Appendix B: Provincial Case Definitions for Diseases of Public Health Significance

Disease: Tetanus

Effective: February 2019
Tetanus

1.0 Provincial Reporting
Confirmed cases of disease

2.0 Type of Surveillance
Case-by-case

3.0 Case Classification

3.1 Confirmed Case
Clinical evidence of illness (see section 5.0) without other apparent medical cause with or without isolation of Clostridium tetani (C. tetani) and with or without history of injury.

4.0 Laboratory Evidence

4.1 Laboratory Confirmation
There are no laboratory findings characteristic of tetanus.

4.2 Approved/Validated Tests
There is no diagnostic laboratory test for tetanus. Diagnosis is determined by clinical findings.

Note: Reactive Anti-Tetanus Toxoid Immunoglobulin G (IgG) by the enzyme immunoassay (EIA) method does not provide proof of protection against tetanus.

Consult with the laboratory about appropriate specimens and testing methodology.

4.3 Indications and Limitations

- Detection of C. tetani toxin should not be considered among the list of laboratory methods for confirmation of tetanus since this assay is not available or in use.
- Attempts to culture C. tetani are associated with poor yield, and a negative culture does not rule out disease. C. tetani is recovered from the wound in only 30% of tetanus cases.
- A positive culture does not confirm disease; C. tetani can be isolated from cases who do not have tetanus.
- A protective serum antitoxin concentration should not be used to exclude the diagnosis of tetanus. Tetanus can occur in the presence or absence of 'protective' levels of antitoxin.
5.0 Clinical Evidence
Clinical illness is characterized by 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.

6.0 ICD-10 Code(s)
A35 Tetanus

7.0 Sources


8.0 Document History
Table 1: History of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Document Section</th>
<th>Description of Revisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2014</td>
<td>General</td>
<td>New template.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sections 9.0 Additional Resources and 10.0 Document History Added.</td>
</tr>
</tbody>
</table>
| January 2014  | 3.1 Confirmed Case     | Changed from “Clinically compatible signs and symptoms with or without evidence of injury: Without laboratory evidence and without other apparent medical cause OR With isolation of Clostridium tetani from wound site” to “Clinical evidence of illness (see section 5.0) without other apparent medical cause with or without isolation of Clostridium tetani (C. tetani) and with or without history of injury”.

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>January 2014</td>
<td>4.1 Laboratory Confirmation</td>
<td>Changed from &quot;The following will constitute a confirmed case Tetanus: Positive C. tetani Culture&quot; to “There are no laboratory findings characteristic of tetanus”.</td>
</tr>
<tr>
<td>January 2014</td>
<td>4.2 Approved/ Validated Tests</td>
<td>“Standard culture for C. tetani” deleted. “There is no diagnostic laboratory test for tetanus. Diagnosis is determined by clinical findings. Note: Reactive Anti-Tetanus Toxoid Immunoglobulin G (IgG) by the enzyme immunoassay (EIA) method does not provide proof of protection against tetanus” added.</td>
</tr>
<tr>
<td>January 2014</td>
<td>4.3 Indications and Limitations</td>
<td>“Confirmation of causative agent is infrequently made by culture” deleted. Second to fourth bullet points added.</td>
</tr>
<tr>
<td>January 2014</td>
<td>7.0 Comments</td>
<td>“A negative test does not exclude a diagnosis of tetanus” deleted.</td>
</tr>
<tr>
<td>January 2014</td>
<td>8.0 Sources</td>
<td>Updated.</td>
</tr>
<tr>
<td>February 2019</td>
<td>General</td>
<td>Minor revisions were made to support the regulation change to Diseases of Public Health Significance, references were updated and Section 9.0 was deleted.</td>
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