	I			
Westington Code Department of	Case name (last, first)			
Washington State Department of Health				
747 11000000		Email		
Tetanus	* '	ailing		
County	City/State/Zip/County WA resident Yes No			
ADMINISTRATIVE				
		DEMOGRAPHICS Age at augmentation angest Vegets Menths		
Investigator		Age at symptom onset		
LHJ Case ID (optional)		Race (check all that apply) Unk Amer Ind/AK Native		
LHJ notification date//		☐ Asian ☐ Black/African Amer ☐ Native HI/other PI		
Classification Classification	pending	☐ White ☐ Other		
	oic Traica out Douspect	Primary language		
Investigation status		Interpreter needed Yes No Unk		
☐ In progress		Employed Yes No Unk Occupation		
☐ Complete☐ Complete – not reportable	. to DOH	Industry Employer Work site City		
Unable to complete Rea		Student/Day care Yes No Unk		
·		Type of school Preschool/day care K-12 College		
Investigation start date/_		☐Graduate School ☐ Vocational ☐ Online ☐ Other		
Investigation complete date/		School name		
Case complete date//_		School address		
Outbreak related Yes No		City/State/County Zip		
LHJ Cluster IDC	Cluster Name	Phone number Teacher's name		
REPORT SOURCE		COMMUNICATIONS		
Initial report source		Primary HCP name		
LHJ		Phone		
		OK to talk to patient (If Later, provide date)		
Reporter name Reporter phone		☐ Yes ☐ Later / / ☐ Never Date of interview attempt / /		
Keporter priorie		☐ Complete ☐ Partial ☐ Unable to reach		
All reporting sources (list all that	apply)	Patient could not be interviewed		
		Alternate contact ☐ Parent/Guardian ☐ Spouse/Partner		
		☐Friend ☐ Other		
		Contact name		
CLINICAL INFORMATION		Contact phone		
Complainant ill 🗌 Yes 🔲 No	☐ Unk Symptom Onset/	/		
Clinical Features	c	The limited is all origining in the limit in the limit		
Y N Unk				
☐ ☐ Hypertonia				
☐ ☐ Painful muscle spasms				
□ □ Opisthotonus (whole back spasm and bowing) □ □ □ Risus sardonicus (facial muscle spasm)				
Predisposing Conditions	,			
Y N Unk ☐ ☐ Diabetes mellitus				
		Specify		
Vaccination				
Y N Unk □ □ Ever received a tetanus containing vaccine Number of tetanus doses prior to illness				

Case Name		LHJ Case ID			
Vaccine information available ☐ Yes ☐ No					
Date of vaccine ad	dministration// Vaccine a	dministered (Type)			
Vaccine lot nur	mber	Administering provider			
Information sou	urce Washington Immunization Info				
D		ccination card			
	dministration// Vaccine a				
Information so	nber urce		mher		
information doc		ccination card			
Date of vaccine ad	dministration// Vaccine a				
Vaccine lot nur	nber	Administering provider			
Information sou	urce 🗌 Washington Immunization Info	rmation System (WIIS) WIIS ID nui	mber		
		ccination card 🔲 Verbal only/no doc			
	dministration// Vaccine a				
Vaccine lot nur	mber	Administering provider			
Information sou	urce Washington Immunization Info				
Data of vaccine or		ccination card			
	dministration// Vaccine a mber				
	urce				
		ccination card			
Date of vaccine ad	dministration// Vaccine a	dministered (Type)			
Vaccine lot nur	nber	Administering provider			
Information sou	urce 🔲 Washington Immunization Info	rmation System (WIIS) WIIS ID nui	mber		
	☐ Medical record ☐ Patient vac	ccination card 🔲 Verbal only/no doc	umentation		
Y N Unk					
	accination up to date for age per ACIP e series not up to date reason				
Vaccini		cal contraindication 🏻 Philosophical	exemption		
		vious disease	•		
	☐ Underage for vaccine ☐ Pare	ental refusal			
	g/Patient Health Care				
Y N Unk	s of tetanus by a health care provide				
Hospitalization	s of tetalius by a fleatili care provide	·1			
Y N Unk					
	ed at least overnight for this illness F				
	al admission date// Disch ed to ICU Date admitted to ICU /				
	nical ventilation or intubation required				
Still hospitalized As of//					
Y N Unk	a illness - Dooth data - / /	Places fill in the death data informat	ion on the Boroon Saroon		
☐ ☐ ☐ Died of thi		Please fill in the death date informat	ion on the Person Screen		
Died of thi	y performed				
Died of thi Autops Death o	y performed certificate lists disease as a cause of d n of death ☐ Outside of hospital (e.g.,	eath or a significant contributing condi home or in transit to the hospital ☐	ition		
Died of thi Autops Death of Locatio	y performed certificate lists disease as a cause of d n of death Outside of hospital (e.g., Inpatient ward ICU	eath or a significant contributing condi home or in transit to the hospital ☐ ☐ Other	ition		
Died of thi Autops Death of Locatio	y performed certificate lists disease as a cause of d n of death ☐ Outside of hospital (e.g.,	eath or a significant contributing condi home or in transit to the hospital ☐ ☐ Other	ition		
Died of thi Autops Death of Locatio	y performed certificate lists disease as a cause of d n of death Outside of hospital (e.g., Inpatient ward ICU SE (Ask about exposures 3-21 days	eath or a significant contributing condi home or in transit to the hospital Other	ition Emergency department (ED) 		
Died of thi Autops Death o Locatio RISK AND RESPON Travel	y performed certificate lists disease as a cause of d n of death Outside of hospital (e.g., Inpatient ward ICU SE (Ask about exposures 3-21 days	eath or a significant contributing condi home or in transit to the hospital Other	Setting 3		
Died of thi Autops Death of Locatio	y performed certificate lists disease as a cause of d n of death Outside of hospital (e.g., Inpatient ward ICU SE (Ask about exposures 3-21 days Setting 1 County/City	eath or a significant contributing condinate home or in transit to the hospital Cother Symptom onset) Setting 2 County/City	Setting 3		
Died of thi Autops Death o Locatio RISK AND RESPON Travel	y performed certificate lists disease as a cause of d n of death Outside of hospital (e.g., Inpatient ward ICU SE (Ask about exposures 3-21 days Setting 1 County/City State	eath or a significant contributing condination home or in transit to the hospital Cother Symptom onset) Setting 2 County/City State	Setting 3 County/City State		
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Died of thi Autops Death o Locatio RISK AND RESPON Travel	y performed certificate lists disease as a cause of d n of death Outside of hospital (e.g., Inpatient ward ICU SE (Ask about exposures 3-21 days Setting 1 County/City County/City Country Country	eath or a significant contributing condi home or in transit to the hospital Other_ before symptom onset) Setting 2 County/City State Country	Setting 3 County/City State Country		
Died of thi Autops Death o Locatio RISK AND RESPON Travel Travel out of:	y performed certificate lists disease as a cause of d n of death Outside of hospital (e.g., Inpatient ward ICU SE (Ask about exposures 3-21 days Setting 1 County/City County/City Country Country	eath or a significant contributing condi home or in transit to the hospital Other_ before symptom onset) Setting 2 County/City State Country	Setting 3 County/City State Country		

Risk and Exposure Information Y N Unit Is case a recent foreign arrival (e.g. immigrant, refugue, adoptee, visitor) Country	Case	Name	LHJ Case ID
V Nuk	Risk	and Exposure Information	
Neonate Age of mother		·	
Neonate Age of mother			dontee visitor) Country
Attended by Physician Nurse Licensed midwife Other birth attendant Unk Other Location of birth Home Hospital Location Lo			
Other Location of birth Home Hospital Other Mother received telanus toxoid during the pregnancy Mother received telanus for this part of the provided before telanus onset More than 1 cm Unk Environment of injury Depth of wound 1 cm or fess More than 1 cm Unk Environment of injury Depth of wound 1 cm or fess More than 1 cm Unk Environment of injury Mound ebrided before telanus onset How soon after injury Wound ebrided before telanus onset How soon after injury Wound ebrided before telanus onset How soon after injury Depth of wound Mother Mound ebrided before telanus onset How soon after injury Depth procedure Frostbite Insect bitesting Linear laceration Punctate Stellate laceration Surgical incision Tissue necrosis Unk Dither Mother			
Cocation of birth Home Hospital Other Other received telanus toxold during the preparancy Injected drugs not prescribed by a doctor, even if only once or a few times Describe Environment of Injury Circumstances Environment of Injury Other			
Mother received telanus toxold during the pregnancy General Content of Indian Content Indian		U Other	
	١_,		
	ַן בַן ן		
Environment of injury Circumstances			
Signs of infection Wound contaminated Wound debrided before tetanus onset How soon after injury Wound to the Head Trunk Upper extremity Lower extremity Unspecified Wound yeb Abrasion Animal bite Avulsion Burn Compound fracture Crushing injury Debtal procedure Frostbite Insect bite/sting Linear laceration Punctate Stellate laceration Surgical incision Tissue necrosis Unk Other Was medical care obtained for this acute injury Tetanus toxoid (TT/Td/Tdap) administered before tetanus onset How soon after injury How soon after injury Surgical incision Tissue necrosis Unk Other Surgical incision Tissue necrosis Unk Other Surgical incision Tissue necrosis Unk Other Surgical incision Surgical incision Tissue necrosis Unk Other Surgical incision Tissue necrosis Unk Other Surgical incision Tissue necrosis Unk Other Surgical incision Tetanus toxoid (TT/Td/Tdap) administered before tetanus onset How soon after injury Surgical incision Tissue necrosis Unk Other Surgical incision Tissue necrosis Unk		☐ Acute wound identified Date identified ☐ ☐ ☐	Pepth of wound
