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

Send completed form to: CDPH, Immunization Branch, 850 Marina Bay Pkwy., Richmond, CA 94804

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