

# **Hansen's Disease (Leprosy) Investigation Guideline**

## **CONTENTS**

### **Investigation Protocol:**

- **Investigation Guideline**

### **Investigation Forms / Documentation Worksheets:**

- **Investigation Form**
- **Documentation Checklist**
- **KS Notifiable Disease Form**

### **Supporting Material:**

- **Sample Letter, Generic to Case**
- **Sample Letter, Generic to MD**
- **Fact Sheet**

# Hansen's Disease (Leprosy)

## Disease Management and Investigative Guidelines

---

### CASE DEFINITION

#### A. Clinical Description for Public Health Surveillance:

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.

#### B. 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.

#### C. Case Classification:

Confirmed: A clinically compatible case that is laboratory confirmed.

#### D. Laboratory Tests:

The State Public Health Laboratory does not provide testing and sends all isolates to the CDC.

- Remarks: For additional information and/or questions concerning isolate collection, sample transport and laboratory kits call (785) 296-1620. An online manual of laboratory tests is also available at <http://www.kdhe.state.ks.us/labs/links.html>

#### E. Bioterrorism Potential:

None.

#### F. Outbreak Definition:

A single case is unusual, especially outside the states and territories of Texas, Louisiana, California, New York, Hawaii, Florida, and Puerto Rico. A complete investigation of risk factors and location of contacts is warranted.

## INVESTIGATOR RESPONSIBILITIES

### A. Investigation Tasks and Activities:

- Conduct an epidemiological investigation to identify the possible source of infection and to locate additional cases and/or contacts in the community.
- Report all confirmed cases to the Bureau of Epidemiology & Disease Prevention, using established methods
- No specific public health interventions are necessary; communicability is low, particularly after initiation of treatment.
- Periodic examination of household and other close contacts is recommended at 12-month intervals for at least 5 years after last contact with an infectious case.

### B. Notifications:

- There are no special notifications or additional reporting requirements.
- Mail or deliver notification letter and/or disease fact sheet to case, contacts and other appropriate individuals or groups (if appropriate and/or requested).

## EPIDEMIOLOGY

Leprosy occurs worldwide particularly in South and Southeast Asia, tropical Africa and some areas of Latin America. In the United States, 90% of reported cases are imported and occur within the immigrant and/or refugee populations from endemic areas. Indigenous cases continue to occur in Texas, California, Louisiana, Hawaii and Puerto Rico. Leprosy is rarely seen in children < 3 years of age and secondary attack rates in households are low.

## DISEASE OVERVIEW

### A. Agent:

*Mycobacterium leprae*, an acid-fast, gram-positive bacillus.

### B. Clinical Description:

Leprosy is a chronic bacterial disease of the skin, peripheral nerves and/or the upper airway with a broad range of clinical manifestations; the following characteristics are typical of the principal 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 and/or thickening of the skin 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

- **Differential Diagnosis:** Other peripheral neuropathies, chronic dermatological lesions, tuberculosis, syphilis, yaws, etc.

**C. Reservoirs:**

Humans. Feral armadillos in Louisiana and Texas have been found naturally afflicted; however, transmission to humans is uncertain.

**D. Mode(s) of Transmission:**

The exact mode of transmission is not clearly established but presumed to be via nasal discharges and skin lesions. Close household contact, genetic factors and immune response thought to be important. In cases involving children <1 year of age, transmission is presumed to be transplacental.

**E. Incubation Period:**

Average 3-5 years; range, 7 months to 20 years. The incubation period may be shorter for tuberculoid cases than for lepromatous cases.

**F. Period of Communicability:**

As long as viable bacilli are demonstrable, Hansen's Disease is mildly communicable. Infectiousness is lost in most instances within 3 months of continuous treatment with dapsone (DDS) or clofazimine, or within a few days or weeks with treatment using rifampin.

**G. Susceptibility and Resistance:**

The high prevalence of antibodies specific for *M leprae* among close contacts suggests that infection is frequent; however, clinical disease occurs in only a small proportion of these contacts.

**H. Treatment:**

With the increasing frequency of resistance to dapsone and the emergence of resistance to rifampin, combined chemotherapy regimens are necessary. Consultation with an infectious disease specialist is strongly recommended.

## **STANDARD CASE INVESTIGATION AND CONTROL METHODS**

Standard investigation activities include the following: 1) Confirmation of the diagnoses (*i.e.*, case definition), 2) Collection of relevant demographic and clinical data (*e.g.*, age, sex, disease syndromes and/or symptoms), 3) Determination of the setting (*e.g.*, community, hospital, daycare or other facility), and 4) Investigation of possible epidemiologic links among cases (*e.g.*, cluster, household, co-workers, etc). This can be accomplished by completing the appropriate sections of the Hansen's Disease investigation form. Most of the information can be obtained from the case person, healthcare provider and/or the medical record. The investigator may want to also review previously reported cases in the region and/or state. Additional investigation activities include:

**A. Identify Potential Source of Infection:**

To help identify the source of the infection, the investigator should focus their investigation within the incubation period and on the following potential source(s) of infection.

- Family members and other close contacts include: name, address and time frame.
- Due to the long incubation period, gather information on place of birth, travel/residence in endemic areas from birth to present and dates of entry into United States.
- Type of leprosy and status of disease, include biopsy data: laboratory name, date and results.
- Current medical supervision, name and contact information of physician.

**B. Identify Potential Exposed Individuals / Populations (Contacts):**

Contacts are defined as persons who have been in close, continuous household contact for a month or more within 5 years prior to diagnosis or during any period of inadequate treatment.

**C. Isolation, Work and Daycare Restrictions:**

- None for cases of paucibacillary leprosy (*i.e.*, indeterminate, tuberculoid and borderline tuberculoid).
- Contact isolation for cases of multibacillary leprosy (*i.e.*, borderline, lepromatous and borderline lepromatous) until multi-drug therapy has been established.
- No restrictions in employment or attendance for cases whose disease is regarded as noninfectious.

**D. Follow-up of Cases:**

Follow-up with cases to assure compliance with treatment regimens.

**E. Protection of Contacts:**

- Contacts to all types of leprosy should be examined when case is first diagnosed.
- Contacts to multibacillary leprosy cases (*i.e.*, borderline, lepromatous and borderline lepromatous) should receive a yearly examination for 5 years from last exposure.
- Contacts to paucibacillary leprosy (*i.e.*, indeterminate, tuberculoid and borderline tuberculoid) should receive an initial examination, then as recommended by a physician.

**F. Environmental Measures:**

None.

**G. Education:**

- Stress the importance of taking prescribed medications and following treatment plan.

- Teach the importance of watching for drug reactions and the need to report them to their physician.
- Instruct case on the importance of disposing nasal and lesion discharges in a sanitary manner.
- Explain the possibility of injury to anesthetic areas of the body and instruct the case to conduct injury assessments periodically.
- Provide instruction about safety measures to prevent burns, ulcers, injuries, etc.
- Inform patient of availability and importance of rehabilitation and reconstructive surgery, when indicated.

## MANAGING SPECIAL SITUATIONS

None.

## ADDITIONAL INFORMATION / REFERENCES

- American Academy of Pediatrics. 2003 *Red Book: Report of the Committee on Infectious Disease, 26<sup>th</sup> Edition*. Illinois, Academy of Pediatrics, 2003.
- Heymann. D., ed., *Control of Communicable Diseases Manual, 18<sup>th</sup> Edition*. Washington, DC, American Public Health Association, 2004.
- Case definitions for Infectious Conditions Under Public Health Surveillance, Division of Public Health Surveillance and Informatics, Nationally Notifiable Infectious Diseases, United States 2005. Available at: <http://www.cdc.gov/epo/dphsi/PHS/infdis2005.htm>
- Kansas Department of Health and Environment, Bureau of Epidemiology. *Disease Protocols*, 2001.
- County of Los Angeles, Department of Health, Public Health Programs and Services, *Communicable Diseases Manual*, June 2003.
- Oklahoma State Department of Health, Communicable Diseases Division. *The Epidemiologic Follow-up of Communicable Diseases in Oklahoma*, 2001.
- Missouri Department of Health and Senior Services, Section of Communicable Disease Control & Veterinary Public Health, *Communicable Disease Investigation Reference Manual*. 2001.
- Oregon Health Services Website. Available at <http://www.ohd.hr.state.or.us>
- Commonwealth of Massachusetts, Department of Public Health Website. Available at <http://www.state.ma.us/dph/>
- CDC Website. Available at <http://www.cdc.gov/health/default.htm>

# Hansen's Disease

Paucibacillary  Multibacillary  Ridley-Jopling  Unknown

Case # \_\_\_\_\_

- Confirmed  
 Probable  
 Suspect

## Report Source

Lab  Hospital  Physician / HCP  Other \_\_\_\_\_

Reporter Name \_\_\_\_\_

Primary M.D. / HCP \_\_\_\_\_

County \_\_\_\_\_

Report Date / /

Phone (  )  -

Phone (  )  -

## Case Identification

Name: \_\_\_\_\_  
Last First Initial

Address: \_\_\_\_\_  
Street City

Zip:  -  Phone: (  )  -

Alternative Contact:  Parent  Spouse  Other \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Initial

Phone: (  )  -

Workplace / School / Daycare: \_\_\_\_\_

Occupation / Grade: \_\_\_\_\_

## Demographics

Gender:  Male  Female

Birth Date: / /

Or if unknown, Age:

### Race:

- White  Black  Asian  
 American Indian / Alaska Native  
 Native Hawaiian / Pacific Islander

Hispanic / Latino:  Yes  No

## Clinical Information

Clinical Data Onset date / /  Diagnosis date / /  Illness duration:  days  
Date Entered the United States / /

### Signs and Symptoms

Y N UNK N/A

- Skin Rash  
   Hypopigmentation  
   Nodules  
   Infiltration  
   Nerve Thickening  
   Sensory Loss in Hands  
   Sensory Loss in Feet  
   Deformity in Hands  
   Deformity in Feet  
   Lagophthalmos

Other, Specify \_\_\_\_\_

Other, Specify \_\_\_\_\_

### Hospitalization

Y N UNK N/A

Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date / /

Discharge date / /

Y N UNK N/A

Died from illness Death date / /

Autopsy

## Laboratory Data

Y N UNK N/A

Biopsy Date / /  Result \_\_\_\_\_

Skin Smear Date / /   Pos  Neg

Notes: \_\_\_\_\_

## Medication, Treatment, and/or Medical Procedures

Y N UNK N/A

- Dapsone  
   Rifampin

Y N UNK N/A

- Clofazimine  
   Other HD Drugs, specify \_\_\_\_\_

Medication, Treatment, and/or Medical Procedures cont.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Infection Timeline**

Enter onset date in heavy box.  
 Count forward and backward to  
 calculate probable exposure  
 and contagious periods.



**Exposure**

Y N UNK N/A  
    Has the patient traveled?  
 Out of:  County  State  Country  
 Destinations/Dates: \_\_\_\_\_  
    Has patient ever touched Armadillos?

Y N UNK N/A  
    Childhood exposure?  
    Household contact?  
    Other prolonged contact?  
    Droplet exposure?

Notes: \_\_\_\_\_  
 \_\_\_\_\_

**Epi-Linkage**

During the exposure period, was the case...

Y N UNK N/A  
    Associated with a known outbreak?  
    A close contact of a confirmed or probable case?

