

## IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Tetanus and Diphtheria Toxoids, Adsorbed Adult (Td)</p> <p>Generic Td Sanofi Pasteur</p> <p>Decavax™ Sanofi Pasteur</p> <p>Generic Td Massachusetts Biological Laboratories</p>	<p><b>Persons 7 years or older (including adults)</b></p> <p>First: 0.5 mL IM Second: 0.5 mL IM 4-8 weeks later Third: 0.5 mL IM 6-12 months later</p>	<p>Dose: 0.5 mL IM every 10 years</p>	<p>Tdap is preferred over Td for the adolescent booster dose, and as a single dose for adults 19-64 years of age to replace the next Td booster dose, or in the case of adults who have never received Td (or other tetanus-diphtheria-containing vaccines), Tdap is recommended to be one of the 3 primary doses (preferable the first dose) (see Tdap section).</p> <p>Use Td (or Tdap, if indicated) instead of tetanus toxoid for wound management (see Wound Management in this document).</p> <p><b>Diphtheria vaccination for case contacts:</b> For contacts to a diphtheria case who have received less than three doses of a diphtheria toxoid-containing vaccine, or whose immunization history for diphtheria is unknown, an immediate dose of the appropriate diphtheria toxoid-containing vaccine should be given and the primary series completed according to the appropriate schedule. For contacts who have received three or more doses but who have not received a dose within the previous five years, a booster dose of diphtheria toxoid-containing vaccine is recommended.</p> <p><b>Adverse Reactions:</b></p> <ul style="list-style-type: none"> <li>• Local reactions (erythema and induration with or without tenderness). A nodule at the injection site may be palpable for several weeks</li> <li>• Sterile abscess at the injection site has been reported</li> <li>• Exaggerated local (Arthus-like) reactions are occasionally reported following receipt of a diphtheria- or tetanus containing vaccine</li> <li>• Mild systemic reactions such as fever may occur</li> <li>• Brachial neuritis in adult vaccine recipients has been associated with tetanus toxoid-containing vaccines (0.5 to 1 per 100,000 recipients)</li> <li>• Rarely, immediate anaphylactic reactions</li> </ul> <p><b>Precautions:</b></p> <ul style="list-style-type: none"> <li>• History of Guillain-Barré Syndrome (GBS) within 6 weeks of a prior dose of a tetanus toxoid-containing vaccine as tetanus vaccination has been rarely associated with recurrence of GBS. Vaccination is usually justified for children who have had fewer than 3 doses of a tetanus toxoid-containing vaccine.</li> <li>• History of Arthus-type hypersensitivity reactions or a temperature of &gt; 103°F (&gt;39°C) following of tetanus toxoid. These persons usually have high serum antitoxin levels and should not be given doses of td more frequently than every 10 years, even if they have a wound that is neither clean nor minor.</li> </ul> <p><b>Contraindications:</b></p> <ul style="list-style-type: none"> <li>• A severe allergic reaction (acute respiratory distress or collapse) to a vaccine component or following a prior dose of tetanus toxoid is a contraindication to receipt of tetanus toxoid. If a generalized reaction is suspected to represent allergy, it may be useful to refer an individual for appropriate skin testing before discontinuing tetanus toxoid immunization.</li> <li>• A moderate or severe acute illness is reason to defer routine vaccination until condition improves.</li> </ul>