Tennessee Department of Health

Tetanus Case Report

Draft, Revised: 05/2010

Please fill out all three pages of this form as complete as possible. Anything that appears in **red** is not available for data entry into NEDSS. However, you may find those fields helpful in your investigation. Do not forget to notify Central Office regarding this case.

DEMOGRAPHICS

CASE ID#:_____

Last Name: _____ **First:** _____ **Middle:** _____ **DOB:** ____/____/_____

Reported Age: _____ □ Days □ Months □ Years **Sex:** □ Male □ Female □ Unknown

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Phone - Home: _____ **Work:** _____ **Cell:** _____

Ethnicity: □ Hispanic □ Not Hispanic

Race: □ American Indian / Alaskan □ Asian □ Black / African American □ Hawaiian / Pacific Islander □ White □ Other (_____)

Employer/School/Daycare: _____ **Occupation:** _____

ALTERNATE CONTACT INFORMATION

Last Name: _____ **First:**_____ **Relationship:** □ Parent □ Spouse □ Household Member □ Friend □ Other _____

Phone #:_____

INVESTIGATION SUMMARY

Jurisdiction: □ East Tennessee □ Mid-Cumberland □ Northeast □ South Central □ Southeast □ West Tennessee □ Upper Cumberland □ Nashville/Davidson □ Chattanooga/Hamilton □ Knoxville/Knox □ Jackson/Madison □ Memphis/Shelby □ Sullivan □ Out of Tennessee □ Unassigned

INVESTIGATION SUMMARY

Investigation Start Date: _____/_____/_____

Investigation Status: □ Open □ Closed

Investigator: _____

Date Assigned to Investigation: _____/_____/_____

Physician: _____

Physician's Phone: _____

REPORTING SOURCE

Date of Report: _____/_____/_____

Reporting Source: _____

Earliest Date Reported to County: _____/_____/_____

Earliest Date Reported to State: _____/_____/_____

Reporter: _____

CLINICAL INFORMATION

HOSPITAL INFORMATION

Was the patient hospitalized for this illness? □ Yes □ No □ Unknown

Hospital: _____

Admission Date:____/____/_____ **Discharge Date:** ____/____/_____

Illness Onset Dt:____/____/_____ **Illness End Dt:** ____/____/_____

Diagnosis Date:____/____/_____ **Age at onset?**_____

CONDITION

Is the patient pregnant? □ Yes □ No □ Unknown

Mechanical ventilation required? □ Yes □ No □ Unknown

Days on mechanical ventilation? _____

Did the patient die from this illness? □ Yes □ No □ Unknown

HISTORY

History of military service (active or reserve)?
□ Yes □ No □ Unknown

Year entered:_____

Tetanus Toxoid Vaccination History Prior to Tetanus Disease?
□ Never □ 1 Dose □ 2 Doses □ 3 Doses □ 4+ Doses □ Unknown

Years since last dose?_____

CLINICAL DATA

Acute wound identified?
□ Yes □ No □ Unknown

Date wound occured:____/____/_____

Principal anatomic site?
□ Head □ Upper extremity □ Unknown
□ Trunk □ Lower extremity

Work related?
□ Yes □ No □ Unknown

Environment?
□ Home □ Farm/Yard □ Other outdoors
□ Other indoors □ Automobile □ Unknown

Circumstances:_____

Principal wound type?
□ Puncture □ Stellate laceration □ Liner laceration □ Crush
□ Abrasion □ Avulsion □ Burn □ Frostbite
□ Compound fracture □ Home □ Surgery □ Animal bite
□ Insect bite/sting □ Dental □ Tissue necrosis
□ Other (e.g. with cancer) specify:_____

Depth of wound?
□ ≤1cm □ >1cm □ Unknown

Signs of infection?
□ Yes □ No □ Unknown

Wound contaminated?
□ Yes □ No □ Unknown

Devitalized, ischemic or denervated tissue present?
□ Yes □ No □ Unknown

MEDICAL CARE PRIOR TO ONSET

Was medical care obtained for this acute injury?
□ Yes □ No □ Unknown

Tetanus Toxoid (TT/Td?Tdap) administered before tetanus onset?
□ Yes □ No □ Unknown

If yes, how soon after injury?
□ < 6 hours □ 7-23 hours □ 1-4 days □ 5-9 days
□ 10-14 days □ 15+ days □ Unknown

Wound debrided before tetanus onset?
□ Yes □ No □ Unknown

If yes, debrided how soon after injury?
□ < 6 hours □ 7-23 hours □ 1-4 days □ 5-9 days
□ 10-14 days □ 15+ days □ Unknown

Diabetes?
□ Yes
□ No
□ Unknown

If yes, insulin dependent?
□ Yes
□ No
□ Unknown

Tetanus immune globulin (TIG) prophylaxis received before tetanus onset?
□ Yes □ No □ Unknown

If yes, debrided how soon after injury?
□ < 6 hours □ 7-23 hours □ 1-4 days □ 5-9 days
□ 10-14 days □ 15+ days □ Unknown

Dosage (units)? _____
0-998
999 = Unknown

Associated condition (if no acute injury)
□ Abscess □ Ulcer □ Blister □ Gangrene □ Cellulitis
□ Other infection □ Cancer □ Gingivitis □ None □ Unknown

Describe Condition:
_____
_____

Parenteral drug abuse? □ Yes □ No □ Unknown **Describe Condition:** _____

CLINCAL COURSE

Type of Tetanus disease:
□ Generalized
□ Localized
□ Cephalic
□ Unknown

TIG therapy given after tetanus onset?
□ Yes
□ No
□ Unknown

If yes, debrided how soon after illness onset?
□ < 6 hours □ 7-23 hours □ 1-4 days
□ 5-9 days □ 10-14 days □ 15+ days
□ Unknown

Dosage (units)? _____
0-998
999 = Unknown

NEONATAL (<28 DAYS OLD)

Mother's age: _____ **Mother's Date of Birth: ____/____/_____** **Mother's arrival in U.S.: ____/____/_____**

Mother's Tetanus Toxoid vaccination history PRIOR to child's disease? □ Never □ 1 Dose □ 2 Doses □ 3 Doses □ 4+ Doses □ Unknown

Years since mother's last dose? _____

Child's birthplace:
□ Hospital □ Other
□ Home □ Unknown

Birth attendant (s):
□ Physician □ Nurse □ Licensed midwife □ Unlicensed midwife □ Unknown
□ Other_____

EPIDEMIOLOGIC INFORMATION

Is this patient associated with a daycare facility?: □ Yes □ No □ Unknown **Is this case part of an outbreak?:** □ Yes □ No □ Unknown

***If yes*, daycare:** _____ ***If yes*, outbreak name:** _____

Where was the disease acquired?: □ Indigenous (within jurisdiction) □ Out of country □ Out of state □ Out of jurisdiction □ Unknown

Imported Country: _____ **Imported State:** _____

Imported City: _____ **Imported County:** _____

COMMENTS

_____
_____
_____
_____

FOR ADMINISTRATIVE USE ONLY:

Date of Interview: ____/____/_____
Interviewer's Name: _____
Other Notes: _____

Was the case entered into NEDSS? □ Yes □ No □ Unknown
Date entered into NEDSS: ____/____/_____
Data Entry Person's Name: _____