# Tetanus Immune Globulin (Human)

**Revision Date:** May 27, 2013

Please consult the Product Monograph¹ for further information about this product.

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>HYPERTET™ S/D</th>
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<td>Grifols Therapeutics Inc. distributed by Grifols Canada Ltd.</td>
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**Off-license use**

None

**Indications for use of provincially funded Tetanus Immune Globulin**

Prophylaxis against tetanus — released after consultation with the local Medical Officer of Health:

- Individuals with tetanus-prone wounds and an unknown/uncertain history of active immunization with tetanus-containing vaccine
- Individuals with tetanus-prone wounds and a history of less than three doses of a tetanus-containing vaccine
- Individuals with humoral immune deficiency (e.g., HIV, agammaglobulinemia or hypogammaglobulinemia) and a tetanus-prone wound regardless of the time elapsed since the last tetanus-containing vaccine dose²

See Tetanus Post-exposure Prophylaxis in Injury/Wound Management.

**Treatment of active cases of tetanus**

For disease information and reporting requirements refer to: Public Health Notifiable Disease Management Guidelines – Tetanus.³

**Dose**

**Prophylaxis:**

- 250 units for all ages¹,²,⁴

**Note:**

- Alternately, for small children younger than seven years of age, dosage may be calculated using body weight (4.0 units/kg).¹,²,⁴
- Theoretically, the same amount of toxin will be produced in the child’s body by the infective tetanus organism as in an adult’s body.¹

**Treatment:**

- An optimal therapeutic dose has not been established.² The dosage should be based on the severity of the infection¹ following the attending physician’s recommendation.
- Some experts recommend 500 units to 3,000 to 6,000 units.⁴,⁵,⁶

**Route**

Deep intramuscular injection

**Schedule**

- Tetanus immune globulin (TIG) should be administered as soon as possible, ideally within 24 hours after a tetanus-prone wound has occurred
- The age-appropriate tetanus-containing vaccine should be administered at the same time using a separate syringe/needle and a different anatomical site.

**Notes:**

- If TIG is delayed due to unusual circumstances and the individual has had some tetanus vaccine though not up-to-date, there is probably little benefit in administering TIG more than a week or so after the injury.⁷ However, if the individual is completely unimmunized, TIG could be considered up to 21 days post injury.⁷ The appropriated tetanus-containing vaccine should also be administered at the same time as the TIG.²
• The recommended interval between a standard dose (250 units) of TIG and subsequent immunization with varicella or MMR vaccines is three months.\(^2\)

• When it is necessary for an immune globulin preparation to be administered within two weeks after receiving MMR or varicella vaccine, the immunization with MMR or varicella should be repeated three months after the TIG unless serologic testing indicates that antibodies were produced. If the immune globulin is administered more than 14 days post-MMR or varicella, the dose does not need to be repeated.\(^2\)

See [Routine Immunization Schedule](#) and [Tetanus Post-exposure Prophylaxis in Injury/Wound Management](#).

### Contraindications

Known severe hypersensitivity to any component of TIG or its container.

### Precautions

- Do not administer intravenously.\(^1\)
- Use with caution for individuals with a history of prior systemic allergic reactions following administration of human immunoglobulin preparations.\(^1\)
- Individuals with selective immunoglobulin A deficiency have the potential for developing IgA antibodies and could have anaphylactic reactions to subsequent administration of blood products (including immune globulin preparations) that contain IgA.\(^5\)
- **HYPERTET™** is made from human plasma. Products made from human plasma may contain infectious agents that can cause disease. The risk that such products will transmit an infectious agent has been reduced by screening plasma donors for prior exposure to certain viruses, testing for the presence of certain current viral infections and inactivating and/or removing certain viruses. Despite these measures, such products can still potentially transmit disease.\(^1\)
- Use with caution in individuals with severe thrombocytopenia or any coagulation disorder that would contraindicate intramuscular injections.\(^1\) See [Administration of Biological Products - Bleeding Disorders](#).

### Possible reactions following administration of HYPERTET®

#### Local reactions:

- Pain and muscle stiffness at the injection site\(^5\)

#### Systemic reactions:

- Slight fever\(^1\)
- Rarely, angioneurotic edema, nephrotic syndrome and anaphylaxis\(^1\)

Refer to: [Adverse Events Following Immunization (AEFI), Policy for Alberta Immunization Providers.\(^3\)](#)

### Pregnancy

Should be administered during pregnancy if indicated. Intact IgG crosses the placenta from maternal circulation increasingly after 30 weeks gestation.\(^5\)

### Lactation

Breastfeeding does not represent a contraindication to any maternal immunization.\(^2\) It is not known if tetanus immune globulin antibodies are excreted into breast milk.\(^5\)
References


4 Personal communication from Dr. Judy Shindman, Sanofi Pasteur. (Dec 20, 2006).


