

MELIOIDOSIS INVESTIGATION FORM**SECTION A: TO BE COMPLETED BY TREATING HOSPITAL****PERSONAL INFORMATION**

1.00	Date of registration	DD MM YYYY
2.00	RN	
3.00	Name	
4.00	New IC	- -
5.00	Other IC	
6.00	Date of birth	DD MM YYYY
7.00	Age	years/months/days*
8.00	Gender	[1] ☐ Male [2] ☐ Female
9.00	Race	[1] ☐ Malay [2] ☐ Chinese [3] ☐ Indian [4] ☐ Orang Asli [5] ☐ Other
10.00	Nationality	[1] ☐ Malaysian [2] ☐ Non-Malaysian Specify:
11.00	Occupation	<i>Current occupation. Choose only ONE answer.</i> Managerial and professional specialty occupations: [1] ☐ Executive, administrative, and managerial occupations [2] ☐ Professional specialty occupations Technical, sales, and administrative support occupations: [3] ☐ Technicians and related support occupations [4] ☐ Sales occupations [5] ☐ Administrative support occupations, including clerical Service occupations: [6] ☐ Private household occupations [7] ☐ Protective service occupations [8] ☐ Service occupations, except protective and household [9] ☐ Farming, forestry, and fishing occupations [10] ☐ Precision production, craft, and repair occupations Operators, fabricators, and labourers: [11] ☐ Machine operators, assemblers, and inspectors [12] ☐ Transportation and material moving occupations [13] ☐ Handlers, equipment cleaners, helpers, and labourers Others [14] ☐ Housewife [15] ☐ Student [16] ☐ Not relevant (children) [17] ☐ Unemployed [18] ☐ Others. Please specify :

Address

12.01

12.02

12.03 Postcode

12.04 City

12.05 State

13.00 Tel (H)

14.00 Tel (O)

15.00 Tel (H/P)

PAST HISTORY

16.00 Previous melioidosis infection [1] ☐ Yes [2] ☐ No (If No, go to Question 23)

17.00 When was the previous infection? years/months/weeks/days* ago

18.00 Organ involved

18.01 Unknown [1] ☐ Yes [2] ☐ No

18.02 Pulmonary [1] ☐ Yes [2] ☐ No

18.03 Liver [1] ☐ Yes [2] ☐ No

18.04 Spleen [1] ☐ Yes [2] ☐ No

18.05 Skin/Subcutaneous tissue [1] ☐ Yes [2] ☐ No

18.06 Musculoskeletal [1] ☐ Yes [2] ☐ No

18.07 Others [1] ☐ Yes [2] ☐ No

If others, please specify

19.00 How the diagnosis was made

19.01 Culture [1] ☐ Yes [2] ☐ No

19.02 Serology [1] ☐ Yes [2] ☐ No

19.03 Clinical [1] ☐ Yes [2] ☐ No

19.04 Others [1] ☐ Yes [2] ☐ No

If others, please specify

Treatment History

20.00	☒	Intensive Phase	Dose	Duration
20.01	☐	Ceftazidime		
20.02	☐	Amoxicillin-clavulinic		
20.03	☐	Cefoperazone-sulbactam		
20.04	☐	Trimethoprim-sulfamethoxazole		
20.05	☐	Tetracycline		
20.06	☐	Imipenam		
20.07	☐	Meropenam		
20.08	☐	Ciprofloxacin		
20.09	☐	Others (Specify:)		
20.10	☐	Others (Specify:)		
20.11	☐	Others (Specify:)		

21.00	☒	Maintenance Phase	Dose	Duration
21.01	☐	Amoxicillin-clavulinic		
21.02	☐	Chloramphenicol		
21.03	☐	Trimethoprim-sulfamethoxazole		
21.04	☐	Tetracycline		
21.05	☐	Ciprofloxacin		
21.06	☐	Others (Specify:)		
21.07	☐	Others (Specify:)		
21.08	☐	Others (Specify:)		

22.00 ☐ No antibiotic given

23.00 Underlying illnesses

23.01 Diabetes mellitus	[1] ☐ Yes	[2] ☐ No
23.02 Chronic renal failure	[1] ☐ Yes	[2] ☐ No
23.03 Alcohol abuse	[1] ☐ Yes	[2] ☐ No
23.04 Chronic lung disease	[1] ☐ Yes	[2] ☐ No
23.05 HIV/AIDS	[1] ☐ Yes	[2] ☐ No
23.06 Other immunocompromised state (e.g. Steroid)	[1] ☐ Yes	[2] ☐ No
23.07 Others	[1] ☐ Yes	[2] ☐ No

If others, please specify

CURRENT MEDICAL HISTORY

24.00 Date of admission: DD MM YYYY

25.00 Clinical presentation

25.01	Fever	[1]	☐ Yes	[2]	☐ No	
25.02	Duration					months/weeks/days*
25.03	Cough	[1]	☐ Yes	[2]	☐ No	
25.04	Duration					months/weeks/days*
25.05	Sputum	[1]	☐ Yes	[2]	☐ No	
25.06	Sputum colour	[1]	☐ White	[2]	☐ Yellow	
		[3]	☐ Green	[4]	☐ Others	(Specify:)
25.07	Hemoptysis	[1]	☐ Yes	[2]	☐ No	
25.08	Abdominal pain	[1]	☐ Yes	[2]	☐ No	
25.09	Dysuria	[1]	☐ Yes	[2]	☐ No	
25.10	Headache	[1]	☐ Yes	[2]	☐ No	
25.11	Others	[1]	☐ Yes	[2]	☐ No	

Specify

26.00 **Physical findings**

26.01	Blood pressure			/			
		SBP			DBP		
26.02	Pulse rate			/min			
26.03	Respiratory rate			/min			
26.04	Jaundice	[1]		Yes	[2]		No
26.05	Joint swelling	[1]		Yes	[2]		No
	<i>If YES, how many joints involved?</i>						
26.06	Ulcer	[1]		Yes	[2]		No Specify :
26.07	Cut/abrasion	[1]		Yes	[2]		No Specify :
26.08	Hepatomegaly	[1]		Yes	[2]		No
26.09	Splenomegaly	[1]		Yes	[2]		No
26.10	Pleural effusion	[1]		Yes	[2]		No
26.11	Others	[1]		Yes	[2]		No

Specify

27.00 Final clinical diagnosis

27.01	Pneumonia	[1] ☐ Yes	[2] ☐ No
27.02	Soft tissue abscess	[1] ☐ Yes	[2] ☐ No
27.03	Septic arthritis	[1] ☐ Yes	[2] ☐ No
27.04	Osteomyelitis	[1] ☐ Yes	[2] ☐ No
27.05	Prostatic abscess	[1] ☐ Yes	[2] ☐ No
27.06	Liver abscess	[1] ☐ Yes	[2] ☐ No
27.07	Splenic abscess	[1] ☐ Yes	[2] ☐ No
27.08	Meningoencephalitis	[1] ☐ Yes	[2] ☐ No
27.09	Brain abscess	[1] ☐ Yes	[2] ☐ No
27.10	Pyelonephritis/UTI/Perinephric Abscess	[1] ☐ Yes	[2] ☐ No
27.11	Others	[1] ☐ Yes	[2] ☐ No

Specify

INVESTIGATION

28.00 Investigation Findings

28.01 Hb g/dL
 28.02 WBC x 1000/mL
 28.03 Platelet x 1000/ mL
 28.04 PT Patient Control
 28.05 PTT Patient Control
 28.06 INR
 28.07 RBS mmol/L

UFEME

28.08 WBC [1] 1+ [2] 2+ [3] 3+ [4] 4+
 28.09 RBC [1] 1+ [2] 2+ [3] 3+ [4] 4+
 28.10 Protein [1] 1+ [2] 2+ [3] 3+ [4] 4+
 28.11 Urea mmol/L
 28.12 Creatinine umol/L

