Health facility: _____ Name (first/last) of health worker treating patient: _____

Name (first/last) of patient: _____ ID#: _____ Date of birth (dd/mm/yyyy) : _ _ / _ _ / _ _ _ _ Age (years): _____

Country: _____ District: _____ Sex: ☐ Male ☐ Female

Province/Region/State:_____ Village/town: _____ Phone number: _____ Occupation:_____

Landmark: _____ _____ Contact person: _____ Contact phone:_____

HISTORY AT ADMISSION

Mode of detection: ☐ Active screening ☐ Passive ☐ School survey ☐ Referred ☐ Other: _____

Classification: ☐ New ☐ Recurrent

Duration of illness before seeking care (weeks): _____

Use of traditional treatment: ☐ Yes ☐ No

Family member or close contact with similar lesion(s): ☐ Yes (number:____) ☐ No
Relationship: _____
Diagnosis:_____

Any treatment of current lesion(s)? ☐ Yes, *Specify*: _____ ☐ No
Duration (days): _____

Treatment for previous lesion(s) *(if recurrent)*? ☐ Yes, *Specify*: _____ ☐ No
Duration (days): _____

REFERRED BY:

☐ Self-referral ☐ Family member
☐ Health worker (HW) ☐ Former patient
☐ Village HW ☐ Schoolteacher
☐ Traditional healer ☐ Other: _____

INITIAL CLINICAL DIAGNOSIS[1]
Date of clinical examination (dd/mm/yyyy) : _ _ / _ _ /_ _ _ _

Weight (kg): [_____]

Pregnant: ☐ Yes ☐ No ☐ Unknown
HIV status: ☐ Positive ☐ Negative ☐ Unknown
TB status: ☐ Positive ☐ Negative ☐ Unknown

LIMITATION

Limitation of movement: ☐ Yes ☐ No Limitation of daily activities: ☐ Yes ☐ No

CLINICAL FORMS

☐ Nodule (N) ☐ Papule (P) ☐ Plaque (Q) ☐ Ulcer (U) ☐ Oedema (E) ☐ Osteomyelitis(O)

No. of lesions: [_____]

LOCATION OF LESION(S)

☐ Abdomen (AB) ☐ Back (BK) ☐ ***Breast (BR)**** ☐ Buttocks and perineum (BP) ☐ ***Eye**** ☐ ***Genitalia**** ☐ Head and neck (HN) ☐ Inguinal/Groin ☐ Lower limb (LL) ☐ Thorax (TH) ☐ Upper limb (UL)

Diameter of biggest lesion (optional):
[___] cm / [___] cm

CATEGORY OF LESION(S)

☐ **Category I**: Single lesion, ≤ 5cm in diameter ☐ **Category II** : Single lesion, 5–15 cm in diameter ☐ **Category III**: Single lesion, > 15cm in diameter, multiple lesions, lesions at critical sites, osteomyelitis

**** Critical sites for Buruli ulcer***

[1] Any additional comorbidity should be written on page 6.

	Clinical score		
Patient/lesion criteria	**Classification**	**Circle the score**	**Comments**
1. Age of patient (years)	☐ < 15	3	
	☐ 15–49	2	
	☐ ≥ 50	1	
2. Origin of patient (place of residence)	☐ Known endemic area	3	
	☐ At-risk area	2	
	☐ Non-endemic area	1	
3. Characteristics of lesion	☐ Typical ulcer with undermined edges or typical nodule, oedema and plaque	2	
	☐ Ulcer with no undermined edges	1	
4. Number of lesions	☐ Single	2	
	☐ Multiple	1	
5. Evolution of lesion	☐ Slowly (> 4 weeks)	2	
	☐ Rapidly (< 4 weeks)	1	
6. Location of lesion[2]	☐ Above knee	3	
	☐ Between knee and ankle	2	
	☐ Ankle and foot	1	
7. Duration of lesion	☐ < 3 months	3	
	☐ 3–6 months	2	
	☐ > 6 months	1	
8. Pain (at rest/without provocation)	☐ No	2	
	☐ Yes	1	
9. Fever	☐ No	2	
	☐ Yes	1	
10. Lymph node enlargement	☐ No	2	
	☐ Yes	1	
Total	**Final score - Sum of the scores for each** of the 10 variables used in the calculation of the clinical score. **The final score should be between 10 and 24.**		

CONCLUSION

1. ☐ Very likely BU **(24–21)**	2. ☐ Likely BU **(20–17)**	3. ☐ Unlikely BU **(16–14)**	4. ☐ Very unlikely to be BU **(13–10)**

[2] If there are several lesions, please score the one which gives the highest score (e.g. if you have one lesion on the arm, and one of the foot, select the one on the arm and tick "above knee")

LABORATORY CONFIRMATION										
Specimen(s) collected: ☐ Yes ☐ No		**Date first specimen(s) taken (dd/mm/yyyy):** _ _ / _ _ / _ _ _ _				**Specimen type(s):** ☐ Swab ☐ Fine needle aspiration (FNA) ☐ Biopsy				
	Type of test	***Date of initial lab result***	***Initial result***			***Date of repeated lab result***	***Repeated result***			
	☐ **PCR***	_ _ / _ _ / _ _ _ _	☐ Positive	☐ Negative	☐ Inconclusive	_ _ / _ _ / _ _ _ _	☐ Positive	☐ Negative	☐ Inconclusive	
	☐ **Mycolactone***	_ _ / _ _ / _ _ _ _	☐ Positive	☐ Negative	☐ Inconclusive	_ _ / _ _ / _ _ _ _	☐ Positive	☐ Negative	☐ Inconclusive	
	☐ Ziehl–Neelsen	_ _ / _ _ / _ _ _ _	☐ Positive	☐ Negative	☐ Inconclusive	_ _ / _ _ / _ _ _ _	☐ Positive	☐ Negative	☐ Inconclusive	
	☐ Culture	_ _ / _ _ / _ _ _ _	☐ Positive	☐ Negative	☐ Inconclusive	_ _ / _ _ / _ _ _ _	☐ Positive	☐ Negative	☐ Inconclusive	
	☐ Histology	_ _ / _ _ / _ _ _ _	☐ Positive	☐ Negative	☐ Inconclusive	_ _ / _ _ / _ _ _ _	☐ Positive	☐ Negative	☐ Inconclusive	
OTHER LABORATORY TESTS										
	Type of test	***Date of initial test***	**Initial result**			**Date of repeated test**	**Repeated result**			
	☐ HIV test	_ _ / _ _ / _ _ _ _	☐ Positive	☐ Negative	☐ Inconclusive	_ _ / _ _ / _ _ _	☐ Positive	☐ Negative	☐ Inconclusive	
	☐ Pregnancy test	_ _ / _ _ / _ _ _ _	☐ Positive	☐ Negative	☐ Inconclusive	☐ Not applicable				
	☐ Other test(s)	_ _ / _ _ / _ _ _ _	Please specify tests and results:							

** WHO-recommended tests for confirmation of Buruli ulcer cases in routine control programme settings*

TREATMENT	Date treatment started: _ _ / _ _ / _ _ _ _ Was the patient hospitalized? ☐ Yes ☐ No Date of admission (if applicable): _ _ / _ _ / _ _ _ _
TREATMENT PLAN *(Tick all applicable)*	☐ Wound management ☐ Antibiotics ☐ POD (prevention of disability) ☐ Surgery (date: _ _ / _ _ / _ _ _ _) ☐ Rehabilitation
ANTIBIOTIC (AB) TREATMENT *(Dosages)*	☐ **Rifampicin: _____ (mg)** ☐ **Clarithromycin: _____ (mg)** ☐ **Other (specify) : _____: _____ (mg)**

