Tetanus		ORPHEUSID	confirmed presumptive interstate no case
Name	(a.k.a.)	Cou	unty
A dalara a	(a.ĸ.a.)	City Zip	Special housing □ Nursing home/ Asst Living □ Homeless □ Homeless □ Homeless shelter
home (H), wo	ork (W), cell (C), message (M) home	e (H), work (W), cell (C), message (M)	☐ Prison/jail ☐ Job Corps ☐ Foster home ☐ Treatment center ☐ Hospital ☐ Chemawa ☐ Nursing home ☐ Indian School
ALTERNATE CONTACT			 ☐ Other institution ☐ Drug treatment/ ☐ No address on file
NameLAST, first, initials		Phone(s) home (H), work (W), o	cell (C), message (M)
DEMOGRAPHICS			
DOB / / / m d y	if DOB unknown, AGE	Sex □ Female □	Male Preg □ Y □ N □ UNK
Language	Country o	f birth	☐ refugee
Worksites/school/day care o	center	Occupation/grade	· · · · · · · · · · · · · · · · · · ·
Amer Indian/ Alaska Native ☐ American Indian ☐ Alaska Native ☐ Canadian Inuit, Metis First Nation ☐ Indigenous Mexican Central American South American HISPANIC or Latino/a Central American ☐ Hispanic or Latino/a Mexican ☐ Hispanic or Latino/a Mexican ☐ Hispanic or Latino/a South American ☐ Other Hispanic or Latino/a	ASIAN Asian Indian Chinese Filipino/a Hmong Japanese Korean Laotian South Asian Vietnamese Other Asian	Native Hawaiian/ Pacific Islander Guamanian or Chamorro Micronesian Native Hawaiian Samoan Tongan Other Pacific Islander Black or African American African (Black) Caribbean (Black) Other Black	Middle Eastern Northern African Northern African Middle Eastern White Eastern European Slavic Western European Other White Other Categories Other (please list) Don't know/Unknown Don't want to answer/ Decline
PROVIDERS, FACILITIE Reporter Type (circle one) PMD Lab ELR MDx Lab Fax UC Lab Phn ER Lab Other HCP 2nd Prov ICP Ok to contact patient (or Local epi_name	Reporter Name/Phone	Reporter Type (circle one) PMD Lab ELR MDx Lab Fax UC Lab Phn ER Lab Other HCP 2nd Prov ICP	Reporter Name/Phone
Date report received by LH	D / / LHD comple	tion date / /	

التحر

BASIS OF DIAGNOSI CLINICAL DATA	S - TETANUS							
Acute wound onset	//	Date	wound occurred	/_	/			
Principal anatomic si	te: □ head	□ trunk	☐ upper extrem	nity	□ lower e	xtremity	☐ unspecified	
Work related: □ yes	□ no □ un	k						
Environment: □ hom	ne □ other indoo	ors □ farm/yard	□ automobile	□ oth	ner outdoors	□ un	k	
Notes:								
Principal wound typ □ puncture □ stellate laceration □ linear laceration □ crush □ abrasion □ burn □ frostbite	☐ compound ☐ surgery ☐ animal bite ☐ insect bite/s ☐ tissue necr ☐ unknown ☐ other (with	sting osis	□ yes □ yes □ yes	□ >1 □ no □	cm 🗆 unk unk unk	feces, soil Signs of in	ntaminated (with dir etc(ifection d, ischemic denerva	
MEDICAL CARE					OSPITALIZA			
Was medical care o □ yes □ no I	obtained for this a □ unk	cute injury?			ospitalized: [if <i>yes</i> Hosp	oital Name _		
Was tetanus toixoio		nistered before to	etanus onset?		discharge da	ate/_	□ ICU/ lation	
□ 1-4 days I	en how soon afte □ 7-23 hours □ 5-9 days □ 15+ days	r injury			utcome one I recovered I died	□ conv	onset alescing kpired//	
Was wound debride	ed before tetanus □ unk	onset?						
□ 1-4 days I	w soon after injury □ 7-23 hours □ 5-9 days □ 15+ days	<i>(</i>						

CASE'S NAME

CLINIC	AL COUR	 SE		CASE'S NAME	
	f tetanus di	sease:		<u> </u>	
□gene	eralized	□ localized			
□ ceph	nalic	□ unk			
TIG the	erapy given	?			
□ yes		□ unk			
		now soon after illness?			
□ <6 h		☐ 7-23 hours			
□ 1-4 c	•	□ 5-9 days □ 15+ days			
unk	. aaya	Dosage (units)			
		<u> </u>			
INF	ECTION TIM	MELINE			
	et date of ra			EVECUEE	
box. Coun	nt forwards an	d backwards		EXPOSURE	
	probable exable periods.	iposure allu	days from onset:	-21 -3	onset
			calendar dates:	← ask about ← exposures in this window	
			ŀ		_
Interviev	wed □ ye	s □ no	Interview date(s)		Interviewed by
Who □	-	□provider □ parent	. ,		
		,			
RISK y n	u r				
<u> </u>		the case have a history of c	liabetes?		
	if yes, insulii	n-depenedent?			
		the case have a history of predical care obtained for this			
	□ □ was te	etanus toxoid (TT/Td/Tdap) a	dministered before tetan	us onset?	
		ound debrided before tetanu			
	I-LINKAGE				
y η ι		ted with known outbreak		Epi-link □ household I	⊔ sporadic □ outbreak
		ntact of confirmed or presu	mptive case	Exposure type	
Nature				☐ single ☐ multip Exposure date and time	
=		orker 🗆 daycare		Outbreak ID	
	☐ friend			Is the patient aware of a	anyone with a similar illness? Provide contact
	□ infan □ has cas	t □ unborn baby e been reported		information and other re	elevant detalis.

			CASE'S NAME		
IMMUNIZATION HI	STORY		L		
p to date for measles faccine you have access to ALI	/ Verbal (not verified)	LERT / Provider / Verbal (Shot	card) if not Re Re	Vaccinated: ☐ yes ☐ no ☐ unk if not vaccinated, why not? ☐ Religious exemption ☐ Medical contraindication ☐ Philosophical exemption ☐ Previous culture/MD confirmed ☐ Parental/patient refusal ☐ Too young ☐ Forgot ☐ Inconvenience ☐ Too expensive ☐ Concurrent illness ☐ Parent/patient unaware ☐ Vaccination records incomplete (unavailable) ☐ Other	
CASE MANAGEM	IENT NEONA	TAL INFECTION			
MATERNAL DATA Mothers date of birth or, if unknown, AGE Mothers date of arriva Tetanus toxoid (TT) aco child's disease? yes no child's disease? fyes, history of knowndata dose 2 doses doses 4 doses Years since mother's las	al in the U.S dministered to unk on doses only	// mother PRIOR	NEONATE DATA Child's birthplace □ other Birth attendant(s) □ physician □ unk Other birth attenda	□ nurse □ other	
Comments or Note ADMINISTRATIO Case report sent to Ol	·N	/ ` Investigati	on sent to OHA on/_	1	JULY 2019