Bilirubin

28.13 Conjugated umol/L
 28.14 Unconjugated umol/L
 28.15 Albumin g/L
 28.16 Globulin g/L
 28.17 AST U/L
 28.18 ALT U/L
 28.19 ALP U/L

28.20 CXR

USG Abdomen (Looking for abscess)

28.21 Liver abscess [1] Single [2] Multiple [3] Normal
 28.22 Spleenic abscess [1] Single [2] Multiple [3] Normal
 28.23 Kidney abscess [1] Single [2] Multiple [3] Normal
 28.24 Prostate abscess [1] Single [2] Multiple [3] Normal
 28.50 Other finding: _____

28.25 CT Scan

29.00 Culture

29.01 Blood	[1] ☐ Positive	[2] ☐ Negative	[3] ☐ Not done
29.02 Tissue	[1] ☐ Positive	[2] ☐ Negative	[3] ☐ Not done
29.03 Urine	[1] ☐ Positive	[2] ☐ Negative	[3] ☐ Not done
29.04 Wound	[1] ☐ Positive	[2] ☐ Negative	[3] ☐ Not done
29.05 Sputum	[1] ☐ Positive	[2] ☐ Negative	[3] ☐ Not done
29.06 Stool	[1] ☐ Positive	[2] ☐ Negative	[3] ☐ Not done
29.07 Others:			
-----	[1] ☐ Positive	[2] ☐ Negative	[3] ☐ Not done
-----	[1] ☐ Positive	[2] ☐ Negative	[3] ☐ Not done
-----	[1] ☐ Positive	[2] ☐ Negative	[3] ☐ Not done

30.00 Sensitivity

30.01 Ceftazidime	☐ Sensitive	☐ Intermediate	☐ Resistance	☐ Not done
30.02 Augmentine	☐ Sensitive	☐ Intermediate	☐ Resistance	☐ Not done
30.03 Bactrim	☐ Sensitive	☐ Intermediate	☐ Resistance	☐ Not done
30.04 Tetracycline	☐ Sensitive	☐ Intermediate	☐ Resistance	☐ Not done
30.05 Imipenam	☐ Sensitive	☐ Intermediate	☐ Resistance	☐ Not done
30.06 Sulperazone	☐ Sensitive	☐ Intermediate	☐ Resistance	☐ Not done
30.07 Gentamycin	☐ Sensitive	☐ Intermediate	☐ Resistance	☐ Not done
30.08 Chloramphenicol	☐ Sensitive	☐ Intermediate	☐ Resistance	☐ Not done
30.09 Ciprofloxacin	☐ Sensitive	☐ Intermediate	☐ Resistance	☐ Not done

31.00 Serology

	[1] ☐ Done	[2] ☐ Not Done
	1st specimen 2nd specimen	
31.01 Mixed	1/ ☐	1/ ☐
31.02 IgM	1/ ☐	1/ ☐
31.03 IgG	1/ ☐	1/ ☐

32.00 Polymerase Chain Reaction

[1] ☐ Positive	[2] ☐ Negative	[3] ☐ Not done
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CURRENT TREATMENT

33.00	Empirical Antibiotics (if applicable)	Dose	Duration

34.00	☒ Intensive Phase	Dose	Duration
34.01	☐ Cefazidime		
34.02	☐ Amoxicillin-clavulanic		
34.03	☐ Cefoperazone-sulbactam		
34.04	☐ Trimethoprim-sulfamethoxazole		
34.05	☐ Doxycycline		
34.06	☐ Imipenam		
34.07	☐ Meropenam		
34.08	☐ Ciprofloxacin		
34.09	☐ Others (Specify:)		
34.10	☐ Others (Specify:)		
34.11	☐ Others (Specify:)		

