

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

Department of Health, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651 170

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 or to provide the information requested on this form.

Case details—please answer all questions

Last name

First name(s)

Date of birth

Medicare or other healthcare identifier

Sex

Male

Female

Other, specify > _____

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

Unknown

Overseas > _____

Interpreter required

No

Yes, language > _____

Occupation and/or school and/or child care attended

Alive/deceased

Alive

Died due to MU, specify date of death > _____

Died due to other causes, specify date of death > _____

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 Page 3 for a description of clinical forms)

Cellulitis

Nodule

Oedema

Osteomyelitis

Papule

Plaque

Ulcer

Other, specify > _____

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

Upper arm (down to elbow)

Abdomen

Forearm (down to wrist)

Back

Hand

Buttocks and perineum

Upper leg (down to knee)

Thorax (chest)

Lower leg (down to ankle)

Head/neck

Foot

Details of lesion(s) location

Size of affected area including palpable induration

Single lesion < 5 cm (WHO category I)

Single lesion 5–15 cm (WHO category II)

Single lesion > 15 cm, multiple lesions, lesions at critical site (e.g. eye, breast, genitalia), or osteomyelitis (WHO category III)

Has the case previously tested positive for *Mycobacterium ulcerans*

No

Yes, specify year > _____

Form continues over page

Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name

Medicare provider no.

Department use only

Address

City

Postcode

Telephone

Fax

Date

Please identify the case on every page

Last name

First name

Date of birth

Travel risks

Has the case lived in and/or visited any known endemic area in the past 12 months (tick all that apply - see map on Page 3 information sheet)

Endemic area

(1)

- Bellarine Peninsula, East Gippsland, Frankston area, Geelong suburbs, Inner Melbourne, Other, specify >
Mornington Peninsula, Phillip Island, South-east Melbourne bayside, Surf Coast

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

Type of contact with the endemic area

- Single visit, Multiple visits, Holiday resident, Resident

Approx. date of last visit prior to symptom onset

Endemic area

(2)

- Bellarine Peninsula, East Gippsland, Frankston area, Geelong suburbs, Inner Melbourne, Other, specify >
Mornington Peninsula, Phillip Island, South-east Melbourne bayside, Surf Coast

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

Type of contact with the endemic area

- Single visit, Multiple visits, Holiday resident, Resident

Approx. date of last visit prior to symptom onset

Endemic area

(3)

- Bellarine Peninsula, East Gippsland, Frankston area, Geelong suburbs, Inner Melbourne, Other, specify >
Mornington Peninsula, Phillip Island, South-east Melbourne bayside, Surf Coast

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

Type of contact with the endemic area

- Single visit, Multiple visits, Holiday resident, Resident

Approx. date of last visit prior to symptom onset

Treatment and outcomes

Treatment

- None, Dressings, Antibiotics, regime > Rifampicin, Clarithromycin, Ciprofloxacin, Moxifloxacin, Other, specify
Surgery, specify: Type > Debridement only, Narrow excision, Wide excision; Closure > None (open with dressings), Primary closure, Closure with graft
Other, specify below

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)

- Antibiotic treatment complete, Antibiotic treatment not complete, Healed without surgery, Healed with surgery, Healed without limitation of joint movement, Healed with limitation of joint movement, Lost to follow-up, Died, Other, specify >

Clinical comments

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

- Insect bite, Gardening/handling soil, specify where potting mix/soil was sourced, Trauma to skin, Other

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

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 1–2cm 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.

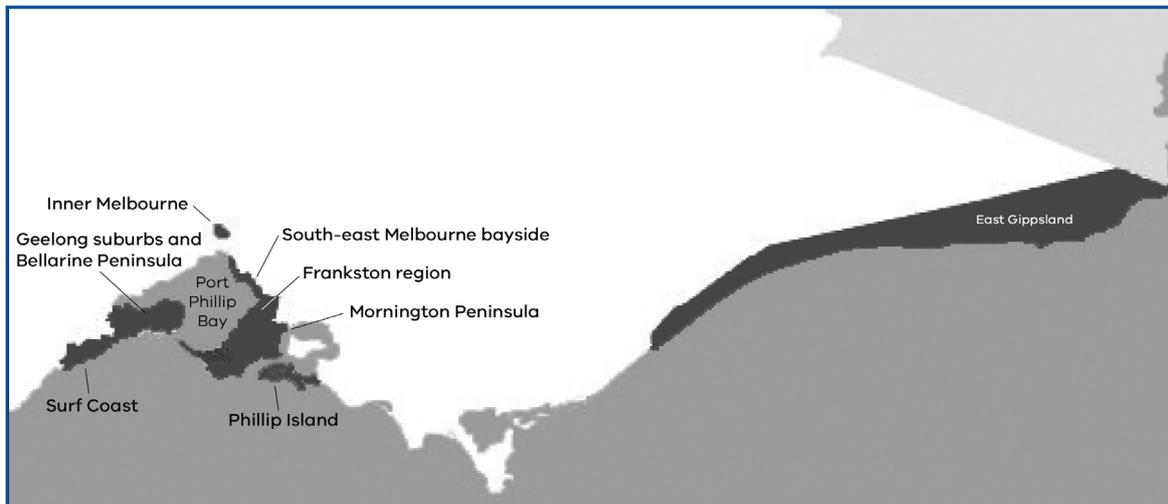
Endemic areas

The notification form allows for the collection of up to three visits to endemic areas.

Victoria

The areas shown on the map below are those where local transmission of *Mycobacterium ulcerans* has occurred within 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)
- Inner Melbourne (e.g. Brunswick West, Essendon, Moonee Ponds, Pascoe Vale South, Strathmore)
- Mornington Peninsula (e.g. Rye, Tootgarook, Hastings, Somerville)
- Phillip Island (e.g. Cowes, Silverleaves, Ventnor)
- Surf Coast (e.g. Aireys Inlet)
- South-east Melbourne bayside (e.g. Beaumaris)
- Several suburbs of Geelong, in particular Belmont, Highton, Newtown, Wandana Heights, Grovedale and Marshall



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 <https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/buruli-ulcer> 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.

Further information

Department of Health: <https://www.health.vic.gov.au/infectious-diseases/mycobacterium-ulcerans-infection>

WHO Global Buruli ulcer Initiative: <http://www.who.int/buruli/en/>