

Annex 11G: Neonatal Tetanus-Case Investigation Form

Official Use **Epid Number:** _____-_____-_____-_____

Received _____

Only (completed by district team) Province District Year Onset Case Number at National ____/____/____

IDENTIFICATION

District: _____ Province: _____

Nearest Health Village/ Town/

Facility to Village: _____ Neighborhood: _____ City: _____

Address: _____

Name(s) of patient: _____ **Mother:** _____

Sex: 1 = Male, 2 = Female **Father:** _____

NOTIFICATION/INVESTIGATION

Notified

Date

Date Case

MOTHER'S VACCINATION HISTORY (Please use the following if applicable where, key, 1=Y, 2=N, 9=U),

Questions	Answers	1st ____/____/____	4th ____/____/____
Mother vaccinated with TT?		2nd ____/____/____	5th ____/____/____
Have card?		3rd ____/____/____	If >5,
Number of doses:		last dose ____/____/____	
Vaccination status of mother prior to delivery? **		**1=up to-date, 2= not up-to-date, 9= unknown	

Questions	Answers
Mother received antenatal care?	
How many prenatal visits?	
Attended by a trained TBA/midwife?	
If attended by a trained TBA/midwife, give name	
Attended by doctor/nurse?	

BIRTH OF INFANT

Date of birth: ____/____/____ (Please use the following key, 1=Y, 2=N, 9=U, where applicable.

Location of birth: ***	
If birth in institution, name of institution:	
Cut cord with a sterile blade?	
Cord treated with anything?	
Describe treatment of cord	

KEY

*** 1 = Hospital,
 2 = Health centre,
 3 = Home, trained attendant,
 4 = Home, untrained attendant,
 5 = Home, no attendant,
 9 = Unknown

INITIAL CLINICAL HISTORY

(Please use the following key, 1=Y, 2=N, 9=U, where applicable.)

Was baby normal at birth?	
Normal cry and suck during first 2 days?	
Stopped sucking after 2 days?	
Arched back?	
Stiffness?	
Onset of symptoms:	

Spasms or Convulsions?	
Complications	
Did the baby die?	
Age at death:	Days
Age of onset in days:	Days (99=Unknown)

TREATMENT

Date of admission
 ____/____/____

Medical record number:

Questions
Seen in OPD?

Answer 1=Y, 2=N, 9=U

COMMENTS RESPONSE (Please use the following key, 1=Y, 2=N, 9=U, where applicable.)

Mother given protective dose of TT within 3 months of report?	Answer	Date of response: ____/____/____
Supplemental immunization within same locality as the case?		

FINAL CLASSIFICATION OF THE CASE: Neonatal Tetanus: 1=Yes, 2=No, 9=Unknown.

INVESTIGATOR

Name: _____ Title: _____

Unit: _____ Address: _____

Phone: _____