

NNT Investigation Form

Date of notification	Reported By:	Reported From:
Mode of reporting:		
Active surveillance visit to the hospital: Yes No		
Passive reporting:		
<ul style="list-style-type: none">• Informed by telephone call/SMS: Yes No• Identified in weekly data: Yes No		
Date of Investigation:	Place of Investigation:	Investigated by:
Date of notification at Federal level:	Cases:	Deaths:
Outbreak EPID number:	Disease/month/year/district/annual series of outbreak e.g. NT/Dec 14/Khi/001	
Mothers Full name	Head of household full name	
House hold address:		
Baby date of birth: DD/MM/YY	Sex: ____ Male ____ Female	Ethnic group:

Mothers Immunization Status:

Total number of TT doses received by the mother:
Is her immunization history reported by: ____Doses ____Unknown ____Card ____Memory ____ Both ____ Unknown
If she has a card, copy the dates of all TT immunizations recorded on the card: 1. ____/____/____ 2. ____/____/____ 3. ____/____/____ 4. ____/____/____ 5. ____/____/____

Mother's Antenatal Care

How many visits did the mother make to a health facility during her pregnancy? ____Visits
List health facilities she visited: 1 _____ 2 _____ 3 _____

Delivery Practice:

Where was the baby delivered? Health facility _____ Home with trained attendant _____ Home without trained assistance _____ Unknown _____
How was the cord stump treated or dressed?
If the delivery was in health facility, record the facility name and address: _____
Medical record number: _____ Date of admission: _____

Baby's Symptoms:

Was the baby normal at birth? Yes _____ No _____ unknown _____
How old (in days) was the baby when symptoms began? Days _____ Unknown _____
Baby had normal cry and suck during first 2 days? Yes _____ No _____ unknown _____
Baby stopped sucking after 2 days? Yes _____ No _____ unknown _____
Stiffness Yes _____ No _____ unknown _____
Spasms or convulsions: Yes _____ No _____ unknown _____
Was case confirmed as neonatal tetanus? Yes _____ No _____
If yes to last 4 statements, tick Yes to show case confirmed as Neonatal Tetanus.

Treatment

Was sick baby cared for in a health facility? Yes _____ No _____ unknown _____
If yes, record the name of health facility and district:
Did the sick baby die: Yes _____ No _____ unknown _____ {date of death: dd/mm/yy}
Did the mother die: Yes _____ No _____ unknown _____ {date of death: dd/mm/yy}

Case Response:

Mother immunized in response to NT? Yes _____ No _____ unknown _____ if yes, date of Immunization dd/mm/yy
Did a case response take place in her locality? Yes _____ No _____ unknown _____ if yes, Number of women vaccinated
Was an active case search done? Yes _____ No _____ unknown _____
Number of NT cases with onset within the past 12 months identified during active case search in the community: _____
Health education imparted regarding vaccine importance and clean delivery practice from health worker:
Follow up visit:

Remember!

***Neonatal tetanus is seriously under-reported.
For every case that is reported, many remain unreported!***

Photos of case investigated

Line list for NNT cases

[illegible]