TETANUS

Prophylaxis for tetanus-prone wounds
The following wounds are considered tetanus-prone:
• Wounds contaminated with soil, faeces, saliva or foreign bodies
• Puncture wounds*, avulsions, burns or crush injuries
• Wounds or burns requiring surgical treatment which is delayed for more than 6 hours
• Compound fractures

Note: Occasionally, apparently trivial injuries can result in tetanus.

*Needlestick injuries in healthcare settings are unlikely to pose a risk of tetanus.

Risk assessment of wounds for use of vaccination and tetanus immunoglobulin (TIG)

<table>
<thead>
<tr>
<th>Vaccination status</th>
<th>Clean wound</th>
<th>Tetanus prone wound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully immunised (5 doses of tetanus vaccine at</td>
<td>Nil</td>
<td>Consider TIG*</td>
</tr>
<tr>
<td>appropriate intervals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary immunisation and age</td>
<td>Nil</td>
<td>Consider TIG*</td>
</tr>
<tr>
<td>appropriate boosters complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary immunisation or age</td>
<td>Age appropriate</td>
<td>TIG</td>
</tr>
<tr>
<td>appropriate boosters incomplete</td>
<td>tetanus vaccine and complete</td>
<td></td>
</tr>
<tr>
<td>vaccine schedule</td>
<td>complete vaccine schedule</td>
<td></td>
</tr>
<tr>
<td>Unimmunised or unknown vaccine status</td>
<td>Age appropriate</td>
<td>Age appropriate</td>
</tr>
<tr>
<td></td>
<td>tetanus vaccine and complete</td>
<td>tetanus vaccine and complete</td>
</tr>
<tr>
<td></td>
<td>vaccine schedule</td>
<td>vaccine schedule</td>
</tr>
</tbody>
</table>

*Consider TIG for fully vaccinated patients who are immunocompromised

Important:
If both TIG plus a vaccine are to be given, administer at separate sites.

Refer to GP for follow-up vaccines.

Batch numbers and expiry dates must be recorded for all vaccines given.

This information MUST be communicated to the patient’s GP so that:
• Duplication of vaccination does not occur
• Full records may be passed onto the relevant agencies in order that a full nationwide database is kept of batch numbers and expiry dates of vaccines given to children.

Specific anti-tetanus immunoglobulin
Indications
Prophylaxis with TIG is recommended for those with tetanus-prone wounds who:
• have not received at least 3 doses of tetanus toxoid and their last dose within 10 years (see table above)

or
• are immunocompromised, even if fully immunised (see Chapter 3 of Immunisation Guidelines for Ireland 2013).
Dose and route of administration

**Prevention**

250 units (1ml) intramuscularly into the anterolateral thigh.

The single dose of TIG is doubled to 500 units (2ml) when any of the following situations exist:

- The injury occurred more than 24 hours previously
- The patient weights more than 90kg
- The wound is heavily contaminated
- The wound is infected or involves a fracture