

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

----- DETACH HERE and transmit only lower portion if sent to CDC -----

Tetanus Surveillance Worksheet

CDC NETSS ID		County		State		Zip	
Birth Date Month Day Year		Age Unk = 999		Age Type 0 = 0-120 years 1 = 0-11 months 2 = 0-52 weeks 3 = 0-28 days 9 = Unknown		Ethnicity H = Hispanic N = Not Hispanic U = Unknown	
Race N = Native Amer./Alaskan Native A = Asian/Pacific Islander B = African American		W = White O = Other 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 Date 4 = Reported to County 5 = Reported to State or MMWR Report Date 9 = 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		Acute Wound Identified? Y = Yes N = No U = Unknown		Date Wound Occurred Month Day Year	
		Occupation		Principal Anatomic Site 1 = Head 2 = Trunk 3 = Upper Extremity 4 = Lower extremity 9 = Unspecified			
HISTORY		History of Military Service (Active or Reserve)? Y = Yes N = No U = Unknown		Year of Entry Into Military Service		Work Related? Y = Yes N = No U = Unknown	
		Tetanus Toxoid (TT) 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		Environment 1 = Home 2 = Other Indoors 3 = Farm/Yard 4 = Automobile 5 = Other Outdoors 9 = Unknown	
HISTORY		Principal Wound Type 1 = Puncture 2 = Stellate Laceration 3 = Linear Laceration 4 = Crush 5 = Abrasion 6 = Avulsion 7 = Burn 8 = Frost bite 9 = Compound Fracture 10 = Other (e.g. with cancer) 11 = Surgery		Wound Contaminated? Y = Yes N = No U = Unknown			
		Depth of Wound 1 = 1cm. or less 2 = More than 1cm. 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) or Td Administered Before Tetanus Onset? Y = Yes N = No U = Unknown		If Yes, TT or Td 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	
		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	
MEDICAL CARE PRIOR TO ONSET		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		Diabetes? Y = Yes N = No U = Unknown		If Yes, Insulin-Dependent? Y = Yes N = No U = Unknown	
CLINICAL COURSE		Type of Tetanus Disease 1 = Generalized 2 = Localized 3 = Cephalic 4 = Unknown		TIG Therapy Given? 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	
		Days Hospitalized 0-998 999 = Unknown		Days in ICU 0-998 999 = Unknown		Days Received Mechanical Ventilation 0-998 999 = Unknown	
CLINICAL COURSE		Outcome One Month After Onset? R = Recovered C = Convalescing D = Died		If Died, Date Expired Month Day Year			

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

Other Comments? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	Reporter's Name	Title
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Institution Name	Phone Number <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"/>	Date Reported <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>
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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.

Instructions for Completing the Tetanus Surveillance Worksheet

General

- If the month and year for any date is known but the exact day is unknown, enter a 15 for the day (i.e. the middle of the month).
- While “unknown” is an option for many questions, please make every effort to obtain the appropriate information.
- If information is obtained after the record has been submitted to the Centers for Disease Control and Prevention (CDC), please update the NETSS record with the new information and resend the record during the next scheduled transmission.
- **If** copies of the paper form are sent to CDC, either fold back the information above the dotted line or cut it off **after** photocopying and **before** sending the rest of the information to the CDC to preserve confidentiality.

Zip Code: Requested (but not required) by National Immunization Program for vaccine-preventable diseases. Enter a 5-digit zip code.

Birth Date: If known, enter the birth date. If unknown or before the year 1900, leave blank and enter the age and age type.

Age and Age Type: If birth date is unknown and age is known, enter the age of patient at onset of symptoms in number of years, months, weeks, or days as indicated by the age type codes.

Event Date and Event Type: Enter the earliest known date associated with the incidence (onset) of tetanus. The event type describes the date entered in event date. The event types are listed in order of preference.

Reported: This field is used in various ways, such as to enter the date reported to the state, a local or other health department. Check with the State Epidemiologist to determine what guidelines apply in your state.

History

Date and Year of Onset: Month and day important, but not yet on NETSS screen.

Tetanus Toxoid (TT) History Prior to Tetanus Disease: This is very important information. Make every attempt to determine whether the case had received tetanus vaccination in the past, the total number of doses, and how many years since the last dose.

Clinical Data

Acute Wound Identified: Injecting drug users with no acute wound other than injection should be coded as N for no.

Circumstances: For example: “stepped on nail in basement.” Describe in detail.

Wound Contaminated: Contaminated with dirt, feces, soil, saliva, etc.

Medical Care Prior to Onset

This section refers to medical care (wound care) for the presumptive wound or lesion that led to

tetanus **before** tetanus symptoms began (do not put information about TIG received after tetanus started in this section).

Also note information about non-acute wounds & associated medical history here.

Clinical Course

Type of Tetanus Disease: Record the type of tetanus. **Note:** trismus (lockjaw) is often the earliest sign of **generalized** tetanus – if trismus is present, the type is generalized (not cephalic).

TIG Therapy Given: Note here if the case received TIG to treat symptomatic tetanus (not TIG given as part of wound care). If TIG was given for wound care, note this in the section “*Medical Care Prior to Onset*”.

If tetanus serology was ordered and the results are known, please note the result and type of test (ELISA, Hemagglutination) in the space at the bottom of page 2, “Notes/Other Information”.

Neonatal

Date Mother’s Arrival in U.S.: For non-U.S. born mothers, enter date arrived in the U.S. Please note the mother’s country of origin, if known, in the space at the bottom of page 2, “Notes/Other Information”.

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