



UK Health
Security
Agency

Enhanced tetanus surveillance

Responsible centre:
Immunisation and Vaccine Preventable Diseases Division
UK Health Security Agency
61 Colindale Avenue, London NW9 5EQ

UKHSA use only:

Number ☐☐☐☐
Week of notification ☐☐☐☐
Source of reporting _____

Personal details

Name: _____ Age: ☐☐ yrs or DoB: __/__/__ Sex: ☐ Male ☐ Female

Place of residence: _____

Ethnic group:

- | | | | | |
|--|--|--|--|----------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Mixed / Multiple | <input type="checkbox"/> Asian / Asian British | <input type="checkbox"/> Black / Black British | <input type="checkbox"/> Other |
| <input type="checkbox"/> White British | <input type="checkbox"/> White / Black Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> African | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White / Black African | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Gypsy / Traveller | <input type="checkbox"/> White / Asian | <input type="checkbox"/> 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: _____

Clinical details

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:

- | | |
|--|--|
| <input type="checkbox"/> Grade 1 (mild): | Mild to moderate trismus and general spasticity, little or no dysphagia, no respiratory embarrassment. |
| <input type="checkbox"/> Grade 2 (moderate): | Moderate trismus and general spasticity, some dysphagia and respiratory embarrassment, and fleeting spasms occur. |
| <input type="checkbox"/> Grade 3a (severe): | Severe trismus and general spasticity, severe dysphagia and respiratory difficulties, and severe and prolonged spasms (both spontaneous and on stimulation). |
| <input type="checkbox"/> 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

Please return the questionnaire by email from a UKHSA account to diphtheria_tetanus@ukhsa.gov.uk or from an NHS account to phe.diphtheria.tetanus@nhs.net.

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.

History and treatment of injury

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? _____

Immunisation history

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	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not known	__/__/__	
Dose	2	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not known	__/__/__	
Dose	3	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not known	__/__/__	
Dose	4	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not known	__/__/__	
Dose	5	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not known	__/__/__	

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

If yes, please list dates: __/__/__, __/__/__, __/__/__, __/__/__ and brand if known: _____

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: __/__/__

Injecting drug use

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

Form completed by: _____

Date: __/__/__

Telephone: _____

Please give any additional comments below: