Tetanus and Diphtheria Combined Vaccine (Td)

Revision Date: March 24, 2014

Please consult the Product Monograph¹ for further information about the vaccine.

<table>
<thead>
<tr>
<th>Td ADSORBED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer</td>
</tr>
<tr>
<td>Licensed use</td>
</tr>
<tr>
<td>Off-license use</td>
</tr>
</tbody>
</table>

### Indications for use of provincially funded vaccine

- Primary or reinforcing immunization of individuals 18 years of age and older.
- Individuals who sustain a wound injury need to have their tetanus immunization history assessed. See Tetanus Post-exposure Prophylaxis in Injury/Wound Management.

**Note:** Adult recipients of hematopoietic stem cell transplantation (HSCT). See Immunization for Adult Hematopoietic Stem Cell Transplant and Biological Products - DTaP-IPV (Infanrix®-IPV and Quadracel®).

### Dose

0.5 mL

### Route

Intramuscular injection

### Schedule

**Primary vaccine series:**

- Dose 1: day 0
- Dose 2: 4 – 8 weeks after dose 1
- Dose 3: 6 – 12 months after dose 2

Reinforcing doses are recommended at 10-year intervals.²

See Routine Immunization Schedule.

**Notes:**

- Adults receiving a primary series of Td should receive dTap to replace the first dose of Td in the series.
- Health care workers providing care to children younger than 12 months of age should receive a one-time dose of diphtheria, tetanus and acellular pertussis (dTap) in adulthood (18 years of age and older)² regardless of the interval from their last dose of tetanus and diphtheria vaccine.
- Adults presenting for a tetanus-diphtheria booster, should receive a one-time dose of dTap if they have not received a dose of diphtheria-tetanus-acellular pertussis-containing vaccine in adulthood (18 years of age and older).²

### Contraindications

- Known severe hypersensitivity to any component of Td ADSORBED
- Anaphylactic or other allergic reaction to a previous dose of vaccine containing tetanus or diphtheria antigens.

### Precautions

- Frequent booster doses of tetanus and diphtheria toxoids may lead to severe local and systemic reactions and may be associated with high levels of circulating antitoxin.² See Interpretation of Diphtheria Antitoxin Levels (DAT) and Tetanus Antitoxin Levels (TAT).
• If Guillain-Barré Syndrome (GBS) occurred within six weeks of immunization with a previous dose of vaccine containing tetanus toxoid, it is prudent to withhold subsequent doses of tetanus-containing vaccine.² Those who develop GBS outside this interval may receive subsequent doses of tetanus toxoid-containing vaccine. If there is a history of both Campylobacter infection and receipt of a tetanus-containing vaccine within six weeks before the onset of GBS, consultation with an infectious disease specialist is advised.²

Possible reactions

Local reactions:
• Pain, swelling and redness at the injection site may occur.¹ Usually of low frequency and transient in duration.
• Persistent nodules at the site of injection may occur.
• Following reinforcing doses, local erythema and swelling are not uncommon and arthus-type sensitivity may occur.

Systemic reactions:
• Fever, chills and sore or swollen joints.¹
• The following additional adverse events have been reported from post-marketing surveillance: lymphadenopathy, allergic reactions, anaphylaxis, urticaria, edema of the mouth, paresthesia, dizziness, vomiting, rash pruritus, myalgia, pain in extremities, injection site reactions, fatigue and peripheral edema.¹

Note: DAT/TAT level testing may be recommended for some reactions. See Interpretation of Diphtheria Antitoxin Levels (DAT) and Tetanus Antitoxin Levels (TAT).
Refer to Adverse Events Following Immunization (AEFI), Policy for Alberta Immunization Providers.³

Pregnancy

Susceptible pregnant women may receive Td vaccine if indicated.² There is no evidence to suggest a risk to the fetus or to the pregnancy from maternal immunization with Td.²

Lactation

May be administered safely to breastfeeding mothers if indicated.

References