

Clinical cont'd:

Was medical care obtained for the acute wound or injury before tetanus symptom onset? Yes No Unknown

If YES, date of wound care: ___/___/___

Was tetanus toxoid (Td, TT, DT, DTaP) administered for the acute wound or injury before tetanus symptom onset? Yes No Unknown

Date patient received tetanus toxoid (Td, TT, DT, DTaP): ___/___/___

Was tetanus immune globulin (TIG) prophylaxis given as part of wound care before tetanus symptom onset? Yes No Unknown

Date patient received TIG prophylaxis: ___/___/___ Prophylactic TIG dosage (units): _____

Were there signs of infection at the time of care for the acute wound or injury? Yes No Unknown

If NO acute injury, identify associated condition: Abscess Ulcer Blister Gangrene Cellulitis Cancer
 Dental Infection/Gingivitis Ear Infection Injection Drug Use Other, specify _____

Was medical care obtained for the non-acute condition before tetanus symptom onset? Yes No If YES, date wound occurred: ___/___/___

Was tetanus toxoid (Td, TT, DT, DTaP) administered for the non-acute condition before tetanus symptom onset? Yes No Unknown

Date patient received tetanus toxoid (Td, TT, DT, DTaP): ___/___/___

Treatment of Tetanus:

Was wound infected at the time of tetanus diagnosis? Yes No Unknown

Was TETANUS IMMUNE GLOBULIN therapy given? Yes No Unknown Date received: ___/___/___

Final outcome: Recovered Convalescing Died If deceased, DATE: ___/___/___

Was a tetanus antibody test performed? Yes No Unknown Date of tetanus antibody test: ___/___/___

Result of tetanus antibody test : _____ IU/mL (.01 thru 100):

VACCINE HISTORY: *CDC Objective: 90% of pertussis cases must have a vaccination history reported.*

TETANUS TOXOID history **PRIOR** to tetanus disease (**EXCLUDE** doses received since acute injury)

Never Vaccinated 1 Dose 2 Doses 3 Doses 4 Doses Unknown Date of last dose: : ___/___/___

Interval since last **TETANUS TOXOID** dose: _____ years

If the patient is unsure about his/her tetanus vaccination history, did the patient have: Immunizations in childhood? Immunizations for school?
 Immunizations for work? Immunizations for military? Immunizations for travel? Immunizations for immigration?
 Immunizations for other reasons?

If patient never received tetanus vaccination, give reason: _____

Epidemiological:

Was the patient born in the U.S.? Yes No Unknown If not U.S. born, patient's birth country: _____

Occupation: _____

Diabetes? Yes No Unknown If YES, insulin-dependent diabetes? Yes No Unknown

Intravenous drug abuse? Yes No Unknown

CDC Objective: 85% of vaccine preventable cases must be investigated and reported to the CDC within 30 days of initial report.

Date Investigation Started: ___/___/___ Date Investigation Completed: ___/___/___ Date Reported to DSHS: ___/___/___

Investigator's Name: _____ Jurisdiction: _____ Phone : () _____

Closed in NBS? Yes No If confirmed or probable, notification submitted? Yes No

COMMENTS: