

# Buruli Ulcer (*Mycobacterium ulcerans*) POST EXPOSURE ASSESSMENT FORM

## Case details

NCIMS number: \_\_\_\_\_

<b>First Name:</b>	<b>Surname:</b>	<b>DOB:</b>	<b>Age:</b>	<b>Gender:</b>
<b>Address:</b>	<b>Suburb:</b>	<b>Postcode:</b>		
<b>Phone:</b>	<b>Email:</b>			
<b>Parent or Guardian name and contact details (optional):</b>			<b>Occupation of case:</b>	
<b>Indigenous status:</b> <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Unk	<b>Country of birth:</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other - specify:	<b>Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Other - specify:		

## Person Notifying (Notifier)

<b>Name:</b>	<input type="checkbox"/> General practice <input type="checkbox"/> Emergency Department <input type="checkbox"/> Other please specify:	<b>Clinic/Hospital name:</b>
<b>Address:</b>	<b>Suburb:</b>	<b>Postcode:</b>
<b>Contact number:</b>	<b>Email (and Fax if applicable):</b>	<b>Patient Medicare Number:</b>
<b>Date PHU notified:</b>	<b>Date interviewed:</b>	<b>Interviewed by (name and LHD):</b>

## Clinical information

<p><b>Date of first symptom onset:</b></p> <p>_____</p> <p><b>Approx date of first presentation to healthcare worker:</b></p> <p>_____</p> <p><b>Duration of symptoms before seeking care:</b></p> <p>_____</p> <p><b>Approx date of <i>M. ulcerans</i> disease first suspected:</b></p> <p>_____</p> <p><b>Form(s) of disease (see below for info):</b></p> <p> <input type="checkbox"/> Cellulitis  <input type="checkbox"/> Nodule  <input type="checkbox"/> Oedema  <input type="checkbox"/> Osteomyelitis  <input type="checkbox"/> Papule  <input type="checkbox"/> Plaque  <input type="checkbox"/> Ulcer  <input type="checkbox"/> Other, specify _____         </p>	<p><b>Location of lesion(s) (tick all that apply):</b></p> <p> <input type="checkbox"/> Upper arm (down to elbow)  <input type="checkbox"/> Forearm (down to wrist)  <input type="checkbox"/> Hand  <input type="checkbox"/> Upper leg (down to knee)  <input type="checkbox"/> Lower leg (down to ankle)  <input type="checkbox"/> Foot  <input type="checkbox"/> Abdomen  <input type="checkbox"/> Back  <input type="checkbox"/> Buttocks and perineum  <input type="checkbox"/> Thorax (chest)  <input type="checkbox"/> Head/ neck         </p> <p><b>Details of lesion(s) location:</b></p> <p>_____</p>	<p><b>Size of affected area including palpable induration?</b></p> <p> <input type="checkbox"/> Single lesion &lt; 5 cm (WHO category I)  <input type="checkbox"/> Single lesion 5–15 cm (WHO category II)  <input type="checkbox"/> Single lesion &gt; 15 cm, multiple lesions, lesions at critical site (e.g. eye, breast, genitalia), or osteomyelitis (WHO category III)         </p> <p><b>Has the case previously tested positive for <i>M. ulcerans</i></b></p> <p> <input type="checkbox"/> Yes (specify year: _____ )  <input type="checkbox"/> No         </p>
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**Papule:** A painless, raised skin lesion, less than 1 cm in diameter. The surrounding skin is reddened.

**Ulcer:** When fully developed, the ulcer has undermined edges and is indurated peripherally. The flood of the ulcer may have a white, cotton wool-like appearance due to necrotic slough. The ulcer is usually painless unless there is secondary bacterial infection. When there is more than one ulcer and the ulcers are close together, they often communicate beneath intact skin.

**Plaque:** A firm, painless, elevated, well-demarcated lesion more than 2 cm in diameter with irregular edges. The skin over the lesion is often reddened or otherwise discoloured.

**Nodule:** A lesion that extends from the skin into the subcutaneous tissue and is 1–2cm in diameter. It is usually painless but may be itchy and the surrounding skin may be discoloured compared with adjacent areas.

**Oedematous form:** Diffuse, extensive, usually non-pitting swelling. The affected area has ill-defined margins, is firm and painless and involves part or all of a limb or other part of the body. There may be colour changes over the affected area and the disease may be accompanied by fever.

**Disseminated or mixed forms:** Simultaneous presence of different forms of the disease, including bone and joint involvement, in the same patient.

## Clinical comments

Has the case reported any events that they thought caused the infection?

- Insect bite - specify insect type: \_\_\_\_\_
- Gardening/handling soil - specify where it was sourced: \_\_\_\_\_
- Trauma to skin
- Other (specify): \_\_\_\_\_

Specify any information relevant to these events (e.g. type of insect bite, skin trauma, or gardening/soil contact):

Specify any other information relevant to possible source(s) of infection?

Does the case have any [family members, household contacts, other] with similar symptoms?

## Travel and exposure risks

Has the case lived in and/or visited any known endemic area in the past 12 months? (tick all that apply below)

**Endemic area in Victoria:**

- Bellarine Peninsula
- East Gippsland
- Frankston area
- Geelong suburbs
- Inner Melbourne
- Mornington Peninsula
- Phillip Island
- South-east Melbourne bayside
- Surf coast
- Other (please specify): \_\_\_\_\_

**Type(s) of contact with the endemic area?**

- Single visit
- Multiple visits
- Holiday resident
- Resident

**Approx dates/months to the above areas in the last 12 months:**

**Other endemic areas:**

- Far North Queensland
- Africa (Benin, Cameroon, Central African Republic, Congo, Cote d'Ivoire, Democratic Republic of Congo, Gabon, Ghana, Liberia, Nigeria, Togo, South Sudan)
- Americas (French Guiana)
- Western Pacific (Japan, Papua New Guinea)

**Type(s) of contact with the endemic area?**

- Single visit
- Multiple visits
- Holiday resident
- Resident

**Approx dates/months to the above areas in the last 12 months:**

If the case visited an endemic area, were they aware of the risk of Buruli Ulcer prior to or during their visit?  Yes  No  Not sure

If yes, what communications do they recall seeing? \_\_\_\_\_

Has the case lived in and/or visited any non-endemic places (including travel in NSW) in the last 12 months?  Yes  No  Not sure

Occupation and location of work (suburbs, postcodes, jurisdictions)

In the 12 months prior to symptom onset, did the case undertake any of the following outdoor or recreational activities. Ensure to ask about activities undertaken both at home or while away from home.

- Outdoor work
  - Outdoor or sporting activities (e.g. cycling, bushwalking, golf)
  - Outdoor water activities
  - Gardening
  - Other outdoor or recreational activities
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What mosquito protection and/or bite prevention measures did the case use (if any):

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What mosquito protection and/or bite prevention communications does the case recall seeing (if any):

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## Treatment and outcomes

### Treatment (tick all that apply)

- None
- Hospitalisation for management
- Dressings
- Antibiotics
- Surgery
- Other (specify): \_\_\_\_\_

### Treatment outcome(s) (tick all that apply)

- Antibiotic treatment complete
- Antibiotic treatment not complete
- Healed without surgery
- Healed with surgery
- Lost to follow-up
- Died
- Other (specify): \_\_\_\_\_

## Documentation

Have NCIMS progress notes been updated?  Y  N

Have all question packages in NCIMS been completed?  Y  N

### Suggested documents that may be attached to NCIMS:

- Copy of this completed questionnaire
- Images of wound (if any)

PHU case manager \_\_\_\_\_

LHD Name: \_\_\_\_\_

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