

# Neonatal Tetanus (NT) Case Investigation Form

Country: \_\_\_\_\_

Hospital: \_\_\_\_\_

## 1. Report/Investigation Information

Date case notified: dd / mm / yy

Place of investigation: \_\_\_\_\_

Source of notification: \_\_\_\_\_

Name of Investigator: \_\_\_\_\_

Date of investigation: dd / mm / yy

Date received at National: dd / mm / yy

## 2. Case Identification

Baby's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Baby's Sex: **M** **F**

Mother's Ethnicity: \_\_\_\_\_

Baby's date of birth: dd / mm / yy

Father's Name: \_\_\_\_\_

Mother's Age (years): \_\_\_\_\_

Address: \_\_\_\_\_

No. of live births: \_\_\_\_\_

## 3. Mother's Immunization History [note: Tetanus containing vaccine includes DTP, DT, TT and Td]

Doses of Tetanus Containing Vaccine (TCV) the mother received?  Card  Memory  Unknown

No. of TCV doses during pregnancy: \_\_\_\_\_ Dates to TCV administration: **TCV1:** dd / mm / yy **TCV2:** dd / mm / yy

**TCV3:** dd / mm / yy **TCV4:** dd / mm / yy **TCV5:** dd / mm / yy **TCV6:** dd / mm / yy **TCV7:** dd / mm / yy

Tetanus vaccination status of mother prior to delivery  Up to date  Not up to date  Not known

## 4. Mother's Antenatal Care

How many prenatal visits? \_\_\_\_\_ Name & location of health facility: \_\_\_\_\_

## 5. Birth of Baby

Name & Location of birth: \_\_\_\_\_ Hospital \_\_\_\_\_ Health Center  Home

Attended by:  Doctor  Nurse  trained attendant  untrained attendant  no attendant  unknown

How was the cord cut and stump treated or dressed? \_\_\_\_\_

## 6. Baby's Symptoms

Was the baby normal at birth? **Y N U** Baby had normal cry & suck during first 2 days? **Y N U**

How old (in days) was the baby when symptoms began? \_\_\_\_\_ Days  Unknown

Baby stopped sucking after 2 days? **Y N U** Stiffness? **Y N U** Spasms or convulsions? **Y N U**

## 7. Treatment

Was sick baby cared for in a health facility? **Y N U** Name of Facility: \_\_\_\_\_

Did the baby die? **Y N U** [Date of death: dd / mm / yy ]

Did the mother die? **Y N U** [Date of death: dd / mm / yy ]

Final classification: **Suspect, Confirmed, Discarded**

## 8. Case Response

Mother immunized in response to neonatal death? **Y N U** Date of immunization dd / mm / yy

Did a case response take place in her locality: **Y N U** No. of women vaccinated: \_\_\_\_\_

Was an active case search done? **Y N U**

Number of NT cases with onset within the past 12 months identified during active case search in the community: \_\_\_\_\_