Has the initial case been reported?  Yes  No

Specify nature of contact:  Household  Sexual  
 Daycare  Other \_\_\_\_\_

If yes to any question, specify relevant names days, places, etc:

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Case could not be interviewed     No risk factors or exposures could be identified  
 Most likely exposure/site: \_\_\_\_\_ Site name/address: \_\_\_\_\_  
 Where did exposure probably occur?  In State, County: \_\_\_\_\_  Out of state  Not in US  UNK

**Contact Management and Follow-up**

Name: \_\_\_\_\_  
 Last First Initial  
 Address: \_\_\_\_\_  
 Street City  
 Zip: [ ][ ][ ][ ] - [ ][ ][ ] Phone: ([ ][ ][ ]) [ ][ ][ ] - [ ][ ][ ][ ][ ]

Date of Birth [ ][ ]/[ ][ ]/[ ][ ][ ][ ]  
 Exhibiting Signs/Symptoms:  Yes  No  
 Contact Type:  Household  Sexual  
 Daycare  Other \_\_\_\_\_  
 Call Back Date: [ ][ ]/[ ][ ]/[ ][ ]  N/A

Name: \_\_\_\_\_  
 Last First Initial  
 Address: \_\_\_\_\_  
 Street City  
 Zip: [ ][ ][ ][ ] - [ ][ ][ ] Phone: ([ ][ ][ ]) [ ][ ][ ] - [ ][ ][ ][ ][ ]

Date of Birth [ ][ ]/[ ][ ]/[ ][ ][ ][ ]  
 Exhibiting Signs/Symptoms:  Yes  No  
 Contact Type:  Household  Sexual  
 Daycare  Other \_\_\_\_\_  
 Call Back Date: [ ][ ]/[ ][ ]/[ ][ ]  N/A

Name: \_\_\_\_\_  
Last First Initial

Date of Birth [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

Exhibiting Signs/Symptoms:  Yes  No

Address: \_\_\_\_\_  
Street City

Contact Type:  Household  Sexual

Zip: [ ][ ][ ][ ] - [ ][ ][ ][ ] Phone: ( [ ][ ][ ] ) [ ][ ][ ] - [ ][ ][ ][ ]

Daycare  Other \_\_\_\_\_

Call Back Date: [ ][ ] / [ ][ ] / [ ][ ]  N/A

Name: \_\_\_\_\_  
Last First Initial

Date of Birth [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

Exhibiting Signs/Symptoms:  Yes  No

Address: \_\_\_\_\_  
Street City

Contact Type:  Household  Sexual

Zip: [ ][ ][ ][ ] - [ ][ ][ ][ ] Phone: ( [ ][ ][ ] ) [ ][ ][ ] - [ ][ ][ ][ ]

Daycare  Other \_\_\_\_\_

Call Back Date: [ ][ ] / [ ][ ] / [ ][ ]  N/A

Name: \_\_\_\_\_  
Last First Initial

Date of Birth [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

Exhibiting Signs/Symptoms:  Yes  No

Address: \_\_\_\_\_  
Street City

Contact Type:  Household  Sexual

Zip: [ ][ ][ ][ ] - [ ][ ][ ][ ] Phone: ( [ ][ ][ ] ) [ ][ ][ ] - [ ][ ][ ][ ]

Daycare  Other \_\_\_\_\_

Call Back Date: [ ][ ] / [ ][ ] / [ ][ ]  N/A

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Public Health Issues**

Other, specify: \_\_\_\_\_

**Public Health Actions**

- Medication education provided
- Follow-up to ensure compliance with treatments
- Initiate contact investigation
- Other, specify: \_\_\_\_\_
- Other, specify: \_\_\_\_\_

**Additional Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Administration**

Estimated investigation time (hrs) [ ][ ] . [ ][ ]

Investigator name \_\_\_\_\_ Phone ( [ ][ ][ ] ) [ ][ ][ ] - [ ][ ][ ][ ]

