SURVEILLANCE OF LEISHMANIASIS – CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

The designated person should do the investigation personally. Necessary data should be obtained from the hospital by referring to the BHT/Physician or from the diagnosis card. Additional information should be obtained from patient and his/her relatives. Early investigation and return are essential

Week Ending: of notification	☐☐ ☐☐ ☐☐ (d d m m y y)	Serial No : ☐☐☐	Please write the Serial No. given in the Infectious Disease Register (ID Register) in the MOH Office

A. PARTICULARS OF PATIENT *(Please (✓) appropriate box where applicable)*

1. Name of patient (BLOCK LETTERS) .....

2. Residential Address: .....

3. Date of Birth : ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)

4. Age ☐☐/☐☐ (y y m m)	6. Ethnic group	7. Occupation	8. RDHS Division	9. MOH area	10.(i) PHI Area	10.(ii) GN division
5. Sex ☐ 1. Male ☐ 2. Female ☐ 3. Unknown	1. Sinhalese 2. Tamil 3. Moor 4. Others 5. Not Known	.....	.....	.....	.....	.....
		☐☐	☐☐	☐☐	☐☐	☐☐

B. PRESENT ILLNESS / OUTCOME

11. Date of onset of symptoms: ☐☐ ☐☐ ☐☐ (d d m m y y)	13. Date seeking first treatment ☐☐ ☐☐ ☐☐ (d d m m y y)	18. Date of discharge/ transfer or death: ☐☐ ☐☐ ☐☐ (d d m m y y)
12. Where did the patient first seek medical advice ? ☐ 1. Government hospital ☐ 2. Private hospital ☐ 3. Private practitioner ☐ 4. Ayurvedic institution (public/private) ☐ 5. Other (specify)	14. Was patient admitted to hospital ☐ 1. yes → to Q.15 ☐ 2. no } skip ☐ 3. not known } to Q.22	19. If transferred to, name of hospital .....
	15. If yes, date of admission ☐☐ ☐☐ ☐☐ (d d m m y y)	20. Was patient transferred from some other hospital? ☐ 1. Yes ☐ 2. No
	16. Name of hospital:	21. If "yes", where was the patient transferred from? .....
	17. Ward: .....BHT No.....	

22. (a) Type of illness	(b) Outcome of the case	(c) If "cured" was there scar formation in Cutaneous Leishmaniasis ?
☐ Cutaneous ☐ Mucocutaneous ☐ Visceral	☐ 1. Cured ☐ 2. Died ☐ 3. Under treatment ☐ 4. Not known	☐ 1. Yes ☐ 2. No

23. Housing condition

(a) Floor	(b) Wall	(c) Roof
☐ Cemented ☐ Earth ☐ Sand ☐ Dung ☐ Other (specify)	☐ Plastered (cemented) ☐ Brick ☐ Thatched ☐ Plank / Metal sheets ☐ Other (Specify)	☐ Thatched ☐ Tin ☐ Tiled ☐ Asbestos ☐ Other (specify) .....

CASE DEFINITION	**FOR OFFICE USE ONLY**
One or more localized skin lesions eg:- nodules, papules or ulcers that commonly appear on the exposed areas of the body (eg:- face, neck, arms, legs) or rare involvement of viscera (liver, spleen) or the mucosal tissue in mouth/nose.	Compatible with the case definition ☐ Yes ☐ No

C. CLINICAL DATA

24. Clinical information ("✓" the appropriate cages)

(a) Type of lesion	(b) Site of lesion	(c) General / Visceral	(d) Mucocutaneous	(e) No of lesions
☐Papule	☐ Face	☐ Fever	Yes ☐ No ☐	☐☐
☐Nodule	☐ Ear	☐ Lymphadenopathy	If "yes" site of lesion	
☐Plaque ulcer	☐ Scalp	☐ Vomitting	☐ Mouth	(f) Rash in photo distributed area
☐Nodule+Ulcer	☐ Chest/back	☐ Cough	☐ Tongue	☐ 1. Yes
☐Other (specify)	☐ Trunk	☐ Weight loss	☐ Gums	☐ 2. No
	☐ Upper limbs	☐ Hepatomegaly	☐ Lips	
	☐ Lower limbs	☐ Spleenomegaly	☐ Inner nose	
		☐ Other (specify)		

D. LABORATORY DATA

25. Any laboratory investigations performed ? ☐ 1. Yes ☐ 2. No ☐ 3. Unknown

26. If Yes, details of the investigations :

(a)Test	Done	Not done	Unknown	Results
Microscopy				
Histology				
Skin biopsy and culture				
PCR				
Serology (IFA, ELISA, RDT..)				
Other (specify)				

E. INFORMATION ON RISK FACTORS

(1) Surrounding Environment

- ☐ Muddy
- ☐ Dump Area
- ☐ Paddy fields
- ☐ Water Canals
- ☐ Plantation / Cultivation
- ☐ Shrub jungles

(11) Animals (wild or domestic)

- ☐ Dog
- ☐ Cat
- ☐ Bird
- ☐ Cattle
- ☐ Pig
- ☐ Goat
- ☐ Monkey
- ☐ Rat
- ☐ Mongoose/Kalavedda

F. FINAL DIAGNOSIS

- Cutaneous Leishmaniasis ☐
- Muco Cutaneous Leishmaniasis ☐
- Visceral Leishmaniasis ☐
- Other (Specify) ☐ .....

G. TREATMENT

☐ Oral ☐ Parenteral ☐ Cryotherapy ☐ Other

Any special comment

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H. DIAGNOSIS MADE BY

☐ MO ☐ Dermatologist ☐ Other specialist

(Specify).....

Remarks

.....

.....

Name: ..... Signature: .....

Designation: ..... Date: .....

For office use only
Final classification
Lab confirmed ☐
Epidemiologically confirmed ☐
Clinically confirmed ☐
Suspected cases ☐

Please return to:
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