**Tetanus prophylaxis – Adult & Paediatric**

**‘There may be some slight variations within your Trust compared with the contents of this document, this document can be used and adapted if you do not have a Trust version’**

***ASSESSMENT***

**A Tetanus prone wound is:**

• Any wound or burn that requires surgical intervention that is delayed for > 6 hours

• Any wound or burn at any interval after injury that shows one or more of the

following characteristics:

* A significant degree of devitalised tissue
* Puncture-type wound
* Contact with soil or manure likely to harbour tetanus organisms
* Open fracture
* Any wound containing foreign bodies
* Wounds or burns in patients who have systemic sepsis.

**Intravenous drug abusers** are at greater risk of tetanus. Every opportunity

should be taken to ensure that they are fully protected against tetanus. Booster

doses should be given if there is any doubt about their immunisation status.

**Immunosuppressed patients** may not be adequately protected against tetanus,

despite having been fully immunised. They should be managed as if they were

incompletely immunized.

**High risk wounds:**

* Heavy contamination with material likely to contain tetanus spores
* Extensive devitalised tissue

**The full course of diphtheria, tetanus & polio vaccination, 5 doses (2013):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Schedule** | **Paediatric age** | **Paediatric vaccine** | **Adult** | **Adult vaccine** |
| Primary course(3 doses) | 2, 3 and 4 months | DTaP/IPV/Hib | Each 1 month apart | Td/IPV |
| 4th dose | 3 years 4 months – 5 years | DTaP/IPV | 10 years after primary course | Td/IPV |
| 5th dose | 13-18 years | Td/IPV | 10 years after 4th dose | Td/IPV |

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/327799/Tetanus_Immunoglobulin_Handbook.pdf>

***MANAGEMENT OF TETANUS-PRONE WOUNDS***

* All wounds require thorough cleaning, whatever the tetanus status.

**Table of management**

|  |  |  |
| --- | --- | --- |
| **Immunisation Status** | **Clean Wound** | **Tetanus Prone Wound** |
| **Vaccine** | **Vaccine** | **Human tetanus immunoglobulin** |
| Fully immunised i.e. has received a total of 5 doses of tetanus vaccine at appropriate intervals  | None required  | None required  | Only if high risk |
| Primary immunisation complete, boosters incomplete but up to date  | None required (unless next dose due soon and convenient to give now)  | None required (unless next dose due soon and convenient to give now)  | Only if high risk |
| Primary immunisation incomplete or boosters not up to date  | A reinforcing dose of vaccine and further doses as required to complete the recommended schedule (to ensure future immunity)  | A reinforcing dose of vaccine and further doses as required to complete the recommended schedule (to ensure future immunity)  | Yes: one dose of human tetanus immunoglobulin in a different site  |
| Not immunised or immunisation status not known or uncertain  | An immediate dose of vaccine followed, if records confirm this is needed, by completion of a full 5 dose course to ensure future immunity  | An immediate dose of vaccine followed, if records confirm this is needed, by completion of a full 5 dose course to ensure future immunity  | Yes: one dose of human tetanus immunoglobulin in a different site  |

***WHICH VACCINE TO USE?***

|  |  |  |  |
| --- | --- | --- | --- |
| **Age** | **Components** | **Vaccine stocked at BCH** | **Dose** |
| Primary immunisation forchildren < 10 years | DTaP/IPV/Hib | *Pediacel*or*Infanrix-IPV+Hib* | 0.5 ml IM |
| Booster for children 3 – 10years | dTaP/IPV | *Repevax* | 0.5 ml IM |
| Primary immunisation forchildren 10 years | dTaP/IPV | *Revaxis* | 0.5 ml IM |
| Booster 10years |

***HUMAN TETANUS IMMUNOGLOBULIN***

* Standard dose: 250 units IM
* If > 24 hours since injury or heavy contamination or following burns: 500 units IM should be given
* If IM tetanus immunoglobulin cannot be sourced, Human normal immunoglobulin for subcutaneous use (Subgam) may be given IM
* Volume of Subgam to achieve recommended dose of 250 units is approximately 5mL

***REFERENCE***

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