IMMUNIZATION PROTOCOL FOR PHARMACISTS

Td VACCINE
TETANUS/DIPHTHERIA (TOXOIDS) (Adult)

I. ORDER:

1. Screen for contraindications
2. Provide a current Vaccine Information Statement (VIS), answering questions.
3. Obtain a signed Vaccine Administration Record (VAR)
4. Give Td vaccine (0.5 ml) **intramuscularly** (IM) only to persons 18 years of age and older.
   a. May be given simultaneously with all other vaccines, including travel vaccines.

_____ _____

Pharmacist signature Date

II. LICENSED Td VACCINES

Product Name	Vaccine Components	Acceptable Age Range	Thimerosal
Tetanus & Diphtheria Adult	Td	≥ 7 years of age	Yes Mercury 25 mcg/0.5ml
Decavac™	Td	≥ 7 years of age	Trace

Visit our website at
http://www.healthoregon.org/imm/provider/pharmpro.cfm
To request this material in an alternate format (e.g., Braille), please call (503) 731- 4020.

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III. VACCINE SCHEDULE FOR ADULTS:

TETANUS/DIPHTHERIA TOXOID (Td) Schedule

DOSE	MINIMUM INTERVAL[1]	
Primary Series –1	----------	
Primary Series – 2	4 weeks	
Primary Series – 3[2]	6 months	
Booster doses[3,4]	≥ 5 years from last dose of Tetanus/Diphtheria containing vaccine	Every 10 years following primary series(the date that dose 3 was given)

NOTE: Persons who <u>have not</u> completed the DTP/DT/DTaP series should have previous doses counted and should complete series using Td.

[1]For retrospective checking, doses that violate the minimum interval (to next dose) by 4 or fewer days do not need to be repeated.

[2]If aTetanus/Diphtheria containing vaccine has been received before age 7, a 6-month interval is required between dose 2 and dose 3 to complete the series at or after age 7 years with the third dose.

[3]The 1st booster dose may be given at 11 through 18 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP, or DT. Additional Td boosters should be at 10-year intervals. More frequent boosters are not necessary and have been reported to result in an increased incidence and severity of adverse reactions.

[4]If a dose is given sooner as part of wound management, the next booster should not be given for 10 years.

IV. CONTRAINDICATIONS:

A. Moderate or severe illness with or without a fever; delay immunization until illness has resolved.

B. History of anaphylactic reaction (hives, swelling of the mouth and throat, difficulty breathing, hypotension or shock) or severe neurological complications such as peripheral neuropathy or Guillain-Barré Syndrome, following a prior dose of Td or thimerosal-containing vaccine (**NOT DTP)**.

NOTE: If an anaphylactic reaction to a previous dose of Tetanus toxoid is suspected, intradermal skin testing may be useful before the decision is made to discontinue further doses. In this case refer client to his physician or an allergist.

V. PRECAUTIONS:

A. For the person who has a valid contraindication to tetanus toxoid, who has not completed a primary series and has a major, dirty wound, ONLY PASSIVE IMMUNIZATION using tetanus immune globulin (TIG) is recommended.

B. Immunosuppressive therapies including irradiation, antimetabolites, alkylating agents, cytotoxic drugs and corticosteroids (used in greater than physiologic doses) may reduce the immune response to vaccines.

C. For persons known to have developed Guillain-Barré syndrome (GBS) within 6 weeks of a previous tetanus toxoid containing vaccine, the decision to give additional doses of Td should be determined by client's medical provider.

VI. SIDE EFFECTS AND ADVERSE EVENTS:

Reactions	Frequency
Redness	Not unusual
Edema	Not unusual
Warmth at site	Not unusual
Tenderness	Not unusual
Malaise	Not unusual
Rash	Not unusual
Transient fever	Not unusual
Arthus-type hypersensitivity	Infrequent
Sterile abscess	6-10 per 1 million doses
Neurological complications	Infrequent

NOTE: Arthus-type hypersensitivity reaction (subcutaneous necrosis) or fever of ≥103ºF following a prior dose of tetanus toxoid: This person should not be given even emergency doses of Td more frequently than every 10 years--even if they have a wound that is neither clean nor minor. (They usually have a high serum tetanus antitoxin level.)

VII. OTHER CONSIDERATIONS:

A. Pregnancy:
Combined tetanus and diphtheria toxoids are the only immunobiologic agents routinely indicated for susceptible pregnant women. Previously vaccinated pregnant women who have not received a Td immunization within the last 10 years should receive a booster dose. Pregnant women who are unimmunized or only partially immunized against tetanus should complete the primary series.

VIII. ADVERSE EVENT REPORTING:

Adverse events following immunization must be reported to the Vaccine Adverse Events Reporting System (VAERS) at 1-800-822-7967. Forms and procedures can be found at the VAERS website: www.vaers.org. In addition, a copy of the completed VAERS form should be sent to the patient's primary provider, per ORS 855-041-0510.

Table 2. Events Reportable to VAERS for Tetanus toxiod-containing vaccines

Illness, disability, injury or condition covered	**Time period until first symptom or the onset of significant reactions following vaccine administration**
A. Anaphylaxis or anaphylactic shock	4 hours
B. Brachial Neuritis	2-28 days
C. Any acute complication sequela(including death)	Not applicable

IX. REFERENCES:

1. Diphtheria & Tetanus. In*: Epidemiology and Prevention of Vaccine-Preventable Diseases* ("Pink Book"). Atkinson W, Hamborsky J, Wolfe S, eds. 8th ed. Washington, DC: Public Health Foundation, 2004: 55-73. Available at http.//www.cdc.gov/nip/publications/pink/tetanus.pdf.
2. General Recommendations on Immunizations, MMWR Vol. 51, RR-2, 2/8/02.
3. Tetanus Surveillance-United States 1995-1997, MMWR Vol. 47, SS-2, 7/3/98.
4. Diphtheria, Tetanus, and Pertussis: Recommendations for Vaccine Use and other Preventive Measures, MMWR Vol. 40, RR-10, 8/8/91.
5. Product inserts.

For more information or to clarify any part of the above order, consult with the vaccine recipient's primary health care provider or call Health Services, Immunization Program, (503) 731-4020.