Signature \_\_\_\_\_ Investigation complete date [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

## Hansen's Disease (Leprosy) Investigation and Documentation Checklist

<b>TASK</b>	<b>DATE</b>	<b>INITIALS</b>
Report Received:	___/___/___	_____
Assigned to Investigator:	___/___/___	_____
Reported to State Surveillance System:	___/___/___	_____
Met Case Definition: <input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	_____
Case Interviewed: MOGE: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____	___/___/___	_____
Contacts Identified and/or Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None If Yes, Name(s): _____	___/___/___	_____
<hr/>		
Letter and Information Sheet Sent:	___/___/___	_____
Follow up with Contacts: (Annually for 5 years) <input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	_____
Completed Investigation Worksheet:	___/___/___	_____
Case Closed and Filed:	___/___/___	_____
Comments: _____		
_____		
_____		
_____		
_____		

**Case Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Case Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**KANSAS NOTIFIABLE DISEASE FORM**

Today's Date: \_\_\_ / \_\_\_ / \_\_\_

Patient's Name: \_\_\_\_\_  
Last First Middle

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Race: American Indian/Alaska Native Asian Black or African American  
Native Hawaiian or Other Pacific Islander White Unknown  
(Circle all that apply)

Sex: M F Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age if DOB unknown: \_\_\_\_\_

Disease Name: \_\_\_\_\_

Symptoms:  
Onset: \_\_\_ / \_\_\_ / \_\_\_ State the 3 most prominent symptoms:

Symptom 1: \_\_\_\_\_ Symptom 2: \_\_\_\_\_ Symptom 3: \_\_\_\_\_

Outbreak associated? Y N Died? Y N

Institutional Residence? None Nursing Home Correctional Residential Hospital Psych

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**Laboratory Information:**

Specimen Collection Date: \_\_\_ / \_\_\_ / \_\_\_ Date Reported To You: \_\_\_ / \_\_\_ / \_\_\_

Name of Test Performed: \_\_\_\_\_ Results of Test: \_\_\_\_\_

Name of Laboratory: \_\_\_\_\_ Laboratory Results Attached? Y N

**Treatment Information:**

Date of Treatment: \_\_\_ / \_\_\_ / \_\_\_ Treatment Type and Dosage: \_\_\_\_\_  
Treatment Status: Complete On-going Discontinued

Name of person reporting: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_

Dear: \_\_\_\_\_,

I am writing in regards to some recent laboratory test results that you should have received. I work with the Local Health Department and as part of my job I provide information and answer questions about certain diseases that are reported to us.\* I would like to speak to you about your laboratory tests and provide information to you as well as to obtain some additional information about your results. Everything we receive from you or your healthcare provider is **STRICTLY CONFIDENTIAL**. The purpose for collecting this information is to educate patients and to collect information for public health planning and support our disease prevention activities.

Please contact me at your earliest convenience so that we may discuss this matter further. If your healthcare provider has not yet discussed this with you, I would encourage you to make an appointment or call them as soon as possible.

I look forward to discussing this matter with you and will be happy to answer any questions that you may have regarding this investigation at that time. My telephone number is \_\_\_\_\_. Thank you in advance for your assistance.

Sincerely,

Investigator Name, Title

Phone #

Address Line 1

Address Line 2

City, State Zip Code

\*The Kansas Department of Health and Environment (KDHE) has the authority to define what diseases are of public health importance and to require the reporting of such diseases. Under this authority KDHE has established regulations making certain diseases reportable (K.S.A. 65-118 and K.S.A. 65-128, and amendments thereto). These regulations outline reporting requirements and control measures that apply to both confirmed cases of such diseases and contacts of confirmed cases. Local health departments are required to collect information for the KDHE and implement control measures.

