

CLINICAL cont'd:

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

Date patient received tetanus toxoid (Td, TT, DT, Tdap): ____/____/____

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 of wound: ____/____/____

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

Date patient received tetanus toxoid (Td, TT, DT, Tdap): ____/____/____

TREATMENT OF TETANUS:

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

Was TETANUS IMMUNE GLOBULIN (TIG) therapy given? Yes No Unknown Date received: ____/____/____

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

If pt is still in ICU, intubated or otherwise still critical, please continue to monitor patient until an outcome determination can be made

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:

TETANUS TOXOID(Td, TT, DT, DTaP, Tdap) 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 probable, notification submitted? Yes No

COMMENTS: