

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

**INSTRUCTIONS FOR COMPLETING THE
TETANUS SURVEILLANCE WORKSHEET (IMM-22)**

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 and 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.”