



Best Practice Summary of the College of Urgent Care Medicine

THE TETANUS VACCINATION IN URGENT CARE

Date Reviewed	September 20, 2021
Subject	Tetanus Immunization in Urgent Care Practice
Patient Population	Adolescents and adults
Rationale	Tetanus is a disease caused by <i>Clostridium tetani</i> when spores enter the body through a breach in the skin. As wounds are commonly seen in urgent care, it is essential that the UC provider address vaccination status for tetanus when patients present with wounds.
Introduction	<i>C. tetani</i> spores are found in dirt worldwide. They may enter the body through wounds where the spores germinate. The bacteria produce toxins which disseminate through the body entering the nervous system. These toxins block neurotransmitters leading to unopposed muscle contractions and spasms. Seizures may also occur. Those at risk are patients who have either never received a tetanus vaccine series or did not stay up to date with the recommended 10-year booster shots. Improper wound care also increases the risk. As morbidity and mortality from this disease is high, prevention with vaccination is highly recommended.
Evidence based guideline with strength of evidence	https://www.cdc.gov/vaccines/vpd/dtap-tdap-td/hcp/recommendations.html
Discussion	Infants and children should receive 5 doses of DTaP at ages 2 months, 4 months, 6 months, 15-18 months, and 4-6 years. Tdap should be administered at age 11-12. Booster immunizations should be provided with either Td or Tdap every 10 years thereafter. At least one vaccine in adulthood should be Tdap. This can be given at any time regardless of previous Td vaccination. Recent information endorsed by the CDC and ACIP indicates that for adults, routine or



	<p>episodic tetanus prophylaxis may be provided with Td or Tdap interchangeably, provided the patient has had at least 1 Tdap as an adult. The difference between the two vaccines, other than containing pertussis, is cost. Tdap is more expensive than Td which may be an issue for some urgent cares.</p> <p>A tetanus toxoid-containing vaccine is indicated for wound management when >5 years has passed since the last dose, regardless of type of wound. If the patient is ≥ 11 years, Tdap is preferred unless it has been previously administered, in which case Td is sufficient.</p> <p>Patients who have not completed a primary vaccination series for tetanus or if it cannot be determined if they completed a primary vaccination series, should receive tetanus immune globulin following a suspected contaminated wound. Immunosuppressed patients with contaminated wounds should receive tetanus immune globulin regardless of vaccinated status.</p>
Summary	<p>Updating tetanus vaccination status is a common procedure in urgent care following traumatic wounds. The urgent care provider needs to assess the patient's previous tetanus history. Patients who have a traumatic wound who have not received a tetanus booster within 5 years should receive either Td or Tdap. Adult patients should receive at least 1 Tdap in their lifetime, however future updates may be either Td or Tdap. Patients who have not received a primary series, it cannot be determined if they received a primary series, or if they are immunosuppressed should receive tetanus immune globulin.</p>
References	<p>Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccines: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2019</p>



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	<p><i>MMWR</i>, January 24, 2020, Vol 69(3);77-83</p> <p>https://www.cdc.gov/vaccines/vpd/dtap-tdap-td/hcp/recommendations.html</p> <p>https://www.cdc.gov/tetanus/clinicians.html</p> <p>https://www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.html</p>
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Attachments (flow charts, graphics, tables, etc.)	<p>N/A</p>