



Tetanus

County _____

LHJ Use ID _____
 Reported to DOH Date ___/___/___
 LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Epi Link: _____

Outbreak-related
 LHJ Cluster# _____
 LHJ Cluster Name: _____
 DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ___/___/___ Investigation start date ___/___/___
 Reporter (check all that apply) Lab Hospital HCP
 Public health agency Other
 Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____
 OK to talk to case? Yes No DK Date of interview ___/___/___

PATIENT INFORMATION

Name (last, first) _____ Birth date ___/___/___ Age _____
 Address _____ Homeless Gender F M Other Unk
 City/State/Zip _____ Ethnicity Hispanic or Latino
 Not Hispanic or Latino Unk
 Phone(s)/Email _____ Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other Unk
 Alt. contact Parent/guardian Spouse Other Name: _____
 Zip code (school or occupation): _____ Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____

CLINICAL INFORMATION

Onset date: ___/___/___ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y N DK NA
 Painful muscle spasms
 Lockjaw

Predisposing Conditions

Y N DK NA
 Contaminated wound during the three months before onset of symptoms.
 Skin lesion prior to illness:
 Abscess Ulcer Blister Gangrene
 Cellulitis Other: _____
 Immunosuppressive therapy or disease
 Chronic diabetes

Clinical Findings

Y N DK NA
 A
 Acute hypertonia
 Risus sardonicus (facial muscle spasms)
 Opisthotonus (whole back spasm and bowing)
 Mechanical ventilation or intubation required during hospitalization
 Admitted to intensive care unit
 Days in ICU: _____

Hospitalization

Y N DK NA
 Hospitalized at least overnight for this illness

Hospital name _____
 Admit date ___/___/___ Discharge date ___/___/___

Y N DK NA
 Died from illness Death date ___/___/___
 Autopsy Place of death _____

Vaccination

Ever received tetanus containing vaccine

Number of doses tetanus vaccine prior to illness: _____
 Dose 1 Type: _____ Date received: ___/___/___
 Dose 2 Type: _____ Date received: ___/___/___
 Dose 3 Type: _____ Date received: ___/___/___
 Dose 4 Type: _____ Date received: ___/___/___
 Dose 5 Type: _____ Date received: ___/___/___
 Dose 6 Type: _____ Date received: ___/___/___

Vaccine up to date for tetanus
 Vaccine series not up to date reason:
 Religious exemption
 Medical contraindication
 Philosophical exemption
 Previous infection confirmed by laboratory
 Previous infection confirmed by physician
 Parental refusal
 Other: _____
 Unknown

NOTES

INFECTION TIMELINE

Enter onset date/time (first sx) in heavy box. Count backward to determine probable exposure period

Exposure period*

Days from onset: - 21 - 3

Calendar date/time:

* This is the usual incubation period, though it may be as short as one day or as long as several months

EXPOSURE (Refer to dates above)

Y N DK NA

Travel out of the state, out of the country, or outside of usual routine
 Out of: County State Country
 Dates/Locations: _____

Y N DK NA

Insulin-dependent diabetic
 Non-injection street drug use
 Injection street drug use
 Injection street drug use type: _____
 Neonate Date of birth: ___/___/___
 Age of mother: _____
 Location of birth: Home Hospital
 Other: _____
 Attended by: Physician Nurse
 Licensed midwife Unlicensed midwife
 Other: _____ Unk
 Mother received tetanus toxoid prior to infant illness Y N DK NA
 Last dose: ___/___/___

Y N DK NA

Recent acute wound (past 3 months)
 Date identified: ___/___/___
 Wound site:
 Head Trunk Upper extremity
 Lower extremity Other: _____
 Unspecified
 Wound type:
 Punctate Crush Abrasion Avulsion
 Stellate laceration Linear laceration
 Burn Frostbite Compound fracture
 Surgery Animal bite Insect bite
 Tissue necrosis Dental Unk
 Other: _____
 Depth of wound: _____
 Wound contaminated Y N DK NA
 Signs of infection Y N DK NA
 Wound debrided Y N DK NA
 If so, how soon after wound received: _____
 Injury related
 Environment of injury:
 Home Other indoors Farm/yard
 Automobile Other outdoors Unk
 Work related Y N DK NA

Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

Exposure details: _____

No risk factors or exposures could be identified

Patient could not be interviewed

PATIENT PROPHYLAXIS AND TREATMENT

Tetanus toxoid given as therapy Y N DK NA Date/time given: ___/___/___ AM / PM
 Tetanus IG given prior to onset Y N DK NA Date/time given: ___/___/___ AM / PM Dose: _____ Units

PUBLIC HEALTH ISSUES

Y N DK NA

Contaminated street drugs

PUBLIC HEALTH ACTIONS

Initiate trace-back investigation
 Trace contaminated drugs
 Referral to physician
 Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ___/___/___
 Local health jurisdiction _____ Record complete date ___/___/___