I. IDENTIFICATION
Tetanus is an acute disease induced by an exotoxin of the bacteria *Clostridium tetani*, which grows anaerobically at the site of an injury. Tetanus spores are usually introduced into the body through a contaminated puncture, laceration, or other wound or by injected contaminated drugs. Tetanus is not transmissible from person to person.

A. CLINICAL DESCRIPTION: An illness with acute onset of hypertonia (extreme tension of the muscles) and/or painful muscular contractions (usually of the muscles of the jaw and neck) and generalized muscle spasms without other apparent medical cause (as reported by a health professional).

B. REPORTING CRITERIA: Clinical diagnosis

C. LABORATORY CRITERIA FOR CONFIRMATION: There are no laboratory findings characteristic of tetanus

D. WISCONSIN CASE DEFINITION: An illness that meets the clinical description of tetanus

II. ACTIONS REQUIRED / PREVENTION MEASURES
A. WISCONSIN DISEASE SURVEILLANCE CATEGORY II: Report to the patient’s local health department either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report (F-44151), or by other means within 72 hours upon recognition of a case or suspected case.

B. EPIDEMIOLOGY REPORTS REQUIRED:
   - *Electronically*—Report through WEDSS, including appropriate disease-specific tabs
   - *Paper Copy*—Acute and Communicable Disease Case Report (F-44151) AND Tetanus Surveillance Worksheet

C. PUBLIC HEALTH INTERVENTIONS:
   In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association.
   - Investigate case to determine circumstances of the wound and history of tetanus vaccination.
   - Educate all individuals involved with case about the importance of preventing tetanus by keeping up to date with booster vaccinations.

D. PREVENTION MEASURES:
   Vaccination with tetanus toxoid vaccine
   - For children aged 6 weeks through 6 years, routinely administer tetanus toxoid vaccine as DTaP (diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine). The primary
series of 4 doses should be received at 2, 4, 6 and 15-18 months of age. A booster dose is recommended at school entry (4-6 years of age).

- For individuals age 7 years and older, every 10 years (usually starting at 11-12 years of age) routinely administer a tetanus toxoid booster as Td (tetanus toxoid, diphtheria toxoid). A one-time dose of Tdap vaccine (tetanus toxoid, diphtheria toxoid, acellular pertussis vaccine) should be substituted for Td if the individual has not previously received a dose of Tdap and is one of the following: (1) less than age 10 years and is not fully vaccinated* for pertussis, (2) age 11-64 years, or (3) age 65 years or older and anticipates having close contact with an infant aged less than 12 months.

* Fully vaccinated is defined as 5 doses of DTaP or 4 doses of DTaP if the fourth dose was administered on or after the fourth birthday.

**III. CONTACTS FOR CONSULTATION**

**A. LOCAL HEALTH DEPARTMENT – REGIONAL OFFICES – TRIBAL AGENCIES:**  

**B. REGIONAL IMMUNIZATION PROGRAM REPRESENTATIVES:**  
http://www.dhs.wisconsin.gov/immunization/regiondepts.htm

**C. BCDER/ IMMUNIZATION PROGRAM:** (608) 267-9959.

**D. WISCONSIN STATE LABORATORY OF HYGIENE**  
Communicable Disease Division  
Customer Service: (800) 862-1013 or (608) 262-6386  
Clinical Supplies: (800) 862-1088 or (608) 265-2966

**IV. RELATED REFERENCES**


http://www.cdc.gov/vaccines/pubs/surv-manual

- Centers for Disease Control and Prevention. Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine from the Advisory Committee on Immunization Practices. MMWR. January 14, 2011 /  60(RR-01); 13-15  
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_w

http://www.cdc.gov/vaccines/pubs/pinkbook/pink-chapters.htm