

## IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed (Tdap)</p> <p>BOOSTRIX® GlaxoSmithKline</p> <p>ADACEL™ Sanofi pasteur</p>	<p>Tdap vaccines are not licensed for use for the primary series. However, ACIP recommends that for persons aged 11 through 64 years who have not completed the primary series, a single dose of Tdap (0.5 mL IM) be administered in place of one of the Td doses, preferably the first dose.</p>	<p><b>Persons 11 through 64years:</b></p> <p>Dose: 0.5 mL IM (see comments)</p> <p>* Boostrix is licensed for persons 10-64 years of age; Adacel is licensed for persons 11-64 years of age.</p>	<p><b>Adolescents</b> aged 11-18 years should receive a single dose of Tdap instead of Td for booster immunization. The preferred age for the booster Tdap vaccination is at 11-12 years, if 5 years have elapsed since the last dose of DTaP, DTP, or DT. Adolescents aged 11-18 who received Td but not Tdap are encouraged to receive a single dose of Tdap. A 5-year interval between Td and Tdap is encouraged. An interval of less than 5 years can be considered in situations of increased risk of pertussis, such as during a pertussis outbreak, or if protection is desired because of close contact with an infant younger than 12 months of age or a young child who has not been vaccinated against pertussis.</p> <p><b>Adults</b> under 65 are recommended to have a single dose of Tdap to replace a single dose of Td for booster immunization if the most recent tetanus toxoid-containing vaccine was received at least 10 years earlier. Tdap may be given at an interval shorter than 10 years since receipt of the last tetanus toxoid-containing vaccine if necessary to protect against pertussis (see below).</p> <p><b>Persons in contact with infants:</b> Adults under 65 who expect to have close contact with an infant younger than 12 months of age (including women who may become pregnant) should get a dose of Tdap. Waiting at least 2 years since the last dose of Td is suggested, but not required. Ideally, Tdap should be given at least 1 month before beginning close contact with the infant. Women should receive a dose of Tdap in the immediate postpartum period if they have not previously received Tdap.</p> <p><b>Healthcare personnel</b> who work in hospitals or ambulatory care settings and have direct patient contact should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap. Other health-care personnel should receive a single dose of Tdap according to the routine recommendation and interval guidance for use of Tdap among adults. However, these personnel are encouraged to receive the Tdap dose at an interval as short as 2 years following the last Td.</p> <p><b>Adverse Reactions:</b> Erythema and induration with or without tenderness, headache, fatigue, fever may occur. Rarely Arthus reactions, encephalopathy, or Guillain-Barré Syndrome (GBS) occur.</p> <p><b>Precautions:</b> Persons with a progressive neurological disorder, uncontrolled epilepsy, or progressive encephalopathy until a treatment regimen has been established and the condition stabilized; history of an exaggerated local (Arthus-like) reactions; do not give further routine or emergency booster doses of Td more frequently than every 10 years; a history of GBS, within 6 weeks after a previous dose of tetanus toxoid containing vaccine.</p> <p><b>Contraindications:</b> Anaphylactic reaction after a prior dose; encephalopathy not attributable to another identifiable cause within 7 days of vaccination. A moderate or severe acute illness is reason to defer routine vaccination until condition improves. Pregnancy is not a contraindication for Tdap, however, Td is generally preferred if vaccination is needed during pregnancy.</p>