Date: \_\_\_\_\_

Dr: \_\_\_\_\_,

I am writing to you in regards to your patient, \_\_\_\_\_. The Health Department recently received notice that this patient may have been diagnosed with \_\_\_\_\_, which is a reportable disease under State rules and regulations. The Health Department routinely contacts patients with reportable diseases to gain more information, provide education, and make necessary referrals and support. In order to do this, I would like to speak to you regarding the laboratory results and risk history of this patient.

Please contact me at your earliest convenience so that we may obtain the information required for this report. If it is more convenient for you to fill out the report form on your own and mail or fax it to me, please feel free to do so. I have enclosed a copy of it with this letter. I would also like to remind you that during our investigation we may be contacting your patient directly, it is strongly recommended that you contact your patient to discuss this diagnosis and inform them of our investigation. All of the information that we obtain from either you or your patient is **STRICTLY CONFIDENTIAL**.

I look forward to discussing this matter with you and will be happy to answer any questions that you may have regarding this investigation at that time. My telephone number is \_\_\_\_\_. Thank you in advance for your assistance.

Sincerely,

Investigator Name, Title  
Phone #  
Fax #  
Address Line 1  
Address Line 2  
City, State Zip Code

\*The Kansas Department of Health and Environment (KDHE) has the authority to define what diseases are of public health importance and to require the reporting of such diseases. Under this authority KDHE has established regulations making certain diseases reportable (K.S.A. 65-118 and K.S.A. 65-128, and amendments thereto). These regulations outline reporting requirements and control measures that apply to both confirmed cases of such diseases and contacts of confirmed cases. Local health departments are required to collect information for the KDHE and implement control measures.

	<b>Public Health Fact Sheet Hansen's Disease (Leprosy)</b>
--	--

**What is Hansen's Disease?**

Hansen's disease, or leprosy, is a chronic bacterial disease that affects the skin, nerves in the hands and feet, and in some cases, the lining of the nose. Although rare in the United States it can be found in certain regions including: California, Hawaii, Louisiana, Texas and Puerto Rico. It is endemic in Tropical and Sub-Tropical Asia, Africa, Central and South America, and the Pacific Region.

**What are the symptoms?**

Symptoms associated with Hansen's Disease include skin lesions and/or discolorations that may be numb. The nerves in the arms and wrists may also become swollen and tender. If left untreated, it may cause nerve damage resulting in loss of muscle control and crippling of the hands and feet.

**How is it spread?**

The exact method of transmission is uncertain; however, being in the same household and/or long-term close contact are known factors. The bacteria of Hansen's disease probably enter the body through the nose, and possibly through broken skin. In children < 1 year of age the transmission is probably transplacental.

**Who gets Hansen's Disease?**

Anyone can get leprosy, but children seem to be more susceptible than adults. While Hansen's Disease is rare in the United States it is common in other parts of the world, including: South and Southeast Asia and some parts of Latin America.

**How is it diagnosed?**

Hansen's Disease is diagnosed by taking a biopsy of a skin lesion. Only cases that are clinically compatible and laboratory confirmed are considered positive for Hansen's Disease.

**How is it treated?**

Early diagnosis and treatment are important to preventing permanent disability and controlling the spread of disease. There are several effective antibiotics that doctors may prescribe for treatment.

**How can you prevent disease name?**

The best way to prevent the spread of Hansen's disease is the early diagnosis and treatment of people who are infected. For household contacts, immediate and annual examination for at least 5 years after last contact with a person who is infectious is recommended.

**Where can I get more information?**

- Your Local Health Department
- Kansas Department of Health and Environment, Epidemiologic Services Section (877) 427-7317
- <http://www.cdc.gov/health/default.htm>
- Your doctor, nurse, or local health center

*This fact sheet is for information only and is not intended for self-diagnosis or as a substitute for consultation with a healthcare provider. If you have any questions about the disease described above or think that you may have an infection, consult with your healthcare provider. The information in this fact sheet is based on the Centers for Disease Control and Prevention's Health and Safety topic fact sheets.*