

Mycobacterium ulcerans requires written notification to the Department of Health & Human Services within five days of initial diagnosis to:

Department of Health & Human Services, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651170.

Please ensure the case (1) has been informed of their diagnosis, (2) has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*), and (3) has been informed that the department may contact them for further information about their illness. Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions nor to provide the information requested on this form.

Case details—please answer all questions

Last name

First name(s)

Date of birth Sex
 Male Other, specify _____
 Female

Residential address

City Postcode

Tel home Tel mobile

Parent/guardian/next of kin name and contact number

Is the case of Aboriginal or Torres Strait Islander origin
 No
 Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Unknown

Country of birth ...country ...year arrived in Australia
 Australia
 Overseas > _____

Interpreter required ...language
 No
 Yes, language > _____

Occupation and/or school and/or child care attended

Alive/deceased ...date of death
 Alive Died due to MU >
 Died due to other causes > _____

Risk summary

Has the case lived in and/or visited any known endemic area in the past 12 months (tick all that apply - see map on attached information sheet)

Endemic area (1)
 Bellarine Peninsula Mornington Peninsula
 Frankston area Phillip Island
 Gippsland South-east Melbourne bayside
 Other, specify _____

Places visited in the area (please provide addresses, if known)

Type of contact with the endemic area Approx date of last visit
 Single visit Holiday resident
 Multiple visits Resident _____

Endemic area (2)
 Bellarine Peninsula Mornington Peninsula
 Frankston area Phillip Island
 Gippsland South-east Melbourne bayside
 Other, specify _____

Places visited in the area (please provide addresses, if known)

Type of contact with the endemic area Approx date of last visit
 Single visit Holiday resident
 Multiple visits Resident _____

Endemic area (3)
 Bellarine Peninsula Mornington Peninsula
 Frankston area Phillip Island
 Gippsland South-east Melbourne bayside
 Other, specify _____

Places visited in the area (please provide addresses, if known)

Type of contact with the endemic area Approx date of last visit
 Single visit Holiday resident
 Multiple visits Resident _____

Form continues over page

Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name Medicare provider no.

Address

City Postcode

Telephone Fax Date

Department use only

Please identify the case on every page

Last name	First name	Date of birth
_____	_____	____/____/____

Clinical information

Date of first symptom onset

____/____/____

Approximate date of first presentation to a health care worker

____/____/____

Duration of symptoms before seeking care

Approximate date of *Mycobacterium ulcerans* disease first suspected

____/____/____

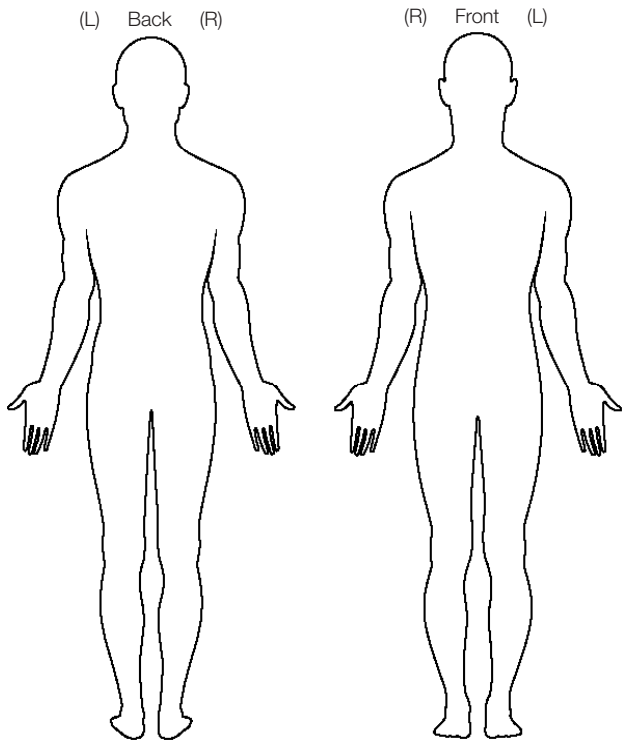
Limitation of movement in any joint at diagnosis

Form(s) of disease (see instructions for description of clinical forms)

<input type="checkbox"/> Papule	<input type="checkbox"/> Osteomyelitis	<input type="checkbox"/> Nodule
<input type="checkbox"/> Oedema	<input type="checkbox"/> Plaque	<input type="checkbox"/> Other, specify _____
<input type="checkbox"/> Ulcer	<input type="checkbox"/> Cellulitis	

Location of lesion(s) (tick all that apply)

<input type="checkbox"/> Upper arm (down to elbow)	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Forearm (down to wrist)	<input type="checkbox"/> Back
<input type="checkbox"/> Hand	<input type="checkbox"/> Buttocks and perineum
<input type="checkbox"/> Upper leg (down to knee)	<input type="checkbox"/> Thorax (chest)
<input type="checkbox"/> Lower leg (down to ankle)	<input type="checkbox"/> Head/neck
<input type="checkbox"/> Foot	



Size of affected area including palpable induration

<input type="checkbox"/> Single lesion < 5 cm (WHO category I)
<input type="checkbox"/> Single lesion 5–15 cm (WHO category II)
<input type="checkbox"/> Single lesion > 15 cm, multiple lesions, lesions at critical site (e.g. eye), or cellulitis (WHO category III)

Treatment and outcomes

Treatment

None

Dressings

Antibiotics

Regime

<input type="checkbox"/> Rifampicin	<input type="checkbox"/> Other, specify _____
<input type="checkbox"/> Clarithromycin	
<input type="checkbox"/> Ciprofloxacin	
<input type="checkbox"/> Moxifloxacin	

Surgery, specify below

Type

<input type="checkbox"/> Debridement only	Closure
<input type="checkbox"/> Narrow incision	<input type="checkbox"/> None (open with dressings)
<input type="checkbox"/> Wide excision	<input type="checkbox"/> Primary closure
<input type="checkbox"/> Other, specify below _____	<input type="checkbox"/> Closure with graft

Treatment progress

Referred > Name and location of practitioner/hospital _____

In progress > Start date _____ Estimated completion date _____

Completed > Date of complete healing _____

Treatment outcome(s) (tick all that apply)

<input type="checkbox"/> Antibiotic treatment complete
<input type="checkbox"/> Antibiotic treatment not complete
<input type="checkbox"/> Healed without surgery
<input type="checkbox"/> Healed with surgery
<input type="checkbox"/> Healed without limitation of joint movement
<input type="checkbox"/> Healed with limitation of joint movement
<input type="checkbox"/> Lost to follow-up
<input type="checkbox"/> Died
<input type="checkbox"/> Other, specify _____

Clinical comments

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

<input type="checkbox"/> Insect bite	<input type="checkbox"/> Trauma to skin
<input type="checkbox"/> Gardening/handling soil	<input type="checkbox"/> Other _____
↳ Potting mix/soil sourced from _____	

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

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

Include any further details on infection, treatment and/or outcomes

Notification of *Mycobacterium ulcerans* (Buruli ulcer) Information sheet

Risk summary details

Endemic areas

The areas shown on the map below are those where local transmission of *Mycobacterium ulcerans* has occurred within Victoria. The notification form allows for the collection of up to three visits to endemic areas.

Victoria:

- Bellarine Peninsula (e.g. Point Lonsdale, Barwon Heads, Ocean Grove, Queenscliff, St Leonards)
- Frankston area (e.g. Langwarrin region, Seaford region)
- Gippsland (e.g. Bairnsdale, Raymond Island, Mallacoota)
- Mornington Peninsula (e.g. Rye, Tootgarook, Hastings, Somerville)
- Phillip Island (e.g. Cowes, Silverleaves, Ventnor)
- South-east Melbourne bayside (e.g. Beaumaris)

Interstate and overseas:

Record these areas as 'Other' and specify the location –

- Far North Queensland (Daintree, Mossman)
- Papua New Guinea
- Sub-Saharan Africa (e.g. Ghana, Benin, Côte d'Ivoire, Cameroon, Congo. See http://www.who.int/gho/neglected_diseases/buruli_ulcer/en/ for a comprehensive listing)

Possible sources of infection

Indicate whether the patient reported any event(s) that they thought may have caused the infection (e.g. insect bite, abrasion). This is to capture information about possible mode(s) of transmission.

The mode of transmission of *Mycobacterium ulcerans* remains unclear. Mosquitoes are a probable vector, although this is not definitive. Possums have been implicated as a reservoir, although other animals may also be involved as well. Please provide any information that may be relevant to the patient's possible source of infection.

Clinical details

Clinical forms of disease

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 floor 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 1–2 cm 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.

Further information

Department of Health & Human Services

- <https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice/mycobacterial-infections>

WHO Global Buruli ulcer Initiative

- <http://www.who.int/buruli/en/>

Endemic areas in Victoria

