



Tetanus Enhanced Surveillance Form



Patient Details

ID No.	Forename Initials	Surname Initials
DOB	Age <small>(Please state whether Months or Years)</small>	SEX <small>Male Not Known</small>
CCA	County	HSE Health Region
Country of birth	Ethnicity*	
Occupation		Nationality

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 | <ul style="list-style-type: none">Grade 1 (Mild):
Mild to moderate trismus and general spasticity, little or no dysphagia, no respiratory embarrassment. |
| Grade 2 | <ul style="list-style-type: none">Grade 2 (Moderate):
Moderate trismus and general spasticity, some dysphagia and respiratory embarrassment, and fleeting spasms occur. |
| Grade 3a | <ul style="list-style-type: none">Grade 3a (Severe):
Severe trismus and general spasticity, severe dysphagia and respiratory difficulties, and severe and prolonged spasms (both spontaneous and on stimulation) |
| Grade 3b | <ul style="list-style-type: none">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? If **YES**, Date of Injury

Where did the injury take place?

Please describe the circumstances of the injury

Was treatment given **at the time of injury** (before the onset of Tetanus)?

If **YES**, which of the following were given?

Immunisation History *(Before this incident)*

Was there a history of any previous Tetanus immunisation?

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

Have Tetanus antitoxin levels been measured?

If **YES**, Date: Level iU/ml

Outcome

Date of Death	Cause of Death (Due to this ID/Not due to this ID)
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Form Completed by:

Position

Date of Completion

Version 2.2



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Guidance for completing Ethnicity field

***Note:** Ethnicity should be self-reported and is that to which the individual case identifies him or herself. It should not be 'given' by investigator. Categories used as per Census 2016 with the addition of Roma. Further information and resources on collecting ethnic information can be found at:

<https://www.hse.ie/eng/about/who/primarycare/socialinclusion/intercultural-health/ethnic-equality-monitoring/>