

**UKHSA use only:**

**Number** 🞏🞏🞏🞏

**Week of notification** 🞏🞏🞏🞏

**Source of reporting \_\_\_\_\_\_\_\_\_**

**Enhanced tetanus surveillance**

**Responsible centre:**

**Immunisation and Vaccine Preventable Diseases Division**

**UK Health Security Agency**

**61 Colindale Avenue, London NW9 5EQ**

**Personal details**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:**❒❒**yrs or DoB: \_\_/\_\_/\_\_ Sex:** ❒**Male** ❒**Female**

**Place of residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ethnic group:**

❒White ❒Mixed / Multiple❒Asian / Asian British❒Black / Black British❒Other

❒White British ❒White / Black Caribbean ❒Indian  ❒African  ❒Arab

❒Irish ❒White / Black African ❒Pakistani  ❒Caribbean ❒Chinese
❒Gypsy / Traveller ❒White / Asian ❒Bangladeshi

**Any other ethnic background, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recent travel abroad?** ❒**yes** ❒**no** ❒**not known**  **If yes, dates of travel: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_**

 **If yes, place travelled to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recent travel within the UK?** ❒**yes** ❒**no** ❒**not known If yes, dates of travel: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_**

 **If yes, place travelled to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of onset of tetanus: \_\_/\_\_/\_\_ Duration of illness:**❒❒❒**days**

**Date of admission to hospital: \_\_/\_\_/\_\_ Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Presenting features:**

❒Trismus ❒Spasticity ❒Dysphagia ❒Respiratory embarrassment ❒Spasms ❒Autonomic dysfunction

❒Other, please specify**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was this patient treated with tetanus immunoglobulin (TIG) or IVIG?** ❒TIG ❒IVIG ❒no ❒not known

**If yes, dates of onset of treatment:** \_\_/\_\_/\_\_

**If yes, route of injection of TIG / IVIG and dose:** ❒ IM ❒IV ❒not known **DOSE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of tetanus:** Localised ❒ Cephalic ❒ Generalised ❒

**Final grade of severity of illness if generalised:**

|  |  |
| --- | --- |
| ❒ Grade 1 (mild):  | Mild to moderate trismus and general spasticity, little or no dysphagia, no respiratory embarrassment. |
| ❒ Grade 2 (moderate):  | Moderate trismus and general spasticity, some dysphagia and respiratory embarrassment, and fleeting spasms occur.  |
| ❒ 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 (very severe):  | As for severe tetanus plus autonomic dysfunction, particularly sympathetic overdrive.  |

**During the clinical course did the patient require admission to an intensive care or high dependency unit?** ❒**yes** ❒**no** ❒**not known**

**Clinical details**

**Outcome**

❒**Discharged**  ❒**Still inpatient** ❒**Died** **Post mortem done?** ❒yes ❒no ❒not known

**Dates: \_\_/\_\_/\_\_ \_\_/\_\_/\_\_ \_\_/\_\_/\_\_ If died, cause of death ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If discharged, does the patient have any long-term sequelae?** ❒yes ❒no ❒not known

**Please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If the final outcome for this case is not yet available, please complete the other sections of this form and return to the address below.**

**Was there a known or suspected underlying injury?** ❒yes ❒no ❒not known If yes, date of injury: **\_\_/\_\_/\_\_**

Did the injury take place at:

❒Work ❒Home/garden ❒Street/Road accident ❒Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe the circumstances of the injury:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Was treatment given at the time of injury (before onset of tetanus)?** ❒yes ❒no ❒not known

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

Antibiotics ❒yes ❒no ❒not known Tetanus toxoid ❒yes ❒no ❒not known

Debridement ❒yes ❒no ❒not known IM-TIG or HNIG ❒yes ❒no ❒not known

❒Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose of TIG/HNIG if given\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If yes, how long after the injury was treatment given?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If yes, was devitalised tissue present in the injury?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**History and treatment of injury**

**Was there a history of any previous tetanus immunisation?** ❒yes ❒no ❒not known

**If yes, please list tetanus immunisation courses below:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Given?** |  |  |  |  |  |  |  |  |  |  |  | **Date** |  | **Vaccine composition or brand (if known)** |
| Dose | 1 | ❒yes |  |  | ❒no |  |  | ❒not | known |  |  | **\_\_/\_\_/\_\_** |  |  |
| Dose | 2 | ❒yes |  |  | ❒no |  |  | ❒not | known |  |  | **\_\_/\_\_/\_\_** |  |  |
| Dose | 3 | ❒yes |  |  | ❒no |  |  | ❒not | known |  |  | **\_\_/\_\_/\_\_** |  |  |
| Dose | 4 | ❒yes |  |  | ❒no |  |  | ❒not | known |  |  | **\_\_/\_\_/\_\_** |  |  |
| Dose | 5 | ❒yes |  |  | ❒no |  |  | ❒not | known |  |  | **\_\_/\_\_/\_\_** |  |  |

**Any tetanus boosters given following 5th dose?** ❒yes ❒no ❒not known

If yes, please list dates: **\_\_/\_\_/\_\_**, **\_\_/\_\_/\_\_**, **\_\_/\_\_/\_\_**, **\_\_/\_\_/\_\_** and brand if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Immunisation history**

**Microbiology**

**Have tetanus antitoxin levels been measured?** ❒yes ❒no ❒not known If yes, date: **\_\_/\_\_/\_\_** level\_\_\_ IU/ml

**Has tetanus been cultured?** ❒yes ❒no ❒not known

**Was tetanus toxin found in serum?** ❒yes ❒no ❒not known If yes, date: **\_\_/\_\_/\_\_**

**Was *C. tetani* detected in tissue by PCR?** ❒yes ❒no ❒not known If yes, date: **\_\_/\_\_/\_\_**

**Did the case inject drugs in the past 6 months?** ❒yes ❒no ❒not known

**Duration of injecting drug use?** \_\_\_\_\_\_\_\_ years \_\_\_\_\_\_\_\_ months

**Did the case inject drugs in the past month?** ❒yes ❒no ❒not known

**Injecting drug use**

**Form completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_**

**Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please give any additional comments below:**