EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

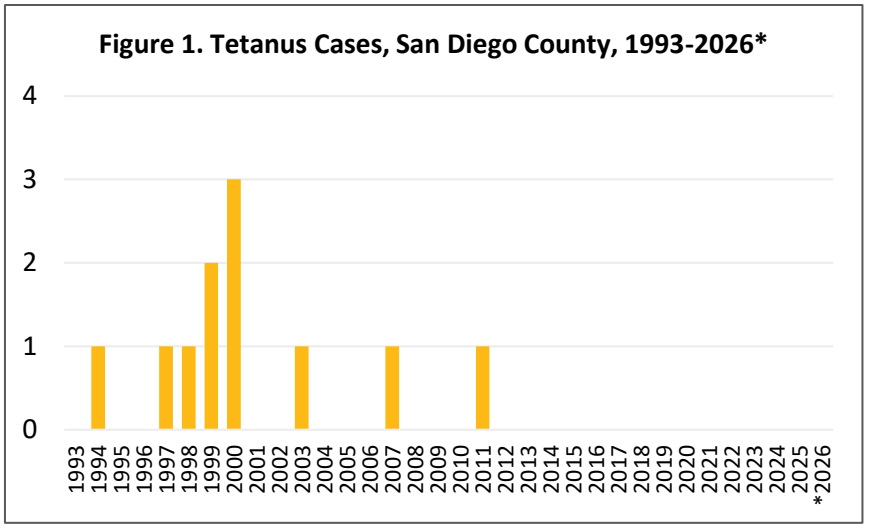
MONTHLY COMMUNICABLE DISEASE REPORT

APRIL 2026

Volume 10, Issue 4: May 15, 2026

TETANUS

Tetanus is a vaccine-preventable infection caused by the neurotoxin tetanospasmin, which is produced by the bacterium *Clostridium tetani* (*C. tetani*). *C. tetani* exists ubiquitously in the environment, particularly in soil, dust, and animal feces, and enters the body through breaks in the skin. In rare cases, neonatal tetanus can occur when pregnant individuals are not immunized appropriately or when spores enter through an infected umbilical stump. Tetanus is not transmitted from person to person. While tetanus is now rare in the United States (U.S.) due to widespread vaccination, most cases occur in individuals who are either unvaccinated or not up to date on their 10-year booster shots, making lack of immunization the biggest risk factor.



*2026 data are year-to-date; current as of 5/15/2026.

No tetanus cases have been reported in San Diego County since 2011 (Figure 1). Tetanus incidence declined substantially in the U.S. following the introduction of tetanus toxoid-containing vaccines (TTCV) in the 1940s (Figure 2). Since 1947, reported cases have decreased by more than 95% and deaths by more than 99%, reflecting the impact of routine vaccination and wound management. From 2009 to 2023, a total of 402 cases and 37 deaths were reported nationwide. Among persons with known vaccination history, approximately one half of patients with tetanus had not received any TTCV doses. Incidence was higher among males overall, although the highest rates were observed in individuals 80 years of age and older, particularly among women. Even with modern advances in intensive care, the case-fatality rate among reported tetanus cases with known outcomes was approximately 12.4%.

Symptoms of tetanus disease typically occur 3-21 days after exposure to *C. tetani* and can range from mild to life-threatening. Shorter incubation periods are associated with severe disease and higher chance of death. There are three forms of tetanus, with generalized tetanus being the most common. Generalized tetanus often begins with lockjaw, followed by neck stiffness, difficulty swallowing, and painful muscle rigidity and spasms that progress in a descending manner across the body. Spasms may persist for several weeks, and complete recovery may take months even with adequate treatment. Other symptoms include fever, sweating, and headaches. In neonates, symptoms of tetanus often begin with difficulty sucking or feeding and excessive crying. The diagnosis of tetanus is clinical and should be made after all other causes of spasms are excluded. There are no laboratory evaluations that can support or rule out tetanus.

Prevention of tetanus relies on both routine vaccination and appropriate wound management. Tetanus vaccination is recommended for individuals of all ages: babies, toddlers, and children should receive tetanus vaccines as part of their routine childhood immunization schedule; adults should receive boosters every 10 years; and pregnant individuals should receive one with every pregnancy. Immunization is the single most important method for prevention of tetanus. Immunization status should be assessed in all wound types and an age-appropriate vaccine

Continued on next page

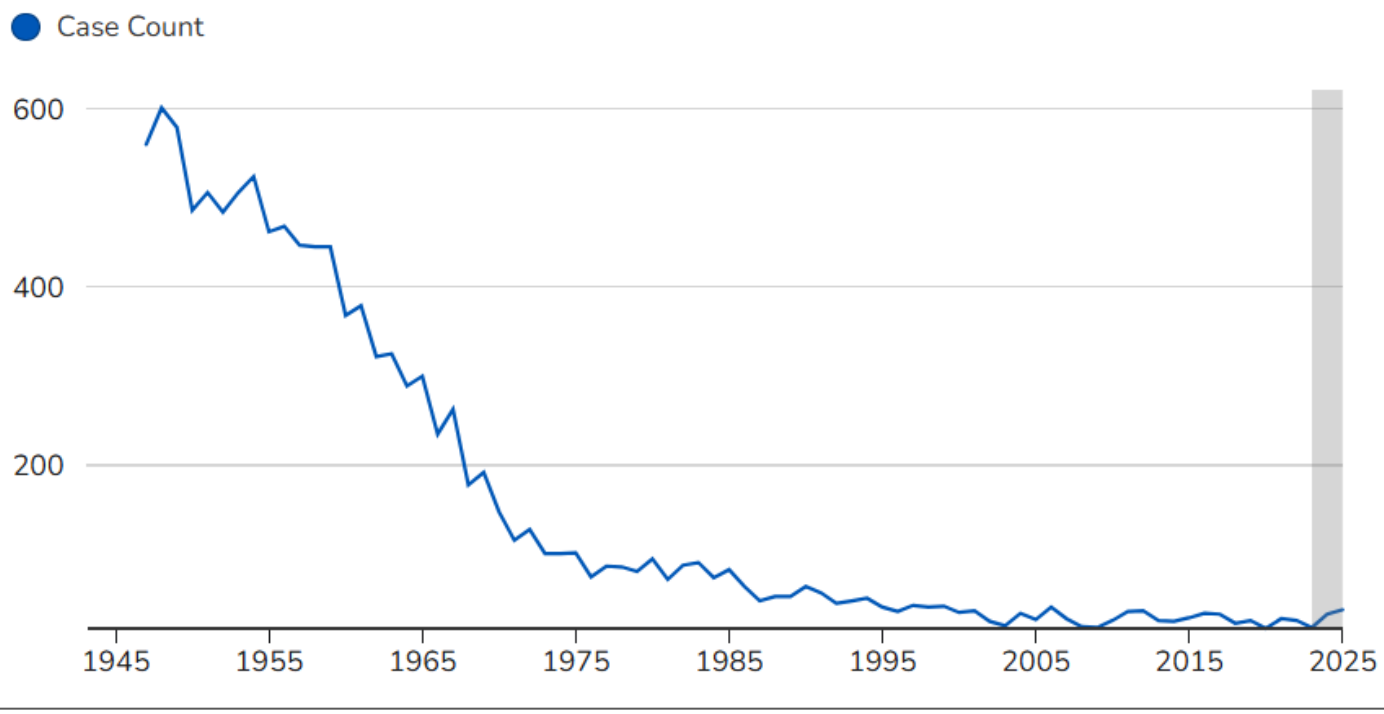
The Monthly Communicable Disease Surveillance Report is a publication of the County of San Diego Public Health Services Epidemiology and Immunization Services Branch (EISB). EISB identifies, investigates, registers, and evaluates communicable, reportable, and emerging diseases and conditions to protect the health of the community. The purpose of this report is to present trends in communicable disease in San Diego County. To subscribe to this report, visit the Data and Reports page on the Epidemiology Program website (www.sdepi.org) and click on the subscribe link.

