

Neonatal Tetanus (NT) Case Investigation Form

Country: _____

Hospital: _____

1. Report/Investigation Information

Date case notified: dd / mmm / yy

Place of investigation: _____

Source of notification: _____

Name of Investigator: _____

Date of investigation: dd / mmm / yy

Date received at National: dd / mmm / yy

2. Case Identification

Baby's Name: _____

Mother's Name: _____

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

Mother's Ethnicity _____

Baby's date of birth: dd / mmm / 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 / mmm / yy **TCV2:** dd / mmm / yy**TCV3:** dd / mmm / yy **TCV4:** dd / mmm / yy **TCV5:** dd / mmm / yy **TCV6:** dd / mmm / yy **TCV7:** dd / mmm / 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 SymptomsWas 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 / mmm / yy]Did the mother die? **Y N U** [Date of death: dd / mmm / yy]Final classification: **Suspect, Confirmed, Discarded****8. Case Response**Mother immunized in response to neonatal death? **Y N U** Date of immunization dd / mmm / yyDid 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: _____