

Tetanus

West Virginia Electronic Disease Surveillance System

Division of Surveillance and Disease Control

Infectious Disease Epidemiology Program

Phone: 304-558-5358 or 800-423-1271 in West Virginia

Fax: 304-558-8736

Investigation Information

*indicates required fields

Investigation Status*

Closed Open Regional Review State Review Superseded Unassigned

Case Status*

Confirmed Not a Case Probable Suspect Unknown

Patient Information

* indicates required fields

Last Name***First Name*****Middle Initial****Street Address****City****County****State**

West Virginia

Zip**Is the patient's residence a:**

Correctional Facility (Specify) _____ Long Term Care Facility (Specify) _____
 Shelter or Group Home (Specify) _____ None of the above

Home Phone

###-###-####

Ext.**Other Phone**

###-###-####

Ext.**Report Date**

mm/dd/yyyy

Parent / Guardian Information

Last Name**First Name****Middle Initial****Relationship to Patient**

Check if address is same as above; otherwise complete guardian contact information below

Guardian Street Address**City****County****State**

West Virginia

Zip**Home Phone**

###-###-####

Ext.**Other Phone**

###-###-####

Ext.

Patient Demographic Information

* indicates required fields

Sex

Male Female Transsexual Unknown Failure to report sex/missing sex Other (Specify) _____

Date of Birth*

mm/dd/yyyy

Age**Age Units**

Days Weeks Months Years

Patient Demographic Information cont.

Ethnicity
 Hispanic or Latino *Not Hispanic or Latino* *Unknown* *Failure to report ethnicity/missing ethnicity*

Race
 (Check all that apply)
 American Indian or Alaska Native *Asian*
 Black or African American *Native Hawaiian or Other Pacific Islander* _____
 White *Unknown*
 Failure to report race/missing race *Some Other Race* _____

Outcome and Clinical Information

Date of onset of symptoms mm/dd/yyyy		Date of diagnosis mm/dd/yyyy	
Was patient hospitalized for this disease? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>		Name of Hospital	
Patient outcome from this disease: <input type="radio"/> <i>Died</i> <input type="radio"/> <i>Survived</i> <input type="radio"/> <i>Unknown</i>		Date of Admission mm/dd/yyyy	
Date of Death mm/dd/yyyy			

Clinical Data

Acute wound identified? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>	Date wound occurred mm/dd/yyyy	Principal anatomic site <input type="radio"/> <i>Head</i> <input type="radio"/> <i>Trunk</i> <input type="radio"/> <i>Upper Extremity</i> <input type="radio"/> <i>Lower Extremity</i> <input type="radio"/> <i>Unspecified</i>	
Work related? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>			
Environment <input type="radio"/> <i>Home</i> <input type="radio"/> <i>Other indoors</i> _____ <input type="radio"/> <i>Farm/Yard</i> <input type="radio"/> <i>Automobile</i> <input type="radio"/> <i>Other outdoors</i> _____ <input type="radio"/> <i>Unknown</i>			

Circumstances

Principal wound type
 Abrasion *Animal bite* *Avulsion* *Burn*
 Compound fracture *Crush* *Dental* *Frost bite*
 Insect bite/sting *Linear Laceration* *Puncture* *Other (e.g. with cancer) specify* _____
 Stellate Laceration *Surgery* *Tissue necrosis* *Unknown*

Wound contaminated? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>	Depth of wound <input type="radio"/> <i>1cm. or less</i> <input type="radio"/> <i>More than 1cm.</i> <input type="radio"/> <i>Unknown</i>	Signs of infection? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>
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Devitalized, ischemic or denervated tissue present?
 Yes *No* *Unknown*

Medical Care Prior to Onset

Was medical care obtained for this acute injury? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>	Tetanus toxoid (TT) or Td administered before tetanus onset? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>
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If yes, TT or Td given 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*

Tetanus Immune Globulin (TIG) Prophylaxis received before Tetanus onset?
 Yes *No* *Unknown*

Medical Care Prior to Onset cont.

If yes, TIG given how soon after injury?

< 6 Hours
 7-23 Hours
 1-4 Days
 5-9 Days
 10-14 Days
 15+ Days
 Unknown

Associated Condition (If no acute injury)

(Check all that apply)

Abscess
 Blister
 Cancer
 Cellulitis
 Gangrene
 Gingivitis
 None
 Ulcer
 Other Infection _____
 Unknown

Describe Associated Condition
Diabetes?
 Yes
 No
 Unknown

If yes, Insulin-Dependent?
 Yes
 No
 Unknown

Parenteral drug abuse?
 Yes
 No
 Unknown

Describe Condition

Clinical Course

Type of tetanus disease
 Generalized
 Localized
 Cephalic
 Unknown

TIG therapy given?
 Yes
 No
 Unknown

If yes, how soon after illness onset?
 < 6 Hours
 7-23 Hours
 1-4 Days
 5-9 Days
 10-14 Days
 15+ Days
 Unknown

Dosage (units)
Days Hospitalized
Days in ICU
Days received mechanical ventilation
Outcome one month after onset?
 Recovered
 Convalescing
 Died

Reporting Source

Last Name
First Name
Phone

- ### -

Ext.
Fax

- ### -

Facility
Address
City
State

West Virginia

Zip
E-mail

Provider with Further Patient Information

Last Name
First Name
Phone

- ### -

Ext.
Fax

- ### -

Address
City
State

West Virginia

Zip

Public Health Investigation

Name of Person Interviewed
Relationship to Patient
Date Reported to Public Health

mm/dd/yyyy

Public Health Investigation cont.

Investigator	Date Investigation Begun mm/dd/yyyy	Health Department	Phone ###-###-####	Ext.
Investigation ID	Part of an Outbreak? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Outbreak Name		Lost to follow-up? <input type="radio"/> Yes <input type="radio"/> No
History of military service (active or reserve)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			Year of entry into military service mm/dd/yyyy	
Tetanus toxoid (TT) history prior to tetanus disease exclude doses received since acute injury <input type="radio"/> Never <input type="radio"/> 1 dose <input type="radio"/> 2 doses <input type="radio"/> 3 doses <input type="radio"/> 4+ doses <input type="radio"/> Unknown				Years since last dose
Neonatal (<28 Days Old)				
Mother's age in years		Mother's birthdate mm/dd/yyyy	Date of Mother's arrival in U.S. mm/dd/yyyy	
Mother's tetanus toxoid (TT) history PRIOR to child's disease known doses only <input type="radio"/> Never <input type="radio"/> 1 dose <input type="radio"/> 2 doses <input type="radio"/> 3 doses <input type="radio"/> 4+ doses <input type="radio"/> Unknown			Years since Mother's last dose	
Child's birthplace <input type="radio"/> Hospital <input type="radio"/> Home <input type="radio"/> Other _____ <input type="radio"/> Unknown				
Birth attendant(s) <input type="radio"/> Physician <input type="radio"/> Nurse <input type="radio"/> Licensed Midwife <input type="radio"/> Unlicensed Midwife <input type="radio"/> Other _____ <input type="radio"/> Unknown				
Other birth attendant(s) (if not previously listed)				
Public Health Action Taken				
Describe public health action taken				