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

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Form Approved
OMB No. 0920-0

LEPROSY SURVEILLANCE

State ☐☐ (1-2)

Date of Report Mo. ☐☐ (3-4) Day ☐☐ (5-6) Yr. ☐☐ (7-8)

CDC Case Number: ☐☐☐☐☐ (9-13)

PATIENT IDENTIFICATION

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

Present Address: Street _____ City _____

County _____ (34-36) State _____ (37-

Place of Birth: State _____ Country _____ (39-40)

Date of Birth: Mo. ☐☐ (41-42) Day ☐☐ (43-44) Yr. ☐☐ (45-46)

Sex: (47) 1 ☐ Male 2 ☐ Female

Race/Ethnicity: (48)
☐ 1 White, Not Hispanic
☐ 2 Black, Not Hispanic
☐ 3 Hispanic
☐ 4 Asian, Pacific Islander
☐ 5 American Indian, Alaska Native
☐ 6 Not Specified

Date Entered U.S. Mo. ☐☐ (49-50) Yr. ☐☐ (51-52)

Date of Onset of Symptoms of Leprosy: Mo. ☐☐ (53-54) Yr. ☐☐ (55-56)

Date Leprosy First Diagnosed by Doctor: Mo. ☐☐ (57-58) Yr. ☐☐ (59-60)

Type of Leprosy: (61)
1 ☐ Lepromatous
2 ☐ Dimorphous/Borderline
3 ☐ Tuberculoid
4 ☐ Indeterminate

Has Patient Ever Touched Armadillos? (62)
1 ☐ Yes 2 ☐ No 9 ☐ Unknown

Diagnosis of Disease:

Was Biopsy Performed? (63) 1 ☐ Yes 2 ☐ No
If Yes, Date _____

Acid Fast Stain of Smear or Section (64) 1 ☐ Yes 2 ☐ No

Bacilli Seen on Smear or Section (65) 1 ☐ Yes 2 ☐ No

Current Treatment For Leprosy:

Dapsone (66) 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

Other Drugs (68) ☐ Yes ☐ No
_____ (Specify)

Rifampin (67) 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

Regarding Household Contacts of Patient:

Have Any Been Examined? (69) 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

Were Additional Cases Found? (70) 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

Have Household Members Been Started on Prophylaxis? (71) 1 ☐ Yes 2 ☐ No 9 ☐ Unkno

Has Patient Ever Lived Outside U.S. (including Military Service Outside U.S.)? (72)
1 ☐ Yes 2 ☐ No 9 ☐ Unknown

PLEASE LIST RESIDENCE HISTORY ON REVERSE.

CDC USE ONLY: (73)

CONTACT HISTORY INCLUDED 1 ☐ Yes 2 ☐ N

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 Bg, Rm 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0009); Washington, DC 20503.

RESIDENCE IN USA, OR OTHER COUNTRIES, STARTING FROM PRESENT:

TOWN	COUNTY	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 Contact Dates		Lived with Patient	
				No.	Street	City	State	From Mo./Yr.	To Mo./Yr.	Yes	No
1. ☐ (124) (125-139)	(140-141)	(142)						(143-146)	(147-150)		
2. ☐ (151) 152-166)	(167-168)	(169)						(170-173)	(174-177)		

*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

List all LIVING members who have had a month or more of household contact with the patient. Include members who are not presently in the patient's household but who have had such contact in the past. Start with grandparents (paternal and maternal), parents, spouse, brothers, sisters (use married names), and children. Also include other household contacts if any. Use second sheet if necessary.

Name	Age	Sex	Case*	Reported†	Relation to Patient	Full Address				Inclusive Dates of Contact		Date Entered U.S.
						No.	Street	City	State	From Month/Year	To Month/Year	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												

*Check box if known or suspected case of leprosy
†Check box if previously reported to CDC