _____ <small>(9-13)</small>
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PATIENT IDENTIFICATION

Patient Name: _____
(Last) (14-23) (First) (24-29) (Middle) (30-33)

Patient Address: Street _____ City _____
 County _____ (34-36) State _____

Place of Birth: State _____ Country _____ <small>(39-40)</small>	Date of Birth: _____ / _____ / _____ <small>(41-42) (43-44) (45-46)</small>	Sex: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
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Race/Ethnicity: (48)

- | | | |
|--|--|---|
| <input type="checkbox"/> 1 White, Not Hispanic | <input type="checkbox"/> 3 Hispanic | <input type="checkbox"/> 5 American Indian, Alaska Native |
| <input type="checkbox"/> 2 Black, Not Hispanic | <input type="checkbox"/> 4 Asian, Pacific Islander | <input type="checkbox"/> 6 Not Specified |

Date Entered U.S. _____ / _____ <small>(49-50) (51-52)</small>	Date of Onset of Leprosy: _____ / _____ <small>(53-54) (55-56)</small>	Date Leprosy First Diagnosed by Doctor: _____ / _____ <small>(57-58) (59-60)</small>
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Type of Leprosy: <small>(61)</small> <input type="checkbox"/> 1 Lepromatous <input type="checkbox"/> 3 Tuberculoid <input type="checkbox"/> 2 Dimorphous/Borderline <input type="checkbox"/> 4 Indeterminate	Has Patient Ever Touched Armadillos? <small>(62)</small> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 Unknown
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Diagnosis of Disease: Was Biopsy Performed? <small>(63)</small> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No If Yes, Date: _____ Acid Fast Strain of Smear or Section <small>(64)</small> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No Bacilli Seen on Smear or Section <small>(65)</small> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	Current Treatment for Leprosy: Dapsone <small>(66)</small> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 Unknown Rifampin <small>(67)</small> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 Unknown Other Drugs <small>(68)</small> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No _____ (specify)
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Regarding Household Contacts of Patient:

- | | | |
|---|--|--|
| Have Any Been Examined? <small>(69)</small> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 Unknown | Were Additional Cases Found? <small>(70)</small> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 Unknown | Have Household Members Been Stated on Prophylaxis? <small>(71)</small> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 Unknown |
|---|--|--|

Has Patient Ever Lived Outside U.S. (including Military Service Outside U.S.)? <small>(72)</small> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 Unknown PLEASE LIST RESIDENCE HISTORY ON REVERSE.	CDC USE ONLY: <small>(73)</small> Contact History Included <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
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RESIDENCE IN USA, OR OTHER COUNTRIES, STARTING FROM PRESENT:

TOWN	COUNTRY	STATE	COUNTRY	INCLUSIVE DATES		
				From Mo/Yr	To Mo/Yr	
1.		(74-76)		(77-78)		
2.		(79-81)		(82-83)		
3.		(84-86)		(87-88)		
4.		(89-91)		(92-93)		
5.		(94-96)		(97-98)		
6.		(99-101)		(102-103)		
7.		(104-106)		(107-108)		
8.		(109-111)		(112-113)		
9.		(114-116)		(117-118)		
10.		(119-121)		(122-123)		

List all known or suspected patients with leprosy who have had contact with patient.

Name *	Age	Sex	Relation to Patient	Full Address				Inclusive Contract Dates		Lived with Patient	
				No.	Street	City	State	From Mo./Yr.	To Mo./Yr.	Yes	No
1. <input type="checkbox"/> (124) (125-139)	(140-141)	(142)								<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="checkbox"/> (151) (152-166)	(167-168)	(169)								<input type="checkbox"/>	<input type="checkbox"/>

* Check box if reported to CDC

NAME AND ADDRESS OF PHYSICIAN:

INVESTIGATED BY: _____

Please return completed forms to:

RESPIRATORY AND SPECIAL
 PATHOGENS EPIDEMIOLOGY BRANCH
 CENTERS FOR DISEASE CONTROL
 AND PREVENTION
 ATLANTA, GEORGIA 30333

CDC 52.18 REV. 6-93

The Centers for Disease Control (CDC), an agency of the Department of Health and Human Services, is authorized to collect this information, including the Social Security number (if applicable), under provisions of the Public Health Service Act, Section 301 (42 U.S.C. 241). Supplying the information is voluntary and there is no penalty for not providing it. The data will be used to increase understanding of disease patterns, develop prevention and control programs, and communicate new knowledge to the health community. Data will become part of CDC Privacy Act system 09-20-0136, "Epidemiologic Studies and Surveillance of Disease Problems" and may be disclosed: to appropriate State or local public health departments and cooperating medical authorities to deal with conditions of public health significance; to private contractors assisting CDC in analyzing and refining records; to researchers under certain limited circumstances to conduct further investigations; to organizations to carry out audits and reviews on behalf of HHS; to the Department of Justice in the event of litigation, and to a congressional office assisting individuals in obtaining their records. An accounting of the disclosures that have been made by CDC will be made available to the subject individual upon request. Except for permissible disclosures expressly authorized by the Privacy Act, no other disclosure may be made without the subject individual's written consent. Public reporting burden for this collection of information is estimated to average 30 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, ATTN: PRA; Hubert H. Humphrey Bldg, Rm 721-8; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget, Paperwork Reduction Project (0920-0009); Washington, DC 20503.

