

Infectious Disease Control Unit, Texas Department of State Health Services 1100 West 49th St., Austin, TX 78756 (512) 458-7676 (512) 458-7616 fax

Tetanus Case Track Record	FINAL STATUS: CONFIRMED
☐ Generalized ☐ Localized ☐ Cephalic	□ PROBABLE NBS PATIENT ID#: □ RULED OUT/ DROPPED
Patient's Name:	Reported By:
DEMOGRAPHICS: DATE OF BIRTH:/	
Clinical History: Acute wound identified?	
Specify ONE principal wound type:	
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:	

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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:	
Birth attended by: Physician Nurse Licensed Midwife Unlicensed Midwife	
☐ Other (specify): ☐ Unknown	
Januari materia Nama.	
Investigator's Name: Agency name:	
Details and the second	
Phone: () Date Investigation Initiated:/ Date Completed:/	
COMMENTS:	

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