Tetanus Surveillance Worksheet

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

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

Tetanus Surveillance Worksheet

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 = Age unknown

Sex
M = Male
F = Female
U = Unknown

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

Ethnicity
H = Hispanic
N = Not Hispanic
U = Unknown

County | **State** | **Zip**

HISTORY

Date **Year of Onset**

Month Day Year

Occupation (Max 15 Spaces)

History of Military/National Guard Service?
Y = Yes
N = No
U = Unknown

Year of Entry Into Military or National Guard

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

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
1 = Home
2 = Other Indoors
3 = Farm/Yard
4 = Automobile
5 = Other Outdoors
9 = Unknown

Circumstances
(Describe in Detail. Max 20 Spaces)

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
99 = Unknown

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 ILLNESS ONSET

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

Tetanus Toxoid (TT) Administered Before Tetanus Onset?
Y = Yes
N = No
U = Unknown

If Yes, TT 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

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
9 = None

Describe Condition (Max 20 Spaces)

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 (Max 20 Spaces)

COURSE OF TETANUS DISEASE

Type of Tetanus Disease
1 = Generalized
2 = Locoalized
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

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 Expired

Month Day Year

Note: This form has 2 sides

Indicates epidemiologically important information not yet on NETSS screen

NEONATAL (<28 DAYS OLD)

Mother's Age in Years
12-60
99 = Unknown

Mother's Birthdate
Month   Day   Year

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

Mother's Tetanus Toxoid (TT) History PRIOR to Child's Disease
(Known Doses Only)

0 = Never	3 = 3 doses
1 = 1 dose	4 = 4+ doses
2 = 2 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	4 = Unlicensed Midwife
2 = Nurse	5 = Other
3 = Licensed Midwife	9 = Unknown

Other Birth Attendant(s)
(If Not Previously Listed. Max 10 Spaces)

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

Reporter's Name

Title

Institution

Phone

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 without other apparent medical cause.

Case Classification*:
Confirmed: A clinically compatible case, as reported by a health-care professional.

*CDC. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR1997;46(No. RR-10):39.

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