**NNT Investigation Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of notification** | **Reported By:** | | | **Reported From:** |
| **Mode of reporting:**  **Active surveillance visit to the hospital: Yes …… No …….**  **Passive reporting:**   * **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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S. no |  | | Name & Father's Name | Age  I  n  Days | Sex (M/F) | Contact  no | Address | | | | TT Doses to Mother | Signs & Symptoms | Date  of  onset | Date of notification | Date of Field Investigation | Diagnose  d  by | Out come | Antenatal Visits by Mother | Date Of Delivery | Delivery Conducted by | Place of Delivery | Instrument used for cord cutting | Cord Clamping Material |
| Reported From | Case EPID No: | Village | UC | Taluka/Tehsil | District |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |