



# Tetanus Enhanced Surveillance Form



## Patient Details

Forename Initials    Surname Initials

DOB      Age   Sex: Male  Female  Not Known

CCA  County  HSE Area

Occupation

## Clinical Details and Hospitalisation

Date of Onset of Symptoms

Date of Admission to Hospital

Duration of Illness (Days)

Date of Diagnosis of Tetanus

Name of Admitting Hospital

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

Was there a known or suspected underlying injury? Yes  No  Not Known  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

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

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

Debridement  Tetanus immunoglobulin

## Immunisation History (Before this incident)

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

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

Tetanus booster Yes  No  Not Known  If YES, how long ago (Years)

Date of last tetanus vaccine (if available)

## Microbiology

Have Tetanus antitoxin levels been measured? Yes  No  Not Known

If YES, Date:       Level       iu/ml

Outcome of Care: Survived  Critical  Died  Not Known

Form Completed by:

Position  Date of Completion

Version 2.0

If you have direct access to CIDR, please enter these enhanced data.  
 If you do not have direct access to CIDR, please forward this form to the HSE- Dept. of Public Health (Fax: [01-2561200](tel:01-2561200)), who will either enter the data on CIDR or if the region is not on CIDR will forward the information to HPSC by sending this form to: Director of the Health Protection Surveillance Centre Fax: 01-2561200