

Leishmaniasis case investigation form

Case ID | _____ |

A Investigator

Name of investigator	Phone	Setting/team	Date of investigation
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B Reporter

Name of reporter	Phone	Health facility	Date of reporting
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C Patient identity

Patient name		Gender	Date of birth	Age
Nationality	Type of residence in Lebanon <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Worker <input type="checkbox"/> Refugee	Residence: caza	Locality	Phone

Detailed address:

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D Clinical diagnosis

► Date of onset: |__| |__| |____|

► Clinical presentation:

<input type="checkbox"/> Cutaneous form, specify: Topography Number Ulcerative Nodular Plaque like Other						<input type="checkbox"/> Visceral form, specify : <input type="checkbox"/> Fever <input type="checkbox"/> Splenomegaly <input type="checkbox"/> Hepatomegaly <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Weight loss <input type="checkbox"/> Other, specify :
<input type="checkbox"/> Face						
<input type="checkbox"/> Neck						
<input type="checkbox"/> Scalp						
<input type="checkbox"/> Upper limb						
<input type="checkbox"/> Lower limb						
<input type="checkbox"/> Thorax /Abdomen						
<input type="checkbox"/> Back						
<input type="checkbox"/> Genitals						

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E Basis of diagnosis

<input type="checkbox"/> Clinically Date MD/center Place (Country)			<input type="checkbox"/> Laboratory Test Date Place (Country) Result			
			<input type="checkbox"/> Serology			
			<input type="checkbox"/> Skin biopsy			
			<input type="checkbox"/> Other biopsy			
			<input type="checkbox"/> Other test			
			<input type="checkbox"/> Parasite sp.			

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F Case management

Date started	Date ended	Nb sessions	Protocol	Country	Center	Outcome

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G Travel history

Country	Province	Date departure	Date arrival	Notes

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H Family history

Are there other cases in the family?

Yes, specify No Unknown

Name	Relation	Date onset	Country of onset	Treatment

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I Specific for Syrian refugees

In Syria:	Residence: mohafaza/city _____
	Lesions onset in Syria _____
	Treatment in Syria _____
In Lebanon:	Date first entry to Lebanon _____
	Recurrent visits to Syria _____
	Lesions onset in Lebanon _____
	Time interval: Lebanon-onset _____

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J Notes: