

- Fever usually absent or only mild

## Therapeutic Management

Primary prevention is key and occurs through immunization and boosters (American Academy of Pediatrics, Committee on Infectious Diseases, and [Pickering, 2012](#)). Once an injury has occurred, further preventive measures are based on the child's immune status and the nature of the injury. Specific prophylactic therapy after trauma is administration of **tetanus toxoid** or **tetanus antitoxin**. A dose of tetanus toxoid is not necessary for clean, minor wounds in children who have completed the immunization series (see Immunizations, [Chapter 9](#), for age-specific recommendations).

An unprotected or inadequately immunized child who sustains a “tetanus-prone” wound (including wounds contaminated with dirt, feces, soil, and saliva; puncture wounds; avulsions; and wounds resulting from missiles, crushing, burns, and frostbite) should receive **tetanus immunoglobulin (TIG)**. Concurrent administration of both TIG and tetanus toxoid at separate sites is recommended both to provide protection and to initiate the active immune process (American Academy of Pediatrics, Committee on Infectious Diseases, and [Pickering, 2012](#)).

After the individual has received primary tetanus immunization, antitoxin is believed to provide protection for at least 10 years and for a longer period after booster immunization (American Academy of Pediatrics, Committee on Infectious Diseases, and [Pickering, 2012](#)). Recently, the Advisory Committee on Immunization Practices recommended no specific time intervals between the administration of a tetanus- or diphtheria-toxoid containing vaccine and Tdap (tetanus, diphtheria, and pertussis) to provide protection against pertussis; other than a localized pain reaction, no other side effects were noted in persons who received the Td and Tdap at intervals as short as 18 months ([Centers for Disease Control and Prevention, 2011](#)). Completion of active immunization is carried out according to the usual pattern. Antibiotic treatment with penicillin G (or erythromycin or tetracycline in older children with allergy to penicillin) is important in the management of tetanus as an adjunct against clostridia; metronidazole is a viable alternative ([Arnon, 2016a](#)).