

Immunization Division, Texas Department of Health 1100 West 49th St., Austin, TX 78756 (800) 252-9152 (512) 458-7544 fax

Tetanus Case Track Record Q Generalized Q Localized QCephalic	FINAL STATUS: G CONFIRMED G PROBABLE RULED OUT/DROPPED NETSS CASE # G
Patient's Name:	Reported By:
Address:	
City: County:	
Zip: Region: Phone: ()	
Parent/Guardian:	
Physician: Phone: ()	
Address:	Phone: ()
DEMOGRAPHICS: DATE OF BIRTH:/ AGE: SEX: G Male G Female G Unknown RACE: G White G Black G Asian/Pacific Islander G Native American G Unknown G Other: HISPANIC: G Yes G No G Unknown History of Military/National Guard Services: Yes No Unknown If YES, year of entry: Occupation: Occupation:	
CLINICAL HISTORY: Acute wound identified?	
- Specify ONE principal wound type: □ Puncture □ Stellate Laceration □ Linear Laceration □ Crush □ Abrasion □ Avulsion	
□ Burn □ Frostbite □ Compound Fracture □ Unknown □ Other	
Contaminated (Dirt, feces, soil, saliva, etc.) ☐ Yes ☐ No ☐ Unknown Signs of infection: ☐ Yes ☐ No ☐ Unknown	
Depth of wound: ☐ less than 1 cm. ☐ 1 cm. or greater ☐ Unknown	
Devitalized, ischemic, or denervated tissue: ☐ Yes ☐ No ☐ Unknown	
VACCINE HISTORY:	
TETANUS TOXOID history PRIOR to tetanus disease (EXCLUDE doses received since acute injury)	
□ Never Vaccinated □ 1 Dose □ 2 Doses □ 3 Doses □ 4 Doses □ Unknown	
Interval since last TETANUS TOXOID dose: years	

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MEDICAL HISTORY		
Was medical care obtained for this acute injury? □ Yes □ No □ Unknown		
If YES, was TETANUS TOXOID administered after acute injury but before tetanus onset? ☐ Yes ☐ No ☐ Unknown		
If YES, how soon after injury? □ <6 Hours □ 7-23 Hours □1-4 Days □ 5-9 Days □ 10-14 Days □ 15+ Days		
Was wound debrided before tetanus onset? □ Yes □ No □ Unknown		
If YES, how soon after injury? □ <6 Hours □ 7-23 Hours □ 1-4 Days □ 5-9 Days □ 10-14 Days □ 15+ Days		
Was TETANUS IMMUNE GLOBULIN prophylaxis given before tetanus onset? ☐ Yes ☐ No ☐ Unknown		
If YES, how soon after injury? □ <6 Hours □ 7-23 Hours □ 1-4 Days □ 5-9 Days □ 10-14 Days □ 15+ Days		
If YES, dosage (in units):		
If NO acute injury, identify associated condition: □ Abscess □ Ulcer □ Blister □ Gangrene □ Cellulitis □ Other infection □ None		
Detailed description:		
Diabetes? ☐ Yes ☐ No ☐ Unknown If YES, insulin-dependant diabetes? ☐ Yes ☐ No ☐ Unknown		
Intravenous drug abuse? ☐ Yes ☐ No ☐ Unknown		
COURSE OF DISEASE		
Date of Tetanus onset:// Type of Tetanus Disease: Generalized Localized Cephalic Unknown		
Was TETANUS IMMUNE GLOBULIN therapy given? □ Yes □ No □ Unknown		
If YES, how soon after illness onset? □ <6 Hours □ 7-23 Hours □ 1-4 Days □ 5-9 Days □ 10-14 Days		
If YES, initial dosage (in units): Total dosage (in units): Days hospitalized:		
Required mechanical ventilation? ☐ Yes ☐ No ☐ Unknown		
Outcome one month after onset: Recovered Convalescing Died If expired, DATE://		
NEONATAL PATIENTS (LESS THAN 28 DAYS OLD) Mother's age: years		
Mother's TETANUS TOXOID history PRIOR to child's disease (known doses only):		
□ Never □ 1 Dose □ 2 Doses □ 3 Doses □ 4+ Doses □ Unknown		
Interval since last TT dose: years Patient born in: □ Hospital □ Home □ Other (specify)		
Birth attended by: ☐ Physician ☐ Nurse ☐ Licensed Midwife ☐ Unlicensed Midwife		
□ Other (specify) □ Unknown		
ADDITIONAL COMMENTS:		

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