**Tetanus and Diphtheria Toxoids and Acellular Pertussis (Tdap) and Tetanus and Diphtheria (Td) Routine, Catch-up and Booster Dose Vaccine Protocol**

vaccine protocol for Persons Age 7 years and older

**Document reviewed and updated:** **June 6, 2023**

## Condition for protocol

To reduce incidence of morbidity and mortality of tetanus, diphtheria, and pertussis disease.

## Policy of protocol

The nurse will implement this protocol for tetanus, diphtheria, with or without pertussis vaccination.

## Condition-specific criteria and prescribed actions

**Delete this entire paragraph before printing/signing protocol.**

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action.]

Indications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person is age 11-12 years. | Vaccinate using routine vaccination schedule. |
| Person is pregnant. | Give 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27-36. |
| Person is age 7 years and older and has not received a primary series for diphtheria and tetanus. | Initiate Tdap/Td primary catch-up series if meets remaining criteria. |
| Person is less than age 7 years. | Do not give Tdap or Td. Follow DTaP protocol. |
| Person who has previously received Tdap and is due for tetanus and diphtheria-containing booster. | Give Td or Tdap if meets remaining criteria. |
| Person is due for Td booster dose and has not received a Tdap. | Give Tdap if meets remaining criteria. |

Contraindications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person had a severe allergic reaction to a previous dose of DTaP, DT or Td. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person has a severe allergic reaction to a component of any of the Td/Tdap vaccines. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person developed encephalopathy within 7 days of receipt of a pertussis-containing vaccine and it was not due to another identifiable cause. | Give all doses in a primary series as Td. Do not give Tdap as one of the primary series doses. |

Precautions

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person is currently on antibiotic therapy. | Proceed to vaccinate. |
| Person has a mild illness defined as temperature less than \_\_\_\_°F/°C with symptoms such as: {to be determined by medical prescriber} | Proceed to vaccinate. |
| Person has a moderate to severe illness defined as temperature \_\_\_\_°F/°C or higher with symptoms such as: {to be determined by medical prescriber} | Defer vaccination and {to be determined by medical prescriber} |
| Current progressive neurological disorder. | [Refer to primary care provider.] [Give all doses in a primary series as Td. Do not give Tdap as one of the primary series doses.] |
| History of Arthus-type reaction following a previous dose of tetanus-toxoid containing vaccine. | Proceed to vaccinate only if it has been at least 10 years since previous dose of tetanus-toxoid containing vaccine. |
| Guillan-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine. | [Refer to primary care provider for evaluation of risk and benefit of vaccination.] |

## Prescription

* Tdap: 0.5 ml, intramuscular (IM), or
* Td: 0.5 ml, intramuscular (IM).

### Routine vaccination

* Adolescents age 11-12 years: 1 dose Tdap
* Pregnancy: 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27-36. Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

### Catch-up schedule

* Adolescents age 13–18 years who have not received Tdap: 1 dose Tdap, then Td or Tdap booster every 10 years.

### Td/Tdap Catch-up Primary Series

Follow a schedule of 0, 1, 7 months. Give at least one dose of Tdap and remaining two doses as either Tdap or Td. Give Tdap as the first dose (if feasible, otherwise ensure it is one of the three doses).

* Use the following intervals for completing the 3-dose series:
  + The minimum interval between dose 1 and dose 2 is 4 weeks
  + The minimum interval between dose 2 and dose 3 is 6 months.
  + If the first dose was DTaP/DT given before the first birthday, the interval between dose 2 and dose 3 is 4 weeks and dose 4 should be given 6 months after dose 3.
* Tdap administered at age 7–10 years:
  + Children age 7–9 years who receive Tdap should receive the routine Tdap dose at age 11–12 years.
  + Children age 10 years who receive Tdap do not need the routine Tdap dose at age 11–12 years.

### Booster dose

* Previously did not receive Tdap at or after age 11 years: 1 dose Tdap, then Td or Tdap every 10 years.
* People age 19 years and older: 1 dose Tdap or Td every 10 years.
* Wound management: Persons with 3 or more doses of tetanus-toxoid-containing vaccine:
  + For clean and minor wounds: administer Tdap or Td if more than 10 years since last dose of tetanus-toxoid-containing vaccine.
  + For all other wounds: administer Tdap or Td if more than 5 years since last dose of tetanus-toxoid-containing vaccine.

Note: Tdap is preferred for persons who have not previously received Tdap or whose Tdap history is unknown.

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

**Insert overseeing medical consultant’s information below and delete this sentence before printing/signing.**

In the event of questions or concerns call (insert name) at (insert phone number).

**This protocol shall remain in effect until rescinded.**

Name of prescriber (please print):

Prescriber signature:

Date: