II. LICENSED VACCINES

A. LICENSED COMBINATION Td VACCINE

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Vaccine Components</th>
<th>Acceptable Age Range</th>
<th>Thimerosal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decavac™ (sanofi pasteur)</td>
<td>Tetanus &amp; diphtheria toxoids</td>
<td>≥7 years Trace</td>
<td>Trace &lt;0.3 μg/0.5 ml</td>
</tr>
</tbody>
</table>

B. LICENSED COMBINATION Tdap VACCINE

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Vaccine Components</th>
<th>Acceptable Age Range</th>
<th>Thimerosal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boostrix®</td>
<td>tetanus toxoid, diphtheria toxoid, acellular pertussis</td>
<td>≥7 years³ No</td>
<td></td>
</tr>
<tr>
<td>Adacel™ (sanofi pasteur)</td>
<td>tetanus toxoid, diphtheria toxoid, acellular pertussis</td>
<td>≥7 years³ No</td>
<td></td>
</tr>
</tbody>
</table>

1 Tdap products are interchangeable as long as age requirements are met for each vaccine. Note that neither vaccine is licensed for use in children <10 years of age. 2 Licensed only for a single dose at this time. 3 Off-label age range. Currently Boostrix® is FDA-approved for persons 10–64 years of age and Adacel™ for persons 11–64 years of age; however, ACIP has endorsed the use of these vaccines in all persons ≥7 years of age.
III. RECOMMENDATIONS FOR USE

A. Persons ≥7 years old without documentation of a childhood DTaP schedule or for whom vaccination status isn’t known should receive a series of 3 doses of an adult Td-containing vaccine. If the person is ≥7 years old, one (and only one) of these 3 doses should be Tdap — preferably the first dose.

B. To provide protection against pertussis, non-pregnant persons ≥11 years of age who have not received Tdap should receive a single dose of Tdap at the first opportunity, regardless of whether and when they have received a Td booster.1

C. Administer Tdap (or Td) simultaneously with other vaccines when indicated and available.

D. Post-partum women (including those who are breastfeeding) who have not previously received a dose of Tdap should receive Tdap vaccine before hospital discharge.2

E. A Td booster, rather than Tdap, is generally recommended during pregnancy if ≥10 years have elapsed since a previous Td.2

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1 Except as part of a primary series for children not vaccinated with DTaP, there is no recommended interval to be observed before receipt of Tdap vaccine.

2 ACIP suggests that providers can defer Td if sufficient tetanus protection is likely, and then vaccinate with Tdap post-partum. If Td is given during pregnancy, Tdap is still recommended by ACIP in the post-partum period, before hospital discharge.
IV. SCHEDULES FOR TETANUS, DIPHTHERIA, AND PERTUSSIS CONTAINING VACCINES

A. ROUTINE Td VACCINE SCHEDULE Dose: 0.5 ml IM

<table>
<thead>
<tr>
<th>Dose</th>
<th>Minimum age</th>
<th>Recommended age</th>
<th>Minimum interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7 years</td>
<td>≥7 years</td>
<td>not applicable</td>
</tr>
<tr>
<td>2</td>
<td>7 years</td>
<td>≥7 years</td>
<td>≥4 weeks after dose #1</td>
</tr>
<tr>
<td>3,4</td>
<td>7 years</td>
<td>≥7 years</td>
<td>≥6 months after dose #2</td>
</tr>
<tr>
<td>Booster Doses 5-7</td>
<td>10 years</td>
<td>Every 10 years</td>
<td>≥5 years from last dose of a tetanus and diphtheria-containing vaccine</td>
</tr>
</tbody>
</table>

1. For unvaccinated persons ≥7 years of age (including persons who cannot document prior vaccinations), the primary series is three doses.
2. For retrospective checking, doses that violate the minimum interval or age by 4 or fewer days do not need to be repeated. Doses administered 5 days or earlier than the minimum interval or age should be repeated, as age-appropriate.
3. Persons ≥7 years of age who have not completed the DTP/DT/DTaP series should have previous doses counted and should complete the series using Td or Tdap.
4. If the 3rd dose of a tetanus and diphtheria-containing vaccine (includes previous doses of DTaP, DTP or DT) is administered on or after the 7th birthday and the first dose was given ≥1 year of age, a 4th dose is not required. There is a 6-month interval between dose 2 and dose 3. If the first dose was given at <1 year of age, a total of 4 doses are needed for the initial series. The minimum interval between doses 3 and 4 is 6 months.
5. The first booster dose may be given at 11–18 years of age if at least 5 years have elapsed since the last dose of tetanus-containing vaccine. If Tdap was part of the initial series and was given to a person ≥10 years of age, the next booster dose is due 10 years the last dose of tetanus-containing vaccine.
6. If a booster dose is given at a time sooner than the minimum interval but to a person at least 10 years of age, as part of wound management, the next booster should be given 10 years later.
7. If ≥6 doses of a diphtheria- or tetanus-containing vaccine is given before 7 years of age, a booster is due 5 years after the 6th or last dose.
### B. ROUTINE Tdap VACCINE SCHEDULE Dose 0.5 ml IM

<table>
<thead>
<tr>
<th>Group</th>
<th>Minimum age</th>
<th>Dose</th>
<th>Recommended Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents</td>
<td>10 years for Boostrix®</td>
<td>1</td>
<td>11–18 years of age&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>11 years for Adacel&lt;sup&gt;TM&lt;/sup&gt;</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Adults&lt;sup&gt;4,5&lt;/sup&gt;</td>
<td>19 years for Adacel&lt;sup&gt;TM&lt;/sup&gt; and Boostrix®</td>
<td>1</td>
<td>≥19 years of age</td>
</tr>
</tbody>
</table>

<sup>1</sup> Except as part of a primary series for children not vaccinated with DTaP, there is no recommended interval to be observed before receipt of Tdap vaccine.

<sup>2</sup> A single dose of either Boostrix® or Adacel<sup>TM</sup> may be administered to adolescents who have completed the childhood DTP or DTaP vaccination series. Adolescents who have never been vaccinated against tetanus, diphtheria or pertussis should receive a series of 3 vaccinations. The preferred schedule is a single Tdap dose, followed by a dose of Td ≥4 weeks after the Tdap dose and a second dose of Td ≥6 months after the Td dose. However, Tdap may substitute for any one (and only one) of the 3 Td doses in the series.

<sup>3</sup> Adolescents 11–18 years of age should receive a single dose of Tdap instead of Td if they have completed the recommended childhood DTP or DTaP vaccination series ≥5 years ago, and have not yet received a Td booster. If a Tdap dose is given sooner as part of wound management to a person ≥10 years of age, the next Td booster should not be administered for 10 years.

<sup>4</sup> A single Tdap dose should replace the currently recommended Td vaccine that is used as the adult booster vaccine. When another tetanus and diphtheria booster is needed, Td should be administered.

<sup>5</sup> Tdap should be administered with other vaccines that are indicated during the same visit when feasible.
### V. Tdap and Td
#### CONTRAINDICATIONS
- A. Severe allergic reaction to any vaccine component of Td or Tdap vaccine or following a prior dose.  
- B. Encephalopathy (e.g. coma, prolonged seizures) within 7 days of administration of a pertussis containing vaccine that is not attributable to another identifiable cause is a contraindication to Tdap.

#### VI. Tdap PRECAUTIONS
- A. History of an Arthus-type reaction following a previous dose of a tetanus toxoid–containing vaccine.
- B. Unstable neurological condition, uncontrolled epilepsy, or progressive encephalopathy.
- C. Severe latex allergy. (The Boostrix®, pre-filled needless syringes contain latex).
- D. History of Guillain-Barré syndrome within 6 weeks after a previous dose of tetanus toxoid-containing vaccine.
- E. Moderate or severe acute illness.

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1 Because of the importance of tetanus vaccination, individuals with this history should be referred to an allergist to determine whether they can be desensitized to tetanus toxoid.

2 Td vaccine should be administered for the remaining doses in the vaccination schedule to ensure protection against diphtheria and tetanus.

3 If previous Arthus reaction was likely, consider deferring Tdap or Td vaccination until at least 10 years have elapsed.

4 Td may be used if decision made to withhold a pertussis-containing vaccine.

### VII. SIDE EFFECTS AND ADVERSE EVENTS

<table>
<thead>
<tr>
<th></th>
<th>Tdap</th>
<th>Td</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local Reactions</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| pain, redness, swelling | Pain: 66%  
Redness: 25%  
Swelling: 21%     | Common but self-limiting         |
| **Severe Local Reactions** | Occasionally OR Arthus-like   
extensive painful swelling from shoulder to elbow       | Occasionally OROccasional |
| **Systemic Reactions** |近年  
fever  
headache, fatigue, gastrointestinal symptoms | Temp ≥100.4°F: 1.4%  
Occasional | Temp ≥100.4°F: 1.1%  
Occasional |
| **Severe Systemic Reactions** | Guillain-Barré syndrome  
brachial neuritis | rare  
rare | rare  
rare |

1 Generally begins 2–8 hrs after injection; most often in adults; particularly in those who have received frequent doses of diphtheria or tetanus toxoid.
VIII. OTHER CONSIDERATIONS

A. **History of pertussis**: Adolescents or adults with a history of pertussis disease generally should receive Tdap according to the routine recommendations. However, if the illness was <5 years ago and the diagnosis was culture confirmed, it is reasonable to wait 3–5 years before administration of Tdap, unless tetanus and diphtheria toxoids are needed.

B. **Incomplete or unknown vaccination history**: Adults who have never received tetanus and diphtheria toxoid-containing vaccine should receive a series of three vaccinations. The preferred schedule is a single dose of Tdap, followed by Td ≥4 weeks later, and a 2nd dose of Td 6–12 months later. Tdap should be used for one and only one dose in the series. The other two doses should be Td.

C. Tetanus disease does not confer immunity because of the very small amount of toxin required to produce illness. Persons recovering from tetanus disease should begin or complete active immunization with tetanus toxoid (Td) during convalescence.

D. **Inadvertent administration of Tdap or Pediatric DTaP**: Guidance on the best approach to vaccination following misadministration of Tdap to infants or DTaP to adolescents can be found at: [http://www.cdc.gov/mmwr/pdf/rr/rr5503.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr5503.pdf), p. 27.

E. For someone with a history of fainting with injections, a 15-minute observational period is recommended after immunization.
IX. TETANUS WOUND MANAGEMENT AMONG PERSONS ≥7 YRS

<table>
<thead>
<tr>
<th>Tetanus Vaccination History</th>
<th>Clean, minor wound Administer:</th>
<th>All other wounds(^1) Administer:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tdap or Td(^2)</td>
<td>TIG</td>
</tr>
<tr>
<td><strong>Unknown or &lt;3 doses</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>≥3 doses</strong></td>
<td>No(^3)</td>
<td>No</td>
</tr>
</tbody>
</table>

\(^1\)Such as, but not limited to, wounds contaminated with dirt, feces, soil, and saliva; puncture wounds; avulsions; and wounds resulting from missiles, crushing, burns or frostbite.

\(^2\) Tdap is preferred over Td for persons 7─10 years of age if under immunized against pertussis or vaccination status is unknown. Td is preferred over TT for adolescents and adults who received Tdap or if Tdap is not available; however, TT is acceptable.

\(^3\) Yes, if >10 years since the last tetanus toxoid vaccine dose

\(^4\) Yes, if >5 years since the last tetanus toxoid vaccine dose

TIG=tetanus immune globulin.

TT=tetanus toxoid
X. ADVERSE EVENT REPORTING
Adverse events following immunization should be reported by public providers to the Immunization Program, Health Services, using a Vaccine Adverse Events Reporting System (VAERS) form, according to state guidelines. Private providers report all adverse events directly to VAERS. VAERS phone number: 800-822-7967, and the website address is www.vaers.hhs.gov

XI. Events Reportable to VAERS

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Illness, disability, injury or condition covered</th>
<th>Time period for the onset of a significant reaction following vaccine administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccines containing tetanus toxoids</td>
<td>Anaphylaxis or anaphylactic shock</td>
<td>4 hours</td>
</tr>
<tr>
<td></td>
<td>Brachial Neuritis</td>
<td>2─28 days</td>
</tr>
<tr>
<td></td>
<td>Any acute complication or sequela (including death)</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
XII. REFERENCES

1. Notes and slides from ACIP recommendations at the October 27 & 28 2010 meeting. Available at: http://www.cdc.gov/vaccines/recs/acip/meetings.htm#slides


3. CDC. Preventing tetanus, diphtheria, and pertussis among adolescents: Use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine; MMWR 2006; 55 (RR-3). Available at: www.cdc.gov/mmwr/PDF/rr/rr5503.pdf.


5. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and post partum women and their infants. MMWR 2008; 57. Available at: www.cdc.gov/mmwr/PDF/rr/rr57e0514.pdf


For more information regarding the indications or administration of vaccines contact your Local health department, or the IDPH Immunization Section, at 1-800-526-4372.