

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 toxoid containing vaccine includes DTP, DT, TT and Td]

Doses of Tetanus Toxoid Containing Vaccine (TTCV) the mother received? Card _____ Memory _____ Unknown _____

No. of TTCV doses during pregnancy: _____ Dates to TTCV administration: TTCV1: dd / mmm / yy TTCV2: dd / mmm / yy

TTCV3: dd / mmm / yy TTCV4: dd / mmm / yy TTCV5: dd / mmm / yy TTCV6: dd / mmm / yy TTCV7: 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 Signs & 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 Date of onset: dd / mmm / yy

Baby stopped sucking after 2 days? Y N U

Stiffness? Y N U

Spasms or convulsions? Y N U

7. Treatment & Outcome

Was sick baby hospitalized? Y N U Date of Hospitalization: dd / mmm / yy

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. Public Health Response

Mother immunized in response to neonatal death? Y N U

Date of immunization dd / mmm / 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: _____