TETANUS, continued

administered based on the clinical scenario. Any open wound is a potential source of tetanus, though wounds contaminated with dirt, feces, or saliva (as in the case with animal bites), wounds with devitalized tissue, and penetrating wounds are at increased risk. All wounds should be promptly cleaned and debrided to remove devitalized tissue or foreign material, if necessary. Infected wounds should be appropriately treated.

Individuals with high-risk (dirty or non-minor) wounds and inadequate or unknown vaccination history may require additional treatment with a single dose of intramuscular human tetanus immune globulin (TIG) in addition to vaccination. TIG works to prevent further progression of disease by binding circulating unbound toxins but does not reverse the effects of already bound toxins. Supportive care should involve controlling muscle spasms, maintaining an airway, and wound care. Tetanus vaccination is recommended during recovery and is safe to administer with other vaccines.

Figure 2. Reported Tetanus Cases, United States, 1947-2025



Source: https://www.cdc.gov/tetanus/php/surveillance/index.html

Resources

- Centers for Disease Control and Prevention tetanus website
- Epidemiology and Prevention of Vaccine-Preventable Diseases – Tetanus (the Pink Book)
- California Department of Public Health tetanus website
- San Diego Immunization Program

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Table 1. Select Reportable Diseases

Disease and Case Inclusion Criteria (C,P,S)		2026 April	2026 March	2026 January - April (YTD)	Prior Years 2025 YTD	Prior Years Avg YTD, 2023-2025	Prior Years 2025 Total
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	0	0	2	1.0	4
Brucellosis	C,P	0	0	0	0	0.3	0
Campylobacteriosis	C,P	96	90	328	290	305.0	1,199
Candida auris	C	24	15	64	61	40.0	168
Chickenpox, Hospitalization or Death	C,P	0	0	0	0	1.0	2
Chikungunya	C,P	0	0	0	0	0.0	1
Coccidioidomycosis	C	70	52	235	240	190.7	661
Cryptosporidiosis	C,P	8	13	38	33	36.0	154
Dengue Virus Infection	C,P	0	0	1	9	6.3	17
Encephalitis, All	C	1	3	8	17	13.3	35
Giardiasis	C,P	12	14	54	95	79.7	250
Hepatitis A, Acute	C	1	0	1	2	11.3	11
Hepatitis B, Acute	C	0	1	5	10	6.7	15
Hepatitis B, Chronic	C,P	32	51	196	229	224.3	702
Hepatitis C, Acute	C,P	1	5	19	34	35.0	93
Hepatitis C, Chronic	C,P	171	102	456	531	635.7	1,388
Legionellosis	C	4	9	36	25	30.0	79
Listeriosis	C	1	0	1	2	2.7	10
Lyme Disease	C,P	0	0	0	0	1.3	8
Malaria	C	0	1	2	1	2.3	16
Measles (Rubeola)	C	0	0	0	0	0.7	1
Meningitis, Aseptic/Viral	C,P,S	2	3	14	16	20.7	91
Meningitis, Bacterial	C,P,S	3	6	15	15	14.0	51
Meningitis, Other/Unknown	C	1	4	14	6	9.3	32
Meningococcal Disease	C,P	0	0	0	3	2.7	11
Mumps	C,P	0	0	0	1	0.7	8
Pertussis	C,P	20	21	86	152	137.0	342
Rabies, Animal	C	3	4	10	1	0.3	21
Rocky Mountain Spotted Fever	C,P	0	0	0	0	0.0	1
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	67	62	212	303	207.7	929
Shiga toxin-Producing *E. coli* (including O157)	C,P	18	16	79	75	68.7	302
Shigellosis	C,P	32	32	120	98	125.7	400
Typhoid Fever	C,P	0	0	1	1	1.7	2
Vibriosis	C,P	5	5	15	11	9.0	58
West Nile Virus Infection	C,P	0	0	0	0	0.0	0
Yersiniosis	C,P	16	23	57	57	46.0	160
Zika Virus	C,P	0	1	1	0	0.0	1

Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria. Includes San Diego County resident cases only.

