



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: <i>Please tick appropriate box</i>		
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, sever 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 <i>(Before this incident)</i>		
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 <small>(Due to this ID/Not due to this ID)</small>	
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/>