Hansen's Disease (Leprosy) Surveillance Form
National Hansen's Disease Program

1. Reporting State:	**2. Date of Report:** Mo. Day Yr.	**3. Last 4 digits of Social Security Number (optional):**

4. Patient Name:
(Last) *(First)* *(Middle)*

5. Home/Present Address: Street City County

State Zip Email Address: Phone #

6. Place of Birth: City State Country	**7. Date of Birth** Mo. Day Yr.

8. Ethnicity: ☐ Non-Hispanic ☐ Hispanic or Latino

Race: ☐ American Indian or Alaska Native ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ White

9. Primary Language:
☐ English ☐ Spanish
☐ Other: _____

10. Date entered U.S.: Mo. Yr.	**11.** Date of onset of symptoms: Mo. Yr.	**12.** Date HD first diagnosed**:** Mo. Yr.	**13.** Gender at Birth: ☐M ☐F ☐Other **14.**Intentionally Left Blank	**15.** Is patient receiving assistance through local, state, or federal programs for disability? ☐ Y ☐ N ☐ Unknown

16. List all places in the U.S.A. and all foreign countries a PATIENT resided *(Including Military Service)* BEFORE leprosy was diagnosed:

TOWN	COUNTY	STATE	COUNTRY	INCLUSIVE DATES	
				From Mo./Yr.	To Mo./Yr.

17. Type of Leprosy: *(ICD-10-CM Code)*

☐ Tuberculoid A30.1 (TT) ☐ Borderline Tuberculoid A30.2 (BT) ☐ Indeterminate A30.0 (IN)

☐ Borderline A30.3 (BB) ☐ Borderline Lepromatous A30.4 (BL) ☐ Lepromatous Leprosy A30.5 (LL)

☐ Other Specified Leprosy A30.8 ☐ Leprosy Unspecified A30.9

18. Diagnosis of Disease:

Was initial diagnosis done: ☐ In the U.S. ☐ Outside of the U.S.

Immunological reaction at diagnosis? ☐ Yes ☐ No

Was biopsy performed.? ☐ Yes ☐ No **PCR**: Positive ☐ Negative ☐

19. Treatment: Start Date: _____ Treatment end date: _____	**20. Current Antibiotics for Leprosy: (check all that apply)** ☐ Rifampin ☐ Moxifloxacin ☐ Minocycline ☐ Dapsone ☐ Clofazimine ☐ Others _____

21: Name of person filling out the form: _____

Phone Number: _____ Fax Number: _____

Email address: _____

Treating Physician/Provider: _____

Revised: FEB 2025

Instructions for Completing the Hansen's Disease (Leprosy) Surveillance Form

The Hansen's Disease or Leprosy Surveillance Form *(LSF)* is the document used to report leprosy cases to the U.S. National Hansen's Disease Registry. These data are used for epidemiological, clinical, and basic research studies throughout the National Hansen's Disease Program *(NHDP),* and are the official source for information on leprosy cases in the U.S.

Please report this case to your state health department and fax form to NHDP at 225-756-3706.
The NHDP does not report to state health departments.

The information requested on the LSF is used by many clinicians and researchers and collection of all information is highly desirable. However, the fields that are boldfaced on the form and in the instructions below are the minimal information needed to register a patient. Failure to provide this information will result in the form being returned which creates additional work and may cause delays in obtaining program services for the patient.

1. **Reporting State:** Use the abbreviation of the state from which the report is being sent. This is usually the state of the clinician's office and not necessarily the patient's resident state.
2. **Date of Report:** This is date of the initial LSF completion. If patient was previously reported and has relapsed, write the word "RELAPSE" next to the date.
3. **Social Security Number (last 4):** Optional; self-explanatory.
4. **Patient Name:** Self-explanatory.
5. **Home/Present Address:** Please include the county and zip code which are used to geographically cluster patients.
6. **Place of Birth:** Include state and city, if born in the U.S., or the country, if foreign born.
7. **Date of Birth:** Self-explanatory.
8. **Race/Ethnicity:** This information should be voluntarily provided by the patient. If the patient refuses or indicates a race/ethnicity category not listed, check the "Not Specified" box.
9. **Primary Language:** Patient's primary language preference
10. **Date Entered the U.S.:** For patients who have immigrated to the U.S., provide the month and year of entry.
11. **Date of Onset of Symptoms:** This information is usually the patient's recollection of when classic leprosy symptoms *(rash, nodule formation, paresthesia, decreased peripheral sensation, etc.)* were first noticed.
12. **Date Leprosy First Diagnosed:** Provide the month and year a diagnosis was made. This usually coincides with a biopsy date if one was performed.
13. **Gender at Birth:** Gender assigned at birth: M = Male, F = Female, or OTHER = non-binary, indeterminate, intersex, or unspecified
14. **Intentionally Left Blank**
15. **Disability Assistance:** Is patient receiving any government assistance through local, state, or federal programs for disability?
16. **Residence *(Pre-diagnosis)*:** List all cities, counties, and states in the U.S. and all foreign countries a patient resided in BEFORE leprosy was diagnosed. This information is used to map all places where U.S. leprosy cases have resided.
17. **Type of Leprosy:** Classify the diagnosis based on one of the ICD-10-CM diagnosis codes. (NHDP Clinic physicians: Please circle specific classification, if possible). RJ = Ridley-Jopling
    a. **A30.1 Tuberculoid Leprosy (macular, maculoanesthetic, major, minor, neuritic – includes RJ Tuberculoid [TT] and A30.2 Borderline tuberculoid [BT]):** A form marked by usually one lesion with well-defined margins with scaly surface and local tender cutaneous or peripheral nerves.
    b. **A30.0 Indeterminate (uncharacteristic, macular, neuritic):** A form marked by one or more macular lesions, which may have slight erythema.
    c. **A30.3 Borderline (dimorphous, infiltrated, neuritic – includes RJ Borderline [BB] or true mid disease only):** A form marked by early nerve involvement and lesions of varying stages.
    d. **A30.5 Lepromatous Leprosy (macular, diffuse, infiltrated, nodular, neuritic – includes RJ Lepromatous [LL] and A30.4 Borderline lepromatous [BL]):** A form marked by erythematous macules, generalized papular and nodular lesions, and variously by upper respiratory infiltration, nodules on conjunctiva or sclera, and motor loss.
    e. **A30.8 Other Specified Leprosy:** Use this code when the diagnosis is specified as "leprosy" but is not listed above *(A30.0-A30.3)*, including 'pure neural' disease.
    f. **A30.9 Leprosy, Unspecified:** Use this code when the diagnosis is identified as "leprosy" but inactive.
18. **Diagnosis of the disease:** self-explanatory. Was the patient in immunological reaction at diagnosis? Biopsy and PCR done?
19. **Treatment:** Start date and end date (if completed treatment)
20. **Current Treatment for Leprosy**: Date that treatment started and indicate all drugs used for initial treatment.
21. **Facility/Staff completing the form contact information**: self-explanatory.