

# Tetanus Surveillance Worksheet

APPENDIX 18

|   |  |         |                     |     |       |
|---|--|---------|---------------------|-----|-------|
| NAME (Last, First)                            |  |         | Hospital Record No. |     |       |
| Address (Street and No.)                      |  | City    | County              | Zip | Phone |
| Reporting Physician/Nurse/Hospital/Clinic/Lab |  | Address |                     |     | Phone |

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|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| CDC NETSS ID   |  | County   |  | State  |  | Zip  |  |
| Birth Date<br>Month Day Year   |  | Age<br>Unk = 999   |  | Age Type<br>0 = 0-120 years<br>1 = 0-11 months<br>2 = 0-52 weeks<br>3 = 0-28 days<br>9 = Unknown   |  | Ethnicity<br>H = Hispanic<br>N = Not Hispanic<br>U = Unknown   |  |
| Race<br>N = Native Amer./Alaskan Native<br>A = Asian/Pacific Islander<br>B = African American  |  | W = White<br>O = Other<br>U = Unknown  |  | Sex<br>M = Male<br>F = Female<br>U = Unknown   |  |  |  |
| Event Date<br>Month Day Year   |  | Event Type<br>1 = Onset Date<br>2 = Diagnosis Date<br>3 = Lab Test Date<br>4 = Reported to County<br>5 = Reported to State or MMWR Report Date<br>9 = Unknown  |  | Reported<br>Month Day Year   |  | Imported<br>1 = Indigenous<br>2 = International<br>3 = Out of State<br>9 = Unknown   |  |
| Report Status<br>1 = Confirmed<br>2 = Probable<br>3 = Suspect<br>9 = Unknown   |  | Date<br>Month Day Year   |  | Year of Onset<br>Year  |  | Acute Wound Identified?<br>Y = Yes<br>N = No<br>U = Unknown  |  |
| Occupation   |  | Date Wound Occurred<br>Month Day Year  |  | Principal Anatomic Site<br>1 = Head<br>2 = Trunk<br>3 = Upper Extremity<br>4 = Lower extremity<br>9 = Unspecified  |  | Work Related?<br>Y = Yes<br>N = No<br>U = Unknown  |  |
| History of Military Service (Active or Reserve)?<br>Y = Yes<br>N = No<br>U = Unknown   |  | Year of Entry Into Military Service  |  | Environment<br>1 = Home<br>2 = Other Indoors<br>3 = Farm/Yard<br>4 = Automobile<br>5 = Other Outdoors<br>9 = Unknown   |  | Circumstances:   |  |
| Tetanus Toxoid (TT) History Prior to Tetanus Disease (Exclude Doses Received Since Acute Injury)<br>0 = Never<br>1 = 1 dose<br>2 = 2 doses<br>3 = 3 doses<br>4 = 4+ doses<br>9 = Unknown |  | Years Since Last Dose<br>0 - 98<br>99 = Unknown  |  | Principal Wound Type<br>1 = Puncture<br>2 = Stellate Laceration<br>3 = Linear Laceration<br>4 = Crush<br>5 = Abrasion<br>6 = Avulsion<br>7 = Burn<br>8 = Frost bite<br>9 = Compound Fracture<br>10 = Other (e.g. with cancer)<br>11 = Surgery<br>12 = Animal bite<br>13 = Insect bite/sting<br>14 = Dental<br>15 = Tissue necrosis<br>99 = Unknown |  | Wound Contaminated?<br>Y = Yes<br>N = No<br>U = Unknown  |  |
| Depth of Wound<br>1 = 1cm. or less<br>2 = More than 1cm.<br>9 = Unknown  |  | Signs of Infection?<br>Y = Yes<br>N = No<br>U = Unknown  |  | Devitalized, Ischemic, or Denervated Tissue Present?<br>Y = Yes<br>N = No<br>U = Unknown   |  |  |  |
| Was Medical Care Obtained For This Acute Injury?<br>Y = Yes<br>N = No<br>U = Unknown   |  | Tetanus Toxoid (TT) or Td Administered Before Tetanus Onset?<br>Y = Yes<br>N = No<br>U = Unknown   |  | If Yes, TT or Td Given How Soon After Injury?<br>1 = < 6 Hours<br>2 = 7-23 Hours<br>3 = 1-4 Days<br>4 = 5-9 Days<br>5 = 10-14 Days<br>6 = 15+ Days<br>9 = Unknown  |  |  |  |
| Wound Debrided Before Tetanus Onset?<br>Y = Yes<br>N = No<br>U = Unknown   |  | If Yes, Debrided How Soon After Injury?<br>1 = < 6 Hours<br>2 = 7-23 Hours<br>3 = 1-4 Days<br>4 = 5-9 Days<br>5 = 10-14 Days<br>6 = 15+ Days<br>9 = Unknown  |  | Tetanus Immune Globulin (TIG) Prophylaxis Received Before Tetanus Onset?<br>Y = Yes<br>N = No<br>U = Unknown   |  | If Yes, TIG Given How Soon After Injury?<br>1 = < 6 Hours<br>2 = 7-23 Hours<br>3 = 1-4 Days<br>4 = 5-9 Days<br>5 = 10-14 Days<br>6 = 15+ Days<br>9 = Unknown |  |
| Dosage (Units)<br>0-998<br>999 = Unknown   |  | Associated Condition (If no Acute Injury)<br>1 = Abscess<br>2 = Ulcer<br>3 = Blister<br>4 = Gangrene<br>5 = Cellulitis<br>6 = Other Infection<br>7 = Cancer<br>8 = Gingivitis<br>88 = None<br>99 = Unknown |  | Describe Condition:  |  | Diabetes?<br>Y = Yes<br>N = No<br>U = Unknown  |  |
| If Yes, Insulin-Dependent?<br>Y = Yes<br>N = No<br>U = Unknown   |  | Parenteral Drug Abuse?<br>Y = Yes<br>N = No<br>U = Unknown   |  | Describe Condition:  |  |  |  |
| Type of Tetanus Disease<br>1 = Generalized<br>2 = Localized<br>3 = Cephalic<br>4 = Unknown   |  | TIG Therapy Given?<br>Y = Yes<br>N = No<br>U = Unknown   |  | If Yes, How Soon After Illness Onset?<br>1 = < 6 Hours<br>2 = 7-23 Hours<br>3 = 1-4 Days<br>4 = 5-9 Days<br>5 = 10-14 Days<br>6 = 15+ Days<br>9 = Unknown  |  | Dosage (Units)<br>0-998<br>999 = Unknown   |  |
| Days Hospitalized<br>0-998<br>999 = Unknown  |  | Days in ICU<br>0-998<br>999 = Unknown  |  | Days Received Mechanical Ventilation<br>0-998<br>999 = Unknown   |  |  |  |
| Outcome One Month After Onset?<br>R = Recovered<br>C = Convalescing<br>D = Died  |  |  |  | If Died, Date Expired<br>Month Day Year  |  |  |  |

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### Tetanus Surveillance Worksheet

|                                    |   |  |  |  |   |
|------------------------------------|---|--|--|--|---|
| <b>NEONATAL (&lt; 28 DAYS OLD)</b> | <b>Mother's Age in Years</b><br><input type="text"/> <input type="text"/> 99 = Unknown  | <b>Mother's Birthdate</b><br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Month Day Year  | <b>Date Mother's Arrival in U.S.</b><br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Month Day Year | <b>Mother's Tetanus Toxoid (TT) History PRIOR to Child's Disease</b><br>(Known Doses Only)<br><input type="checkbox"/> 0 = Never <input type="checkbox"/> 3 = 3 doses<br><input type="checkbox"/> 1 = 1 dose <input type="checkbox"/> 4 = 4 + doses<br><input type="checkbox"/> 2 = 2 doses <input type="checkbox"/> 9 = Unknown | <b>Years Since Mother's Last Dose</b><br><input type="text"/> <input type="text"/> 0 - 98<br>99 = Unknown |
|                                    | <b>Child's Birthplace</b><br><input type="checkbox"/> 1 = Hospital<br><input type="checkbox"/> 2 = Home<br><input type="checkbox"/> 3 = Other<br><input type="checkbox"/> 9 = Unknown | <b>Birth Attendant(s)</b><br><input type="checkbox"/> 1 = Physician    4 = Unlicensed Midwife<br><input type="checkbox"/> 2 = Nurse        5 = Other<br><input type="checkbox"/> 3 = Licensed Midwife    9 = Unknown |  | <b>Other Birth Attendant(s)</b><br>(If Not Previously Listed)  |   |

|   |                        |              |
|---|------------------------|--------------|
| <b>Other Comments?</b><br><input type="checkbox"/> Y = Yes<br><input type="checkbox"/> N = No<br><input type="checkbox"/> U = Unknown | <b>Reporter's Name</b> | <b>Title</b> |
|---|------------------------|--------------|

|                         |   |  |
|-------------------------|---|--|
| <b>Institution Name</b> | <b>Phone Number</b><br><input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> | <b>Date Reported</b><br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Month Day Year |
|-------------------------|---|--|

**Clinical Case Definition\*:**  
 Acute onset of hypertonia and/or painful muscular contractions (usually of the muscles of the jaw and neck) and generalized muscle spasms without other apparent medical cause.

**Case Classification\*:**  
 Confirmed: A clinically compatible case, as reported by a health-care professional.

Notes/Other Information:

\*CDC. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR1997;46(No. RR-10):39.