## Tetanus Surveillance Worksheet

### Name (Last, First)

### Address (Street and No.)

### City

### County

### Zip

### Phone

### Reporting Physician/Nurse/Hospital/Clinic

### Address

### Hospital Record No.

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**Tetanus Surveillance Worksheet**

**Birth Date**

- **Month**
- **Day**
- **Year**

**Age**

- **0-0-120 years**
- **0-52 weeks**
- **0-28 days**
- **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**

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**History of Military/ National Guard Service?**

- **N = No**
- **U = Unknown**

**Occupation**

(Max 15 Spaces)

**Year of Onset**

- **Month**
- **Day**
- **Year**

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**Date Wound Occurred**

- **Month**
- **Day**
- **Year**

**Acute Wound Identified?**

- **Y = Yes**
- **N = No**
- **U = Unknown**

**History of Military/ National Guard Service?**

- **N = No**
- **U = Unknown**

**Place of Wound Occurrence**

(Max 20 Spaces)

**Wound Debrided Before Tetanus Onset?**

- **Y = Yes**
- **N = No**
- **U = Unknown**

**Days Hospitalized**

- **0-998**
- **999 = Unknown**

**Days in ICU**

- **0-998**
- **999 = Unknown**

**Days Received Mechanical Ventilation**

- **999 = Unknown**

**Outcome One Month After Onset?**

- **R = Recovered**
- **C = Convalescing**
- **D = Died**

**Date of Death**

- **Month**
- **Day**
- **Year**

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**Tetanus Toxoid (TT) History Prior to Tetanus Disease**

(Exclude Doses Received Since Acute Injury)

- **Years Since Last Dose**
  - **0 - 98**
  - **99 = Unknown**

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**Tetanus Toxoid (TT) Administered Before Tetanus Onset?**

- **Y = Yes**
- **N = No**
- **U = Unknown**

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**Tetanus Immune Globulin (TIG) Prophylaxis Received Before Tetanus Onset?**

- **Y = Yes**
- **N = No**
- **U = Unknown**

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**Associated Condition**

(Max 20 Spaces)

- **Y = Yes**
- **N = No**
- **U = Unknown**

**Medical Care Prior to Illness Onset?**

- **Y = Yes**
- **N = No**
- **U = Unknown**

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**Diagnosis of Illness**

(Max 20 Spaces)

- **Y = Yes**
- **N = No**
- **U = Unknown**

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**Diabetes?**

- **Y = Yes**
- **N = No**
- **U = Unknown**

**Parenteral Drug Abuse?**

- **Y = Yes**
- **N = No**
- **U = Unknown**

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**What type of tetanus disease?**

- **1 = Generalized**
- **2 = Localized**
- **3 = Cephalic**
- **4 = Unknown**

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**TIG Therapy Given?**

- **Y = Yes**
- **N = No**
- **U = Unknown**

**If Yes, How Soon After Illness Onset?**

- **1 = < 6 hours**
- **2 = 6-12 hours**
- **3 = 1-4 days**
- **4 = 5-9 days**
- **5 = 10-14 days**
- **999 = Unknown**

**If Died, Date Expired**

- **Month**
- **Day**
- **Year**

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**Note:** This form has 2 sides

**Indicates epidemiologically important information not yet on NETSS screen**
<table>
<thead>
<tr>
<th>Mother's Age in Years</th>
<th>Mother's Birthdate</th>
<th>Date Mother's Arrival in U.S.</th>
<th>Mother's Tetanus Toxoid (TT) History PRIOR to Child's Disease</th>
<th>Years Since Mother's Last Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-60</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child's Birthplace</th>
<th>Birth Attendant(s)</th>
<th>Other Birth Attendant(s)</th>
<th>(If Not Previously Listed, Max 10 Spaces)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Hospital</td>
<td>1 = Physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Home</td>
<td>2 = Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Other</td>
<td>3 = Licensed Midwife</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 = Unknown</td>
<td>4 = Unlicensed Midwife</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 = Other</td>
<td>9 = Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Reporter's Name:  
Institution:  
Phone:  
Date Reported:  

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.

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