DOSAGE GUIDE

	Rifampicin		
	Weight (kg)	**Maximum dose (mg) per day**	**Actual tablets to be administered per day**
Children (150 mg) Rifampicin	**5 to 10**	75	0.5 x 150 mg
	11 to 20	150	1.0 x 150 mg
	21 to 39	300	2.0 x 150 mg **or** 1.0 x 300 mg
Adults (300 mg) Rifampicin	**40 to 50**	450	(1 .0 x 300 mg + 1.0 x 150 mg) or 3 x 150 mg
	> 50	600	2.0 x 300 mg
	Dose = 10 mg/kg once daily		

	Clarithromycin		
	Weight (kg)	**Maximum dose (mg) per day**	**Actual tablets to be administered per day**
Children (250 mg) Clarithromycin	**5 to 10**	125	(0.25 x 250 mg) x 2 per day
	11 to 20	250	(0.5 x 250 mg) x 2 per day
	21 to 39	500	(1.0 x 250 mg) x 2 per day
Adults (500 mg) Clarithromycin	**40 to 50**	750	(1.0 x 250mg + 0.5 x 250 mg) x 2 per day
	> 50	1000	(1.0 x 500mg) x 2 per day
	Dose = 7.5 mg/kg twice daily		

DIRECTLY-OBSERVED TREATMENT (DOT) — *Cross out each day (X) after administering the antibiotics; if antibiotics are not taken, indicate with the symbol Ø*

Month \ Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total doses

END OF AB TREATMENT	**Date of AB treatment assessment** (dd/mm/yyyy): _ _ / _ _ /_ _ _ _	
Serious adverse event (RIF):	☐Yes *Specify*: _____	☐No
Serious adverse event (CLR):	☐Yes *Specify*: _____	☐No
Antibiotics completed:	☐Yes ☐No, defaulter ☐No, medical reason	*If no,* number of days the antibiotics was taken: [____]
Paradoxical reaction during treatment	☐Yes *Specify*: _____ Date: (dd/mm/yyyy): _ _ / _ _ /_ _ _ _	☐No

Antibiotics completed: Completion of the 56 doses of rifampicin and clarithromycin.

- If a patient misses more than 14 days of the 56 days (> 25%), full treatment should restart.
- If a patient misses 14 days or less of the 56 days (≤ 25%), he/she should just continue until he/she has taken the 56 doses.

Serious adverse events - **Rifampicin:**	Serious adverse events - **Clarithromycin:**
• skin rash, jaundice, shock, purpura, acute renal failure: stop treatment • anorexia, nausea, abdominal pains: give drug with meals and continue treatment	• jaundice (stop treatment) • nausea and altered taste (continue treatment)

TREATMENT OUTCOME	**Date of treatment outcome assessment** (dd/mm/yyyy): _ _ / _ _ /_ _ _ _
Treatment outcome	☐Healed ☐ Referred ☐ Died ☐Lost to follow-up
If healed, please specify:	Date of discharge (dd/mm/yyyy): _ _ / _ _ / _ _ _ _ Date of complete healing (dd/mm/yyyy): _ _ / _ _ / _ _ _ _
	Healed with surgery? ☐Yes ☐No Healed with limitation of movement? ☐Yes ☐No If yes, referred for rehabilitation? ☐Yes ☐No Limitation of daily activities ☐Yes ☐No

PATIENT FOLLOW-UP DURING AND AFTER ANTIBIOTIC TREATMENT.[3]	
DATE (dd/mm/yyyy)	**COMMENTS**
___/___/_____	
___/___/_____	
___/___/_____	
___/___/_____	
___/___/_____	
___/___/_____	
___/___/_____	
___/___/_____	
___/___/_____	
___/___/_____	
___/___/_____	
___/___/_____	

[3] Note any paradoxical reactions occurring after completion of antibiotics treatment.