

Td/Tdap
Tetanus, Diphtheria & Tetanus, Diphtheria and Pertussis

<p>Pathophysiology</p>	<p>Diphtheria: Bacteria Respiratory transmission Incubation 2-5 days</p> <p>Tetanus: Bacteria Enters the body through a wound Incubation 3-21 days</p> <p>Pertussis: Bacteria Respiratory transmission Incubation 5-10 days</p>
<p>Vaccine Description</p>	<ul style="list-style-type: none"> • Inactivated polysaccharide vaccine, containing diphtheria toxoid, tetanus toxoid & acellular pertussis • Two diphtheria, tetanus and acellular pertussis vaccines (Tdap) are licensed: <ul style="list-style-type: none"> ○ Boostrix™ for administration to persons 10 years of age and older ○ Adacel™ for administration to persons 10-64 years of age
<p>Dose & Route</p>	<p>0.5 mL given IM</p>
<p>Administration Schedule</p> <p>Tdap can be administered regardless of interval since the last tetanus-or diphtheria-toxoid containing vaccine.</p> <p>*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 and at least 6 months after the 3rd dose.</p> <p>ACIP DTaP Vaccine Recommendations CDC</p> <p>Diphtheria, Tetanus, and Pertussis Vaccine Recommendations CDC</p>	<p><i>Administration schedule for Td/ Tdap booster doses following a primary DTaP/Td series:*</i></p> <ul style="list-style-type: none"> • Adolescents 11-12 years: 1 dose Tdap <p>Catch-up vaccination</p> <ul style="list-style-type: none"> • Adolescents age 13-18 years who have not received Tdap: 1 dose Tdap, then Td booster every 10 years • Persons age 7-18 years not fully immunized with DTaP: 1 dose Tdap as part of catch-up series (preferably the first dose); if additional doses are needed, use Td • Children age 7-9 years who receive Tdap inadvertently or as part of the catch-up series should receive the routine Tdap dose at 11-12 years • DTaP inadvertently given after the 7th birthday: Child age 7-9 years: DTaP may count as part of catch-up series; routine Tdap dose at 11-12 should be administered. Adolescent age 11-18 years: count dose of DTaP as the adolescent Tdap booster <p>Dose Minimal Dose Intervals</p> <p>1.....0</p> <p>2.....4 weeks after dose #1</p> <p>3.....6 months after dose #2</p>

<p>Adults aged 19 and older</p> <p>**Guidance for vaccination providers:</p> <p>The limited supply of Td vaccine needs to be preserved for those with a contraindication to receiving pertussis-containing vaccines. To assist vaccination providers, CDC has developed the following guidance:</p> <ul style="list-style-type: none"> • Transition to use of Tdap vaccine in lieu of Td vaccine whenever possible while Td vaccine supplies are constrained. • Tdap vaccine is an acceptable alternative to Td vaccine, including when a tetanus booster is indicated for wound management. • Tdap vaccine isn't an acceptable alternative only when a person has a <u>specific contraindication to pertussis-containing vaccines</u>, which is very rare. 	<p>Administration Schedule for Td/ Tdap booster doses following a primary DTaP/Td series:*</p> <ul style="list-style-type: none"> • Td or Tdap should be given every 10 years following a dose of Tdap or for tetanus prophylaxis in wound management • Adults 19-64 years of age, especially those who have close contact with infants < 1 year of age, should receive a single dose of Tdap to replace a single dose of Td as a booster immunization if they have not already received Tdap. • Adults 65 years and older who have or anticipate having close contact with an infant aged less than 12 months should receive a single dose of Tdap. • Other adults 65 years and older may be given a single dose of Tdap.
<p>Contraindications for Td and Tdap</p>	<p>Td and Tdap:</p> <ul style="list-style-type: none"> • Anaphylactic reaction to any of the vaccine components. • Life threatening allergic reaction after a previous dose of DTP, DTaP, DT, Td or Tdap <p>Tdap:</p> <ul style="list-style-type: none"> • Encephalopathy not attributed to another identifiable cause within 7 days of a previous dose of a pertussis containing vaccine
<p>Precautions</p>	<p>Td, Tdap:</p> <ul style="list-style-type: none"> • Acute, moderate or severe illness with or without fever • Arthus-type hypersensitivity reactions • Guillain-Barré syndrome (GBS) within 6 wks. after a previous dose of tetanus toxoid containing vaccine <p>Tdap:</p> <ul style="list-style-type: none"> • Progressive neurological disorder, uncontrolled epilepsy, or progressive encephalopathy until treatment regimen has been established and condition stabilized
<p>Special Considerations</p>	<p>Pregnancy/Postpartum:</p> <p>Pregnant women should receive a dose of Tdap during <u>each</u> pregnancy irrespective of their prior history of receiving Tdap. Optimal timing for Tdap administration is between 27 and 36 weeks of gestation for women not previously vaccinated with Tdap, If Tdap is not administered during pregnancy, Tdap should be administered immediately postpartum.</p> <p>Wound management:</p> <ul style="list-style-type: none"> • For detailed guidelines, refer to wound management guidelines in the ACIP Recommendation Statements for Td and Tdap located at: <p>Simultaneous Administration:</p> <ul style="list-style-type: none"> • Tdap and MCV4 should be administered to adolescents 11-18 during the same visit if both vaccines are indicated and available.