

available in the United States. Tetanus toxoid is used for routine primary immunization, usually in one of the combinations listed for diphtheria, and provides protective antitoxin levels for approximately 10 years.

Tetanus and diphtheria toxoids along with acellular pertussis vaccine (Tdap, adolescent formulation) are now recommended for children 11 to 12 years old who have completed the recommended DTaP/DTP vaccine series but have not received the tetanus (Td) booster dose. Adolescents 13 to 18 years old who have not received the Td/Tdap booster should receive a single Tdap booster, provided the routine DTaP/DTP childhood immunization series has been previously received. In response to the increase in cases of pertussis in children, adolescents, and adults, the Centers for Disease Control and Prevention (Advisory Committee on Immunization Practices) now recommend that a Tdap booster be administered regardless of the time interval from the last tetanus- or diphtheria-toxoid containing vaccine (DTaP, DTP, Td, or Tdap). In addition, children 7 to 10 years old who are not fully vaccinated for pertussis (i.e., did not receive five doses of DTaP or four doses of DTaP with the fourth dose being administered on or after the fourth birthday), should receive a dose of Tdap ([Centers for Disease Control and Prevention, 2011c](#)). It is recommended that children receive subsequent Td boosters every 10 years ([American Academy of Pediatrics, 2015](#)). Boostrix (Tdap) is currently licensed for children 10 to 18 years old, whereas Adacel (Tdap) is licensed for individuals 11 to 64 years old.

For wound management, passive immunity is available with TIG. Persons with a history of two previous doses of tetanus toxoid can receive a booster dose of the toxoid. Separate syringes and different sites are used when tetanus toxoid and TIG are given concurrently.

For children older than 7 years old who require wound prophylaxis, tetanus immunization may be accomplished by administering Td (adult-type diphtheria and tetanus toxoids). If TIG is not available, the equine antitoxin (not available in the United States) may be administered after appropriate testing for sensitivity. The antitoxin is administered in a separate syringe and at a separate intramuscular site if given concurrently with tetanus toxoid.