TEXAS Department of State Health Services

Leishmaniasis Case Investigation

PATIENT

Last Name _____ First Name _____ MI _____ (_____) Patient's Phone Number _____

Street Address (do not use PO Box) _____ City _____ County _____ Zipcode _____

Age: _____ Date of Birth: _____ Sex: M F

Race: White Black Asian Native American Other _____ Hispanic: Yes No Unknown

List Underlying Medical Conditions

1 _____ 2 _____

3 _____ 4 _____

Immunosuppressed: Yes No Unknown

List Current Medications

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

COURSE

Date of Onset: _____ Was patient hospitalized? Yes No **If Yes**, which hospital? _____

Date lesion first noted by patient: _____/_____/_____ or Unknown Date of admission: _____ Date of discharge: _____

Attending Physician: _____ (_____) _____ (_____) _____
(Name) (Phone) (Fax)

Address: _____ _____
(Street Address) (City, State, Zipcode)

Diagnosis (Circle): New World cutaneous leishmaniasis Old World cutaneous leishmaniasis Mucosal leishmaniasis Leishmaniasis recidivans Diffuse cutaneous leishmaniasis Visceral leishmaniasis

Status (Circle): Recovered Under Treatment Relapse Died (Date of Death _____) Lost to followup

MEDICAL

Cutaneous Leishmaniasis (Check all that apply)

Location	# of Lesions	Ulcerative	Nodular	Plaque-like	Other
Face					
Ear					
Scalp					
Upper arm					
Forearm					
Hand					
Thigh					
Lower leg					
Ankle					
Feet					
Thorax					
Abdomen					
Back					
Genitals					
Neck					

Other Cutaneous Features - Circle Response (Yes, No, Unknown)

Satellite lesion Yes No Unknown

Sporotrichoid spread Yes No Unknown

Bacterial superinfection Yes No Unknown

Suspected Mode of Transmission (Circle):

Vectorborne Blood transfusion Other _____

Unknown

If visceral leishmaniasis, note signs/symptoms:

Fever Yes No Unknown

Splenomegaly Yes No Unknown

Lymphadenopathy Yes No Unknown

Weight Loss Yes No Unknown

Hepatomegaly Yes No Unknown

Other: _____

Date first sign/symptom noticed by patient: _____

Basis of Diagnosis (Circle all that apply)

Epidemiologic (e.g. travel to endemic area)
Where did probable exposure occur? _____

Clinical (i.e., consistent clinical manifestations)

Laboratory Results **(Circle one)**

Positive serology Name of Lab: _____

Positive skin test Date: _____

Consistent pathology, but parasite not visualized

Parasitologic

Other (Specify) _____

NOTE: Enter all laboratory results in Laboratory Section on page 2.

Patient's Name: _____

TREATMENT

Describe treatment regimen (drug, dosage, administration frequency)

LABORATORY

Parasitologic diagnosis

Parasite identified in specimens from: (Circle all that apply)	Parasite identified by: (Circle)	Species identified (Circle)
Skin	Visualization, stained specimen	*L braziliensis*
Bone marrow	Animal inoculation	*L. panamensis*
Lymph node	Culture	*L. mexicana*
Blood	PCR	*L. amazonensis*
Liver	Unknown	*L. tropica*
Unknown	Other:	*L. major*
Other:		*L. donovani*
		L. chagasi
		L. infantum
		Other:

Serology was (Circle): Done Not done Unknown

Date	Results	Name of Lab

Cultures were (Circle): Done Not Done Unknown

Culture 1 Date:	Culture 2 Date:
Result: Positive and maintained	**Result**: Positive and maintained
Positive and died out	Positive and died out
Attempted, not positive	Attempted, not positive

OTHER DATA AND REMARKS

Investigated by: _____ Phone: _(_____)_____

Agency: _____ Date: _____