Tetanus Enhanced Surveillance Form

Patient Details

Forename Initials ☐☐☐   Surname Initials ☐☐☐

DOB ☐☐☐☐☐   Age ☐☐   Sex: Male ☐   Female ☐   Not Known ☐

CCA ☐   County ☐   HSE Area ☐

Country of birth ☐   Ethnicity ☐   Nationality ☐

Occupation ☐

Clinical Details and Hospitalisation

Date of Onset of Symptoms ☐☐☐☐   Date of Diagnosis of Tetanus ☐☐☐☐☐☐

Date of Admission to Hospital ☐☐☐☐☐   Name of Admitting Hospital ☐

Duration of Illness **(Days)** ☐☐☐

Grade of Severity of Illness: *Please tick appropriate box*

Grade 1 ☐ • **Grade 1 (Mild):** Mild to moderate trismus and general spasticity, little or no dysphagia, no respiratory embarrassment.

Grade 2 ☐ • **Grade 2 (Moderate):** Moderate trismus and general spasticity, some dysphagia and respiratory embarrassment, and fleeting spasms occur.

Grade 3a ☐ • **Grade 3a (Severe):** Severe trismus and general spasticity, sever dysphagia and respiratory difficulties, and severe and prolonged spasms (both spontaneous and on stimulation)

Grade 3b ☐ • **Grade 3b (Very Severe):** As for severe Tetanus plus autonomic dysfunction, particular sympathetic over drive.

History and Treatment of Injury

	Yes	No	Not Known	
Was there a known or suspected underlying injury?	☐	☐	☐	If **YES**, Date of Injury ☐☐☐☐☐

Where did the injury take place? *Please tick appropriate box*

Work ☐   Home / Garden ☐   Street /Road Accident ☐   Other ☐

Please describe the circumstances of the injury
☐

	Yes	No	Not Known
Was treatment given **at the time of injury** (before the onset of Tetanus)?	☐	☐	☐

If **YES**, which of the following were given?   Antibiotics ☐   Tetanus toxoid ☐

Debridement ☐   Tetanus immunoglobulin ☐

Immunisation History   *(Before this incident)*

	Yes	No	Not Known
Was there a history of any previous Tetanus immunisation?	☐	☐	☐

	Yes	No	Not Known	
Primary Tetanus immunisation course	☐	☐	☐	If **YES**, how long ago **(Years)** ☐☐
Tetanus booster	☐	☐	☐	If **YES**, how long ago **(Years)** ☐☐

Date of last tetanus vaccine (if available) ☐☐☐☐

Microbiology

	Yes	No	Not Known
Have Tetanus antitoxin levels been measured?	☐	☐	☐

If **YES**, Date: ☐☐☐☐☐   Level ☐☐ **iµ/ml**

Outcome

Recovered ☐   Recovering ☐   Still ill ☐   Long-term sequelae ☐   Died ☐   Lost to follow up ☐   Unk ☐

Date of Death ☐☐☐☐☐   Cause of Death (Due to this ID/Not due to this ID) ☐

Form Completed by: ☐

Position ☐   Date of Completion ☐☐☐☐☐