Tetanus Surveillance Worksheet

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

DETACH HERE and transmit only lower portion if sent to CDC

CDC NETSS ID | **County** | **State** | **Zip**

Birth Date — Month / Day / Year

Age — Unknown= 999

Age Type — 0 = 0-120 years, 1 = 0-11 months, 2 = 0-52 weeks, 3 = 0-28 days, 9 = Unknown

Race — N = Native Amer./Alaska Native, A = Asian/Pacific Islander, B = African American, W = White, O = Other, U = Unknown

Ethnicity — H = Hispanic, N = Not Hispanic, U = Unknown

Sex — M = Male, F = Female, U = Unknown

Event Date — Month / Day / Year

Event Type — 1 = Onset Date, 2 = Diagnosis Date, 3 = Lab Test Done, 4 = Reported to County, 5 = Reported to State or MMWR Report Date, 6 = Unknown

Reported — Month / Day / Year

Imported — 1 = Indigenous, 2 = International, 3 = Out of State, 9 = Unknown

Report Status — 1 = Confirmed, 2 = Probable, 3 = Suspect, 9 = Unknown

HISTORY

Date / Year of Onset — Month / Day / Year

Occupation

History of Military Service (Active or Reserve)? — Y = Yes, N = No, U = Unknown

Year of Entry into Military Service

Tetanus Toxoid Vaccination History Prior to Tetanus Disease (Exclude Doses Received Since Acute Injury) — 0 = Never, 1 = 1 dose, 2 = 2 doses, 3 = 3 doses, 4 = 4+ doses, 9 = Unknown

Years Since Last Dose — 0 - 98, 99 = Unknown

CLINICAL DATA

Acute Wound Identified? — Y = Yes, N = No, U = Unknown

Date Wound Occurred — Month / Day / Year

Principal Anatomic Site — 1 = Head, 2 = Trunk, 3 = Upper Extremity, 4 = Lower Extremity, 9 = Unspecified

Work Related? — Y = Yes, N = No, U = Unknown

Environment — 0 = Home, 1 = Other Indoors, 2 = Farm / Yard, 3 = Automobile, 4 = Other Outdoors, 9 = Unknown

Circumstances

Principal Wound Type — 1 = Puncture, 2 = Stellate Laceration, 3 = Linear Laceration, 4 = Crush, 5 = Abrasion, 6 = Avulsion, 7 = Burn, 8 = Frostbite, 9 = Compound Fracture, 10 = Other (e.g. with cancer) Specify: ___________, 11 = Surgery, 12 = Animal Bite, 13 = Insect Bite/Sting, 14 = Dental, 15 = Tissue Necrosis, 99 = Unknown

Wound Contaminated? — Y = Yes, N = No, U = Unknown

Depth of Wound — 1 = 1 cm. or less, 2 = more than 1 cm., 9 = Unknown

Signs of Infection? — Y = Yes, N = No, U = Unknown

Devitalized, Ischemic, or Denervated Tissue Present? — Y = Yes, N = No, U = Unknown

MEDICAL CARE PRIOR TO ONSET

Was Medical Care Obtained For This Acute Injury — Y = Yes, N = No, U = Unknown

Tetanus Toxoid (TT/Td/Tdap) Administered Before Tetanus Onset — Y = Yes, N = No, U = Unknown

If Yes, How Soon After Injury? — 1 = < 6 Hours, 2 = 7 - 23 Hours, 3 = 1 - 4 Days, 4 = 5 - 9 Days, 5 = 10 - 14 Days, 6 = 15+ Days, 9 = Unknown

Wound Debrided Before Tetanus Onset — Y = Yes, N = No, U = Unknown

If Yes, Debrided How Soon After Injury — 1 = < 6 Hours, 2 = 7 - 23 Hours, 3 = 1 - 4 Days, 4 = 5 - 9 Days, 5 = 10 - 14 Days, 6 = 15+ Days, 9 = Unknown

Tetanus Immune Globulin (TIG) Prophylaxis Received Before Tetanus Onset — Y = Yes, N = No, U = Unknown

If Yes, TIG Given How Soon After Injury? — 1 = < 6 Hours, 2 = 7 - 23 Hours, 3 = 1 - 4 Days, 4 = 5 - 9 Days, 5 = 10 - 14 Days, 6 = 15+ Days, 9 = Unknown

Dosage (Units) — 0 - 998, 999 = Unknown

Associated Condition (If no Acute Injury) — 1 = Abscess, 2 = Ulcer, 3 = Blister, 4 = Gangrene, 5 = Cellulitis, 6 = Other Infection, 7 = Cancer, 8 = Gingivitis, 88 = None, 99 = Unknown

Describe Condition:

Diabetes? — Y = Yes, N = No, U = Unknown

If Yes, Insulin-Dependent? — Y = Yes, N = No, U = Unknown

Parenteral Drug Abuse? — Y = Yes, N = No, U = Unknown

Describe Condition:

CLINICAL COURSE

Type of Tetanus Disease — 1 = Generalized, 2 = Localized, 3 = Cephalic, 4 = Unknown

TIG Therapy Given After Tetanus Onset — Y = Yes, N = No, U = Unknown

If Yes, How Soon After Illness Onset? — 1 = < 6 Hours, 2 = 7 - 23 Hours, 3 = 1 - 4 Days, 4 = 5 - 9 Days, 5 = 10 - 14 Days, 6 = 15+ Days, 9 = Unknown

Dosage (Units) — 0 - 998, 999 = Unknown

Days Hospitalized — 0 - 998, 999 = Unknown

Days In ICU — 0 - 998, 999 = Unknown

Days Received Mechanical Ventilation — 0 - 998, 999 = Unknown

Outcome One Month After Onset? — R = Recovered, C = Convalescing, D = Died

If Died, Date of Death — Month / Day / Year

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NEONATAL (<28 DAYS OLD)

Mother's Age in Years
99 = Unknown

Mother's Birth Date
Month Day Year

Date Mother's Arrival in U.S.
Month Day Year

Mother's Tetanus Toxoid Vaccination History PRIOR to Child's Disease
(Known Doses Only)
0 = Never
1 = 1 dose
2 = 2 doses
3 = 3 doses
4 = 4+ doses
9 = Unknown

Years Since Mother's Last Dose
0 - 98
99 = Unknown

Child's Birthplace
1 = Hospital
2 = Home
3 = Other
9 = Unknown

Birth Attendant(s)
1 = Physician
2 = Nurse
3 = Licensed Midwife
4 = Unlicensed Midwife
5 = Other
9 = Unknown

Other Birth Attendant(s)
(If Not Previously Listed)

Other Comments?
Y = Yes
N = No
U = Unknown

Reporter's Name

Title

Institution Name

Phone Number

Date Reported
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

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. MMWR 1997;46(No. RR-10):39