

ENHANCED TETANUS SURVEILLANCE

Responsible Centre:
 Immunisation Department, Centre for Infections
 Health Protection Agency
 61, Colindale Avenue, London NW9 5EQ

020 8327 7446

For CDSC use only:	
Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Week of notification	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Source of reporting	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PERSONAL DETAILS

Name: Age: yrs or DoB/...../..... Sex: Male Female

Place of residence:

Ethnic group: Black-Caribbean Pakistani Mixed: Asian-White Indian
 Black-African Bangladeshi Mixed: Other Chinese
 Black-Other Other Asian Other White Not known

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 AND HOSPITALISATION

Date of onset of tetanus:/...../..... Duration of illness: days

Date of admission to hospital:/...../..... Name of hospital:

Presenting features:

Trismus spasticity dysphagia respiratory embarrassment spasms autonomic dysfunction

Was this patient treated with tetanus immuno globulin (TIG)? yes no not known

If yes, date of onset treatment:/...../.....

If yes, route of injection of TIG IM IV not known

Final grade of severity of illness:

Grade 1

Grade 2

Grade 3a

Grade 3b

Grading of severity	
Grade 1 (mild):	• mild to moderate trismus and general spasticity, little or no dysphagia, no respiratory embarrassment
Grade 2 (moderate):	• moderate trismus and general spasticity, some dysphagia and respiratory embarrassment, and fleeting spasms occur.
Grade 3a (severe):	• severe trismus and general spasticity, severe dysphagia and respiratory difficulties, and severe and prolonged spasms (both spontaneous and on stimulation).
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? Y N

Outcome: Discharged Still inpatient Died , Post mortem done? Y N

Dates: /...../..... /...../..... /...../.....

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: Please describe the circumstances of the injury:

Work	<input type="checkbox"/>
Home/garden	<input type="checkbox"/>
Street/Road Accident	<input type="checkbox"/>
Other	<input type="checkbox"/>

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 <input type="checkbox"/>	no <input type="checkbox"/>	not known <input type="checkbox"/>	Tetanus toxoid	yes <input type="checkbox"/>	no <input type="checkbox"/>	not known <input type="checkbox"/>
Debridement	yes <input type="checkbox"/>	no <input type="checkbox"/>	not known <input type="checkbox"/>	Tetanus immunoglobulin	yes <input type="checkbox"/>	no <input type="checkbox"/>	not known <input type="checkbox"/>

IMMUNISATION HISTORY

Was there a history of any previous tetanus immunisation? yes no not known

If yes, list tetanus immunisation courses below

Given?				Date
Dose 1	yes <input type="checkbox"/>	no <input type="checkbox"/>	not known <input type="checkbox"/>/...../.....
Dose 2	yes <input type="checkbox"/>	no <input type="checkbox"/>	not known <input type="checkbox"/>/...../.....
Dose 3	yes <input type="checkbox"/>	no <input type="checkbox"/>	not known <input type="checkbox"/>/...../.....
Dose 4	yes <input type="checkbox"/>	no <input type="checkbox"/>	not known <input type="checkbox"/>/...../.....
Dose 5	yes <input type="checkbox"/>	no <input type="checkbox"/>	not known <input type="checkbox"/>/...../.....

Any Tetanus boosters given following 5th dose: yes no not known

If yes, please list dates:/...../.....,/...../.....,/...../.....,/...../.....,/...../.....

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 :/...../.....

INJECTING DRUG USE?

Did the case inject drugs in the past 6 months? yes no not known *If NO then go the end.*

Duration of injecting drug use? _____ years _____ months

Did the case inject drugs in the past month? yes no not known *If NO then go the end.*

Which of the following routes were used to take drugs in the past month? Main Route (tick one)

Which was the main route of use?

Smoking	Y <input type="checkbox"/> N <input type="checkbox"/> NK <input type="checkbox"/>	<input type="checkbox"/>
Snorting or sniffing	Y <input type="checkbox"/> N <input type="checkbox"/> NK <input type="checkbox"/>	<input type="checkbox"/>
Subcutaneous injection (Skin popping)	Y <input type="checkbox"/> N <input type="checkbox"/> NK <input type="checkbox"/>	<input type="checkbox"/>
Intramuscular injection (Muscle popping)	Y <input type="checkbox"/> N <input type="checkbox"/> NK <input type="checkbox"/>	<input type="checkbox"/>
Injecting into a vein (Mainlining)	Y <input type="checkbox"/> N <input type="checkbox"/> NK <input type="checkbox"/>	<input type="checkbox"/>
Other, please specify		<input type="checkbox"/>

If they had injected in to veins, did they at any time in the past month miss a vein?

Y N NK

Which of the following drugs or drug combinations did they inject in the past month?		Main Drug
Which was the main drug or drug combination they used?		(tick one)
heroin alone	Y <input type="checkbox"/> N <input type="checkbox"/> NK <input type="checkbox"/>	<input type="checkbox"/>
crack alone	Y <input type="checkbox"/> N <input type="checkbox"/> NK <input type="checkbox"/>	<input type="checkbox"/>
cocaine alone	Y <input type="checkbox"/> N <input type="checkbox"/> NK <input type="checkbox"/>	<input type="checkbox"/>
heroin & crack together	Y <input type="checkbox"/> N <input type="checkbox"/> NK <input type="checkbox"/>	<input type="checkbox"/>
heroin & cocaine together	Y <input type="checkbox"/> N <input type="checkbox"/> NK <input type="checkbox"/>	<input type="checkbox"/>
methadone	Y <input type="checkbox"/> N <input type="checkbox"/> NK <input type="checkbox"/>	<input type="checkbox"/>
other opiate	Y <input type="checkbox"/> N <input type="checkbox"/> NK <input type="checkbox"/>	<input type="checkbox"/>
amphetamines	Y <input type="checkbox"/> N <input type="checkbox"/> NK <input type="checkbox"/>	<input type="checkbox"/>
benzodiazepines	Y <input type="checkbox"/> N <input type="checkbox"/> NK <input type="checkbox"/>	<input type="checkbox"/>
other, please specify _____		<input type="checkbox"/>

Had the appearance of any of the drugs they used changed in the past month? Y N NK

If yes, which drug or drugs _____

Did the dealer, or supply, of the drugs they use change within the past month? Y N NK

Please list all the areas from which drugs were bought in the past month?

Specify Town or City

.....

Site(s) of injecting in the last month?	arm	<input type="checkbox"/>	other (specify) _____
	hand	<input type="checkbox"/>	
	leg	<input type="checkbox"/>	
	neck	<input type="checkbox"/>	
	groin	<input type="checkbox"/>	

What did they use to dissolve drugs in the last month?	citric acid	<input type="checkbox"/>	other (specify) _____
	ascorbic acid (vit. C)	<input type="checkbox"/>	
	lemon juice	<input type="checkbox"/>	
	vinegar	<input type="checkbox"/>	

In the last month had any of the drugs they had used require more citric acid/ascorbic acid/vinegar/lemon juice than usual to dissolve? Y N NK

If yes, which drug or drugs _____

For the next set of questions a 'public place' is street, road, alleyway, park, woodland, waste ground, towpath, under a bridge, or public toilet.

In the last month did they?

- Buy/get drugs off a dealer, or friend, in a 'public place' or abandoned building? . . . Y N NK
- Use needle/syringe (works) that had been discarded by someone else? . . . Y N NK
- Use needle/syringe (works) that they found in a 'public place' or abandoned building? . . . Y N NK
- Use a filter that had been discarded by someone else? . . . Y N NK
- Use a filter that they found in a 'public place' or abandoned building? . . . Y N NK
- Use a spoon, or other mixing container, that had been discarded by someone else? . . . Y N NK
- Use a spoon, or other mixing container, that they found in a 'public place' or abandoned building? Y N NK

Use a filter from a cigarette they had picked up off the floor or ground? . . . Y N NK

Sleep rough in a 'public place' or abandoned building? . . . Y N NK

In the last month did they inject in any of these locations?

- an abandoned building Y N NK
- a street, road, or alleyway Y N NK
- a park Y N NK
- woodland or waste ground Y N NK
- towpath or under a bridge Y N NK
- public toilet Y N NK
- hostel Y N NK
- squat Y N NK

Do they usually clean their injection site with iodine, alcohol, or steret/mediswab before injecting? Y N NK

Do they usually wash their injection site with soap and water before injecting? Y N NK

Do they usually wash their hands before injecting? Y N NK

What local signs were associated with injection site/s?:

- large abscess Y N
- extensive cellulitis Y N
- extensive oedema Y N
- extensive necrosis Y N
- extensive induration Y N
- bruised appearance Y N
- none Y N
- other, please specify _____

Please give any additional comments below

Please return the questionnaire by fax to: Joanne White, HPA-CfI, fax 020 8327 7404 (tel: 0208 327 7446)