Wound cohted before tetanus onset		Environment of injury	Circumstances
Wound debrided before tetanus onset How soon after injury Wound yet How soon after injury Lower extremity Unspecified Other Wound type Abrasion Animal bite Avulsion Burn Compound fracture Crushing injury Dental procedure Frostbite Insect bite/sting Linear laceration Punctate Stellate laceration Surgical incision Tissue necrosis Unk Other Was medical care obtained for this acute injury Tetanus toxoid (TT/Td/Tap) administered before tetanus onset How soon after injury Tetanus toxoid (TT/Td/Tap) administered before tetanus onset How soon after injury Ginginvitis Not in Ush Other Ginginvitis Cancer Ginginvitis Washington Summary Other state Exposure and Transinssion Summary Other state Suposure and Transinssion Summary Other state During entire exposure period During part of exposure period No international travel Exposure summary Other state During entire exposure period During part of exposure period No international travel Exposure summary Amily Other state During entire exposure period During part of exposure period No international travel Exposure summary Other state During entire exposure period During part of exposure period No international travel Exposure summary Other state During entire exposure period During part of exposure period No international travel Exposure summary Other state During entire exposure period During part of exposure period No international travel Exposure period During part of exposure period No international travel Exposure period During part of exposure period No international travel Exposure period During part of exposure period During part of exposure period During part of exposure period No international travel During part of exposure period During part		☐ Signs of infection	
Wound type Abrasion Animal bite Avulsion Burn Compound fracture Crushing injury		□ Wound contaminated	
Other Wound type Abrasion Animal bite Avulsion Burn Compound fracture Crushing injury Dental procedure Frostbite Insect bite/sting Linear laceration Punctate Stellate laceration Surgical incision Tissue necrosis Unk Other Testanus toxol (TT/Td/Tday) administered before tetanus onset How soon after injury Testanus toxol (TT/Td/Tday) administered before tetanus onset How soon after injury Testanus toxol (TT/Td/Tday) administered before tetanus onset How soon after injury Testanus toxol (TT/Td/Tday) administered before tetanus onset How soon after injury Ginglivitis Cancer Ginglivi		☐ ☐ Wound debrided before tetanus onset How soon after	er injury
Other Wound type Abrasion Animal bite Avulsion Burn Compound fracture Crushing injury Dental procedure Frostbite Insect bite/sting Linear laceration Punctate Stellate laceration Surgical incision Tissue necrosis Unk Other Testanus toxol (TT/Td/Tday) administered before tetanus onset How soon after injury Testanus toxol (TT/Td/Tday) administered before tetanus onset How soon after injury Testanus toxol (TT/Td/Tday) administered before tetanus onset How soon after injury Testanus toxol (TT/Td/Tday) administered before tetanus onset How soon after injury Ginglivitis Cancer Ginglivi		Wound site ☐ Head ☐ Trunk ☐ Upper extremity	☐ Lower extremity ☐ Unspecified
Wound type Abrasio Animal bite Avulsio Burn Compound fracture Crushing injury Dental procedure Frostbite Insect bite/sting Linear laceration Punctate Stellate laceration Strigical incision Tissue necrosis Unk Other Tetanus toxoid (TT/Td/Tdap) administered before tetanus onset How soon after injury Tetanus toxoid (TT/Td/Tdap) administered before tetanus onset How soon after injury Tetanus toxoid (TT/Td/Tdap) administered before tetanus onset How soon after injury Tetanus sociated condition Lesion type Abscess Uicer Bilster Gangrene Cellulitis Cancer Gingivitis None Ukn Other Other state Other state Other state Other Other Other Other Other state Other Other Other Other Other Other Other Other state			
Cental procedure Frostbite Insect bite/sting Linear laceration Punctate Stellate laceration Surgical incision Tissue necrosis Unk Other Cellulitis Cancer Gingivitis Cance		Wound type ☐ Abrasion ☐ Animal bite ☐ Avulsion	□ □ Burn □ Compound fracture □ Crushing injury
Stellate laceration Surgical incision Tissue necrosis Unk Other			
Cither C			
		•	
Tetanus toxoid (TT/Td/Tdap) administered before tetanus onset			
If no acute injury, associated condition Lesion type Abscess Ulcer Blister Gangrene Cellulitis Cancer Gingivitis None Ukn Other			
Lesion type Abscess Ulcer Blister Gangrene Cellulitis Cancer Gingivitis Noter Note			ius onset How soon after injury
None Ukn Other			
Work related Exposure and Transmission Summary			
Exposure and Transmission Summary Likely geographic region of exposure In Washington – county Other state O		☐ None ☐ Ukn ☐ Other	
Likely geographic region of exposure In Washington - county Other state Other st			
Not in US - country Unk International travel related During entire exposure period During part of exposure period No international travel Exposure summary TREATMENT Y N Unk	-		_
International travel related During entire exposure period During part of exposure period No international travel Exposure summary TREATMENT Y N Unk	Likel		
TREATMENT Y N Unk			
TREATMENT Y N Unk Tetanus IG given prior to onset Date/time given/ : AM	Inter	national travel related \square During entire exposure period $\; \square$ Dur	ing part of exposure period ☐ No international travel
Y N Unk	Expo	osure summary	
Y N Unk			
Y N Unk	TRE	ATMENT	
Tetanus IG given prior to onset Date/time given / : AM			
How soon after injury	l 🗀 i		/ · DAM DPM Dosage (units)
LAB RESULTS Lab report information Lab report reviewed – LHJ WDRS user-entered lab report note Submitter Performing lab for entire report Referring lab Specimen Specimen Specimen identifier/accession number	- '	How soon after injury \square <6 hours \square 7-23 hours \square	1-4 days
LAB RESULTS Lab report information Lab report reviewed – LHJ WDRS user-entered lab report note Submitter Performing lab for entire report Referring lab Specimen Specimen Specimen identifier/accession number	NOT		
Lab report information Lab report reviewed – LHJ WDRS user-entered lab report note Submitter Performing lab for entire report Referring lab Specimen Specimen identifier/accession number	NOT		
Lab report information Lab report reviewed – LHJ WDRS user-entered lab report note Submitter Performing lab for entire report Referring lab Specimen Specimen identifier/accession number			
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Lab report information Lab report reviewed – LHJ WDRS user-entered lab report note Submitter Performing lab for entire report Referring lab Specimen Specimen identifier/accession number			
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Lab report information Lab report reviewed – LHJ WDRS user-entered lab report note Submitter Performing lab for entire report Referring lab Specimen Specimen identifier/accession number			
Lab report information Lab report reviewed – LHJ WDRS user-entered lab report note Submitter Performing lab for entire report Referring lab Specimen Specimen identifier/accession number			
Lab report reviewed – LHJ WDRS user-entered lab report note Submitter Performing lab for entire report Referring lab Specimen Specimen identifier/accession number	LAB	RESULTS	
WDRS user-entered lab report note Submitter Performing lab for entire report Referring lab Specimen Specimen identifier/accession number	Lab	report information	
Submitter Performing lab for entire report Referring lab Specimen Specimen identifier/accession number	Lab	report reviewed – LHJ	
Performing lab for entire report Referring lab Specimen Specimen identifier/accession number	WDF	RS user-entered lab report note	
Performing lab for entire report Referring lab Specimen Specimen identifier/accession number			
Referring lab Specimen Specimen identifier/accession number			
Specimen Specimen identifier/accession number			
Specimen identifier/accession number	Refe	erring lab	
Specimen identifier/accession number	C	**	

Case Name	LHJ Case ID
WDRS specimen type	
WDRS specimen source site	
WDRS specimen reject reason	_
Test performed and result	
WDRS test performed	
WDRS test result, coded	
WDRS test result, comparator	
WDRS result, numeric only (enter only if given, including as necessary C	omparator and Unit of measure)
WDRS unit of measure	
Test method	
WDRS interpretation code	
Test result – Other, specify WDRS result summary Positive Negative Indeterminate	Equivocal
Test result status Final results; Can only be changed with a corrected re	
Preliminary results	Suit
☐ Record coming over is a correction and thus replaces	a final result
Results cannot be obtained for this observation	a intal roodic
Specimen in lab; results pending	
Result date/_/	
Upload document	
•	
Ordering Provider	
WDRS ordering provider	
- ·	
Ordering facility	
WDRS ordering facility name	