San Diego County Sexually Transmitted Infection Data | San Diego County Tuberculosis Data

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Figure 3. Select Enteric Infections by Month
May 2025 – April 2026

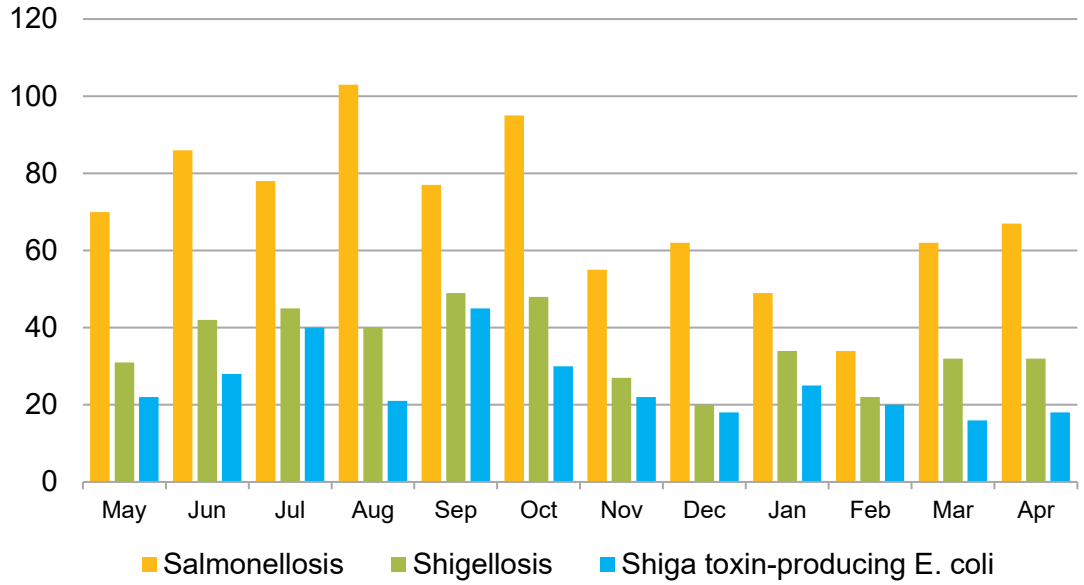

Figure 4. Select Vaccine-Preventable Infections by Month
May 2025 – April 2026

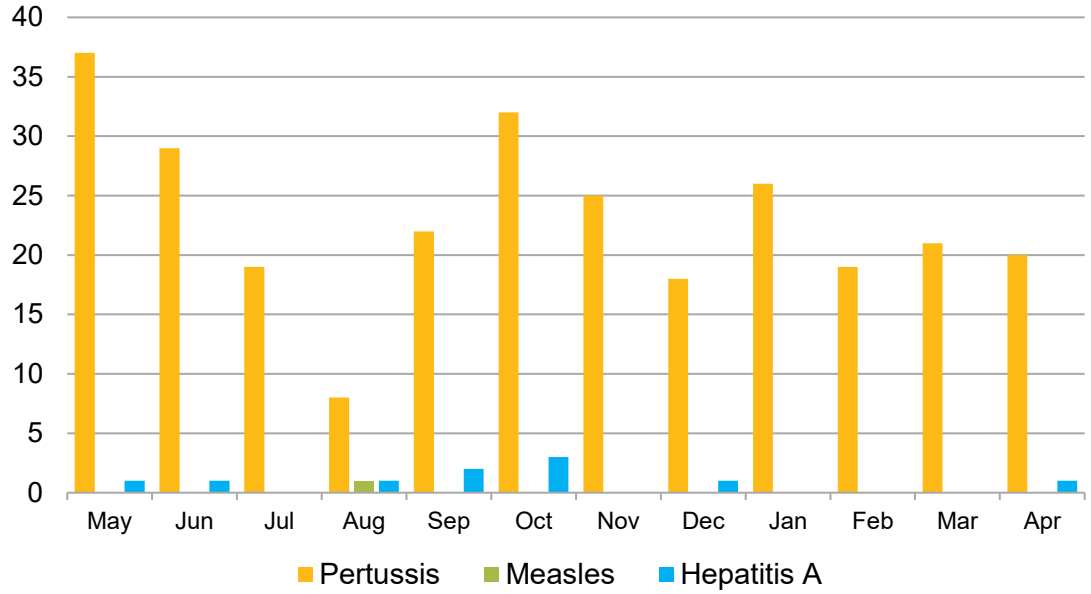

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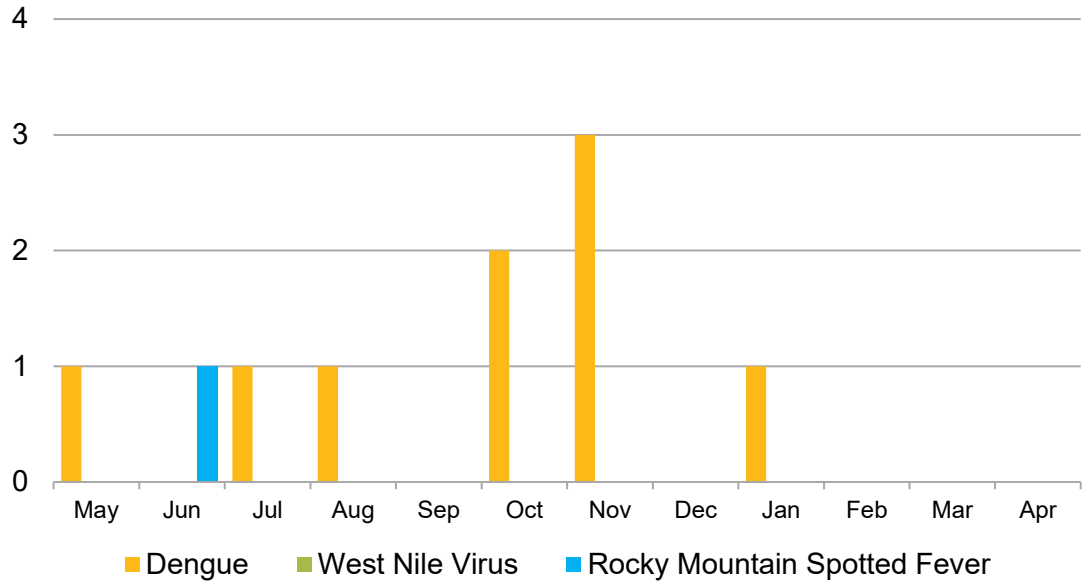
Figure 5. Select Vector-Borne Infections by Month
May 2025 – April 2026



See the County disease-specific webpages, for more information on West Nile virus and Dengue.
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Disease Reporting in San Diego County

San Diego County communicable disease surveillance is a collaborative effort among Public Health Services, hospitals, medical providers, laboratories, and the San Diego Health Connect Health Information Exchange (HIE). The data presented in this report are the result of this effort.

Reporting is crucial for disease surveillance and detection of disease outbreaks. Under the California Code of Regulations, Title 17 (Sections 2500, 2505, and 2508), public health professionals, medical providers, laboratories, schools, and others are mandated to report more than 80 diseases or conditions to San Diego County Health and Human Services Agency.

To report a communicable disease, contact the Epidemiology Program by phone at (619) 692-8499 or download and print a Confidential Morbidity Report form and fax it to (858) 715-6458. For urgent matters on evenings, weekends or holidays, dial (858) 565-5255 and ask for the Epidemiology Program duty officer. For more information, including a complete list of reportable diseases and conditions in California, visit the Epidemiology Program website, www.sdepi.org.

Tuberculosis, sexually transmitted infections, and HIV disease are covered by other programs within Public Health Services. For information about reporting and data related to these conditions, search for the relevant program on the Public Health Services website, http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html.