35.00	☒ Maintenance Phase	Dose	Duration
35.01	☐ Amoxicillin-clavulanic		
35.02	☐ Chloramphenicol		
35.03	☐ Trimethoprim-sulfamethoxazole		
35.04	☐ Doxycycline		
35.05	☐ Ciprofloxacin		
35.06	☐ Others (Specify:)		
35.07	☐ Others (Specify:)		
35.08	☐ Others (Specify:)		

Final Clinical Outcome

36.00 [1] ☐ Discharge well

[2] ☐ Dead

Date of death DD MM YYYY

[3] ☐ AOR Discharge

[4] ☐ Transfer to hospital _____

Signature :

Name and designation of reporting officer:

Date :

 DD MM YYYY

SECTION B: TO BE COMPLETED BY DISTRICT HEALTH OFFICE

37.00 NOTIFICATION AND CASE CLASSIFICATION

37.01 Date of notification DD MM YYYY

37.02 Notification from

37.03 Date of investigation DD MM YYYY

37.04 Case classification [1] ☐ Suspected

[2] ☐ Probable

[3] ☐ Confirmed

37.05 Type of case [1] ☐ Sporadic

[2] ☐ Outbreak

38.00 EXPOSURE HISTORY

38.01 Date of onset DD MM YYYY

Movement History During Incubation Period

Date	Activity

38.02 Type of exposure [1] ☐ Occupational (specify)

[2] ☐ Recreational (specify)

[3] ☐ Accidental (specify)

[4] ☐ Unknown

[5] ☐ Others (specify)

Date of exposure DD MM YYYY

38.03 Duration of exposure

38.04 Mode of transmission [1] ☐ Inhalation

[2] ☐ Direct contact

[3] ☐ Aspiration

[4] ☐ Ingestion

[5] ☐ Unknown

[6] ☐ Others (Specify)

39.00 OTHER EXPOSED CONTACTS

39.01 Number of contacts exposed

39.02 Number of contacts examined

39.03 Number of contacts with sign & symptoms

40.00 PREVENTION AND CONTROL MEASURES

- | | | |
|------------------------------|-----------------------------------|---------------------------------------|
| 40.01 Active case detection | [1] ☐ Done | [2] ☐ Not Done |
| 40.02 Passive case detection | [1] ☐ Done | [2] ☐ Not Done |
| 40.03 Disinfection | [1] ☐ Done | [2] ☐ Not Done |
| 40.04 Animal control | [1] ☐ Done | [2] ☐ Not Done |
| 40.05 Closure of premise | [1] ☐ Done | [2] ☐ Not Done |
| 40.06 Health education | [1] ☐ Done | [2] ☐ Not Done |

41.00 HEALTH EDUCATION ACTIVITIES

- | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|
| 41.01 Number of health talks given | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 41.02 Number of discussion session | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 41.03 Number of demonstration done | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 41.04 Numbers of pamphlets distributed | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 41.05 Numbers of posters disseminated | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 41.06 Number of banners fixed | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 41.07 Number of press conference | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 41.08 Number of community activities | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

42.00 ENVIROMENTAL SAMPLING

- | | | | |
|-------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 42.01 Number of water samples | [1] ☐ Positive | [2] ☐ Negative | [3] ☐ Not done |
| 42.02 Number of soil samples | [1] ☐ Positive | [2] ☐ Negative | [3] ☐ Not done |
| 42.03 Others (specify) | | | |
| <input type="text"/> | [1] ☐ Positive | [2] ☐ Negative | [3] ☐ Not done |
| <input type="text"/> | [1] ☐ Positive | [2] ☐ Negative | [3] ☐ Not done |

43.00 COMMENTS BY INVESTIGATING OFFICER

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Signature :

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Name and designation of reporting officer:

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Date :

		DD			MM					YYYY
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44.00 COMMENTS BY SUPERVISOR

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Signature :

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Name and designation of reporting officer:

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Date :

		DD			MM					YYYY
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45.00 COMMENTS BY MEDICAL OFFICER OF HEALTH

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Signature :

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Name and designation of reporting officer:

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Date :

		DD			MM					YYYY
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