

New BU 01.N Form

Instructions and explanations for completing the form

Definition of new case (antibiotic naïve): a person presenting with a Buruli ulcer (BU) lesion who has not been treated in the past with appropriate antibiotics.

Note: a person treated previously by surgery alone or by traditional treatment will still be considered a new case.

Health facility	Write the name of the health facility where the patient is diagnosed with buruli ulcer (BU) and is being treated.
Name of health worker treating the patient	Write the name of the health worker who is responsible for treating the patient.
Date of clinical diagnosis or admission	Write the date that the patient was clinically diagnosed or admitted (if hospitalized). Note: the patient may be diagnosed and treated on an ambulatory basis.
Date of complete healing	Write the date that the lesion was completely healed. Note: this date may be different from the date of completion of antibiotic treatment.
Name of patient (first/family)	Write the first and family names of the patient (e.g. John THOMAS).
ID#	Write the identification number given to the patient by the health facility at the time of registration.
Address (village or town)	Write the name of the town or village where the patient comes from.
District	Write the name of the district where the patient comes from.
Region/province/state	Write the name of the region, province or state where the patient comes from. Note: the name of the administrative divisions may vary from one country to another.
Country	Write the name of the country where the patient comes from in case the patient comes from a country different from the one where he or she is seeking treatment (e.g. a patient from Nigeria seeking treatment in Benin).
Age (years)	Write the age of the patient in years (e.g.14 years)
Sex	Select Male or Female
Weight (years)	Write the weight of the patient in kilograms at the time of clinical diagnosis.
Profession	Write the profession (type of work done by the patient). Example: teacher, farmer, housewife, etc. A child in school should be written as a student.
Duration of illness before seeking care (weeks)	Write the interval (in weeks) between the time the patient first noticed the lesion to the time of medical consultation.
Use of traditional treatment	Ask the patient, in a polite and non-intimidating way, if he or she applied traditional treatment before seeking medical consultation. Write Yes if he or she applied traditional treatment or No if there is none.

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Limitation of movement at any joint	Limitation of movement at any joint means that the patient is unable to move an affected joint over the normal range of movement. Write Yes if there is limitation of movement of the affected joint at the time of clinical diagnosis or No if not.
Previous treatment with streptomycin	Because of the cumulative effect of this antibiotic, it is important to know of any previous treatment with streptomycin. The total lifetime duration of streptomycin treatment should not exceed 90 doses (according to the weight of the patient). Assuming a daily injection, with a dose appropriate for the age and weight of the patient, no one should ever be given more than 90 injections of streptomycin. Select Yes if the patient had previously been treated with streptomycin and write the duration of treatment in days. Write No if the patient had not been treated with streptomycin before.
Referred by	This is to capture the impact of health education and training efforts. Always ask the patient how he or she chose to come to the health facility and select the appropriate response.
Clinical forms	Select the clinical form of the disease. If the patient has more than one form, select multiple choices.
Categories	Select the category based on the approximate size of the lesion (including the indurated areas defined by palpation). Use a measure and a marker to help you.
Location of lesion(s)	Select the anatomical area(s) where the lesion is located.
Critical sites	If any of the lesions are located at critical sites – <u>eye</u> , <u>breast</u> and <u>genitalia</u> – select the appropriate one. Please note that lesions located at critical sites should first be treated conservatively as much as possible with antibiotics to achieve the best possible results. The use of surgery should be considered only after sufficient treatment with antibiotics.
Specimens collected	It is important to collect specimens at the time of diagnosis and sometimes during the course of treatment. At least 2 specimens should be collected from each lesion. Select Yes if specimens are collected at the time of diagnosis and write the date when the first specimens were collected. Complete the form of request for laboratory confirmation (BU 03) for each patient or each lesion (if multiple lesions). Please note that other specimens may be collected at different times. The dates for collecting those specimens should be written on the specimen containers and on the laboratory .
Specimen(s) type(s)	Select the type(s) of specimen(s) that you have collected. For multiple lesions, specimens from each lesion should be labelled separately.

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Results	<p>Select the type of laboratory examination(s) you have requested. When you receive the results from the laboratory, complete the results section by selecting Positive or Negative for each examination requested.</p> <p>If the initial results are negative but the clinical diagnosis is strong, a second set of specimens may be collected. When you receive the results from the laboratory, complete the <u>second column</u> of the results section by selecting Positive or Negative.</p> <p>Remember to staple the request for laboratory confirmation (BU 03 form) form with the results to the BU 01.N form.</p>
Treatment type	<p>Select the type of treatment that you plan to give to the patient. Note that if surgery is required, antibiotic treatment should be completed for 4 weeks before surgery and continued after surgery for another 4 weeks.</p> <p>Do not check the option of surgery until the surgery has been done. In an emergency situation, surgery may be offered before the end of the first 4 weeks.</p>
Dosages	<p>Please note: If the patient has previously been treated with streptomycin, a further course of an antibiotic regimen containing streptomycin <u>may only</u> be given if the total cumulative dose of streptomycin given to the patient during his/her lifetime does not exceed the toxic level (90 doses or 90g in adults). To calculate the duration (number of doses) of <u>any further streptomycin</u> treatment, subtract the total doses of the previous treatment from 90.</p> <p>Turn to the back of the form to select the corresponding dosages based on the weight of the patient. Tick against the correct weight range and circle the corresponding dosages of the rifampicin and streptomycin (or any other antibiotic). If for any reason, any other antibiotic is used instead of streptomycin, write the dosage according to the weight and the number of tablets/capsules.</p> <p>Then write the correct dosages of rifampicin (mg) and streptomycin (g) or other antibiotic (mg) on the first page.</p>
Antibiotic administration	<p>Write the name of the month when treatment starts. Mark the day when treatment starts and cross out (X) each day when the treatment is given. If the patient misses any doses, put a crossed circle (Ø).</p>

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Treatment outcomes	<p>Select the treatment outcomes. More than one treatment outcome should be selected for each patient. For most patients, options 1–3 should be selected.</p> <p>Antibiotic treatment completed: Standard treatment consists of 56 daily doses of antibiotics in 56 days or 8 weeks; this is expected to give the best results.</p> <p>Note : Because some patients may miss some doses for one reason or another, the minimum acceptable amount of treatment that can be termed “treatment completed” is 49 doses of treatment within a period of 10 weeks (70 days).</p> <p>Antibiotic treatment not completed: For patients who are very irregular in attendance, as soon as a total of 21 days have been missed since the start of treatment, treatment should be stopped and is considered not completed.</p> <p>Note: Irregular attendance should be discouraged and health workers should explain the treatment and need for full compliance to the patient at the start of treatment. If the patient misses 7 consecutive days, the health worker should proactively track him/her down to find out the reason(s) for the irregularity and to encourage resumption of treatment.</p> <p>Healed without surgery: Select this option if the lesion is completely healed with antibiotics +/- dressing +/- prevention of disability (POD).</p> <p>Healed with surgery: Select this option if the healing was facilitated by surgery + antibiotics +dressings (+/- POD).</p> <p>Healed without limitation of movement at any joint means the ability of the patient to move an affected joint over the normal range of movement at the time of complete healing.</p> <p>Healed with limitation of movement at any joint means the inability of the patient to move an affected joint over the normal range of movement at the time of complete healing.</p> <p>Referred for further treatment means that the patient was referred to another health facility for further management.</p> <p>Lost to follow up means that the patient disappears after starting treatment and is not recovered.</p> <p>Died: A patient who dies from any cause (BU-related or not) during the course of treatment for BU.</p>
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Further notes :

- **Consult the programme manager, designated national expert or referral facilities**
For recurrent cases, complicated cases, pregnant cases and those in whom rifampicin and/or streptomycin is contraindicated, the health worker should consult the programme manager, a designated national expert or the national referral centres (centres of excellence).
- **Documentation of clinical response to antibiotics**
Where possible and practical, serial measurement of the lesion can be made at the time of diagnosis (week 0), week 4, week 8 and at the time when the lesion is completely healed. Alternatively, or in addition, photographs of the lesion may be taken at these time intervals.