New Jersey Department of Health
Vaccine Preventable Diseases Program
PO Box 369
Trenton, NJ 08625-0369

Case Status
☐ Confirmed
☐ Probable
☐ Not a Case

TETANUS SURVEILLANCE WORKSHEET

Patient Name (Last, First)	Telephone No.	CDRSS #	E#

Street Address	City	Zip	County

Reporting Physician/Nurse/Hospital/Clinic/Lab	Address of Physician	Telephone No.

Country of Birth	Birth Date	Age	Age Type
	__ __ / __ __ / __ __ *(mm/dd/yy)*	__ __ __ *(Unknown = 999)*	☐ 0-120 Years ☐ 0-11 Months ☐ 0-2 Weeks ☐ 0-28 Days ☐ Age Unknown

Ethnicity	Race	Sex
☐ Hispanic ☐ Not Hispanic ☐ Unknown	☐ Native American/Alaskan Native ☐ Asian/Pacific Islander ☐ African American ☐ White ☐ Other ☐ Unknown	☐ Male ☐ Female ☐ Unknown

Event Date	Event Type
__ __ / __ __ / __ __ *(mm/dd/yy)*	☐ Onset Date ☐ Diagnosis Type ☐ Lab Test Date ☐ Reported to County ☐ Reported to State or MMWR Report Date ☐ Unknown

Reported	Imported	Report Status
__ __ / __ __ / __ __ *(mm/dd/yy)*	☐ Indigenous ☐ International ☐ Out of State ☐ Unknown	☐ Confirmed ☐ Probable ☐ Not a Case ☐ Unknown

HISTORY

Date / Year of Onset	Occupation	History of Military Service (Active or Reserve)?	Year of Entry into Military Service
__ __ / __ __ / __ __ *(mm/dd/yy)*		☐ Yes ☐ No ☐ Unknown	__ __ __ __ *(year)*

Tetanus Toxoid (TT) History Prior to Tetanus Disease (Exclude Doses Received Since Acute Injury)	Years Since Last Dose
☐ Never ☐ 1 Dose ☐ 2 Doses ☐ 3 Doses ☐ 4+ Doses ☐ Unknown	___ ___ *(Unknown = 99)*

CLINICAL DATA

Acute Wound Identified?	Date Wound Occurred	Principal Anatomic Site
☐ Yes ☐ Unknown ☐ No	__ __ / __ __ / __ __ *(mm/dd/yy)*	☐ Head ☐ Trunk ☐ Upper Extremity ☐ Lower Extremity ☐ Unknown

Work Related?	Environment	Circumstances
☐ Yes ☐ Unknown ☐ No	☐ Home ☐ Other Indoors ☐ Farm/Yard ☐ Automobile ☐ Other Outdoors ☐ Unknown	

Principal Wound Type
☐ Puncture ☐ Stellate Laceration ☐ Linear Laceration ☐ Crush
☐ Abrasion ☐ Avulsion ☐ Burn ☐ Frost Bite
☐ Compound Fracture ☐ Other (e.g. with Cancer) Specify: _____ ☐ Surgery
☐ Animal Bite ☐ Insect Bite/Sting ☐ Dental ☐ Tissue Necrosis
☐ Unknown

Wound Contaminated?	Depth of Wound?	Signs of Infection?	Devitalized, Ischemic or Denervated Tissue Present?
☐ Yes ☐ Unknown ☐ No	☐ ≤ 1 cm ☐ Unknown ☐ > 1 cm	☐ Yes ☐ Unknown ☐ No	☐ Yes ☐ No ☐ Unknown

MEDICAL CARE PRIOR TO ONSET

Was Medical Care Obtained for This Acute Injury?	Tetanus Toxoid (TT) or Td Administration Before Tetanus Onset?	If Yes, TT or Td Given How Soon after Injury?
☐ Yes ☐ Unknown ☐ No	☐ Yes ☐ Unknown ☐ No	☐ < 6 Hours ☐ 7-23 Hours ☐ 1-4 Days ☐ 5-9 Days ☐ 10–14 Days ☐ 15+ Days ☐ Unknown

Wound Debrided Before Tetanus Onset?	If Yes, Debrided How Soon after Injury?
☐ Yes ☐ Unknown ☐ No	☐ < 6 Hours ☐ 7-23 Hours ☐ 1-4 Days ☐ 5-9 Days ☐ 10 –14 Days ☐ 15+ Days ☐ Unknown

TETANUS SURVEILLANCE WORKSHEET, Continued

MEDICAL CARE PRIOR TO ONSET, CONTINUED

Tetanus Immune Globunin (TIG) Prophylaxis Received Before Tetanus Onset?
☐ Yes ☐ Unknown
☐ No

If Yes, TIG Given How Soon after Injury?
☐ < 6 Hours ☐ 5-9 Days ☐ Unknown
☐ 7-23 Hours ☐ 10-14 Days
☐ 1-4 Days ☐ 15+ Days

Dosage (Units)
__ __ __
(Unknown = 999)

Associated Condition (if no Acute Injury)?
☐ Abscess ☐ Gangrene ☐ Cancer ☐ Unknown
☐ Ulcer ☐ Cellulitis ☐ Gingivitis
☐ Blister ☐ Other Infection ☐ None

Describe Condition

Diabetes?
☐ Yes ☐ Unknown
☐ No

If Yes, Insulin-Dependent?
☐ Yes ☐ Unknown
☐ No

Parenteral Drug Abuse?
☐ Yes ☐ Unknown
☐ No

Describe Condition

CLINICAL COURSE

Type of Tetanus Disease
☐ Generalized
☐ Cephalic
☐ Localized
☐ Unknown

Diabetes?
☐ Yes
☐ No
☐ Unknown

If Yes, TIG Given How Soon after Injury?
☐ < 6 Hours ☐ 10-14 Days
☐ 7-23 Hours ☐ 15+ Days
☐ 1-4 Days ☐ Unknown
☐ 5-9 Days

Dosage (Units)
__ __ __
(Unknown = 999)

Days Hospitalized
__ __ __
(Unknown = 999)

Days in ICU
__ __ __
(Unknown = 999)

Days Received Mechanical Ventilation
__ __ __
(Unknown = 999)

Outcome One Month After Onset?
☐ Recovered
☐ Convalescing
☐ Died

If Died, Date Expired
__ __ / __ __ / __ __
(mm/dd/yy)

NEONATAL (< 28 DAYS OLD)

Mother's Age in Years
___ ___
(Unknown = 99)

Mother's Birthdate
__ __ / __ __ / __ __
(mm/dd/yy)

Date Mother's Arrival in U.S.
__ __ / __ __ / __ __
(mm/dd/yy)

Mother's Tetanus Toxoid (TT) History PRIOR to Child's Disease *(known disease only)*
☐ Never ☐ 3 Doses
☐ 1 Dose ☐ 4 Doses
☐ 2 Doses ☐ Unknown

Years Since Mother's Last Dose
__ __ __
(Unknown = 99)

Child's Birthplace
☐ Hospital ☐ Other
☐ Home ☐ Unknown

Birth Attendant(s)
☐ Physician ☐ Unlicensed Midwife
☐ Nurse ☐ Ohter
☐ Licensed Midwife ☐ Unknown

Other Birth Attendant(s) *(if not previously listed)*

Other Comments?
☐ Yes ☐ Unknown
☐ No

Reporter's Name

Title

Institution Name

Phone Number
( )

Date Reported
__ __ / __ __ / __ __
(mm/dd/yy)

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.