

New BU 02 Form

Instructions and explanations for completing the form

- This is the register of patients diagnosed with Buruli ulcer and treated at a particular health facility in a particular month.
- This form may be submitted **monthly or quarterly** depending on the frequency of submitting surveillance information from the field in a particular country.
- It should be completed by a designated member of staff (e.g. a nurse) at a particular facility to ensure consistent filling in of the information.

Month of	Write the month for which this form is being filled out.	
Name of facility	Write the name of the health facility where the patient is diagnosed with Buruli ulcer and is being treated (hospital, health centre, etc.)	
District	Write the name of the district where the facility is located.	
Region	Write the name of the region where the facility is located.	
Date (dd/mm/yy)	Write the date of the clinical diagnosis.	
Name (first/family)	Write the first and the family names of the patient (e.g. John THOMAS)	
Age (in years)	Write the patient's age in years with two figures, e.g. 05 or 34.	
Sex	Write M for male and F for female.	
Address (village/town)	Write the name of the patient's village or town.	
District	Write the name of the district where the patient's village or town is located.	
Patient classification	New	<ul style="list-style-type: none"> • Write N in the column New if the patient is a new case. • Write R in the column Rec. if the patient is a recurrent case.
	Rec.	
Clinical form(s)	<p>Write:</p> <ul style="list-style-type: none"> • N: for a nodule • Q: for plaque • E: for oedema • U: for an ulcer • O: for osteomyelitis • P: for papule <p>A patient may have more than one lesion with more than one clinical form. You should write them by separating each with "/" (e.g. N/U/O).</p>	

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Location of lesions	<p>Write:</p> <ul style="list-style-type: none">• UL: if it is on an upper limb• LL: if it is on a lower limb• AB: if it is on the abdomen• BK: if it is on the back• TH: if it is on the thorax (chest)• BP: if it is on the buttocks and perineum• HN: if it is on the head and neck <p>A patient may have multiple lesions and therefore multiple locations. You should write them by separating each with “/” (e.g. UL/TH)</p>
Cat.	<p>Write:</p> <ul style="list-style-type: none">• Category I: a single lesion of less than 5 cm in diameter• Category II: a single lesion of between 5 cm and 15 cm in diameter• Category III: a single lesion of more than 15 cm in diameter, multiple lesions, lesion(s) at critical sites (eye, breast, genitalia) <p>A patient may have multiple lesions and therefore multiple categories of lesion. You should write them by separating each with “/” (e.g. I/III)</p>
Limitation of joint movement (yes/non)	<p>Inability of the patient to move an affected joint over the normal range of movement at the time of diagnosis. Write Yes if there is limitation of movement at any joint or No if there is no limitation.</p>
Specimens collected (yes/no)	<p>Indicate if specimens were collected at the time when the patient was first seen by the health worker. Note that there are 3 types of specimens – swabs, fine needle aspiration (FNA) and biopsies. Write Yes if specimens are collected and No if specimens are not collected.</p>
Antibiotic treatment (yes/no)	<p>Write Yes if the patient is being/will be treated with antibiotics and No if not.</p>