Immunisation Advisory Centre

VERSION 1

Guide to tetanus prophylaxis in wound management

This factsheet replaces the former *Guidelines for tetanus-prone wound management*. The tables below provide guidance for patients with a completed primary tetanus vaccine course, and for those whose vaccination history is unknown or who haven't had a primary course.

CLEAN, MINOR WOUND
less than 6 hours old, non-penetrating, with negligible tissue damage.

ALL OTHER WOUNDS ARE TETANUS-PRONE
Includes puncture wounds, wounds with foreign bodies, compound fractures, bites, burns, crush injuries, and any wound contaminated with soil, dust or manure.

TIG =
Tetanus immunoglobulin

TABLE 1: Guidance for those who have completed a primary course (equals 3 or more lifetime doses of tetanus toxoid-containing vaccine) *NB: People born before 1960 may not have received a childhood primary course of tetanus vaccine*

Time since last tetanus vaccination	Clean, minor wounds	All other wounds
Less than 5 years	No vaccine required	No vaccine required
5 to 10 years	No vaccine required	**Give tetanus booster**
More than 10 years	**Give tetanus booster**	**Give tetanus booster**
No TIG required for any patient in this group (unless immunocompromised: see note below)		

TABLE 2. Guidance for those who have not completed primary course (uncertain, incomplete, or fewer than 3 doses of tetanus toxoid-containing vaccine) *NB: People born before 1960 may not have received a childhood primary course of tetanus vaccine*

Treatment	Clean, minor wounds	All other wounds
Tetanus vaccine	**Give tetanus vaccine**	**Give tetanus vaccine**
Tetanus immunoglobulin (TIG)	No TIG required	**Give TIG** Refer to acute care if you don't have TIG
AND complete the 3-dose primary course in every patient in this group (doses at least 4 weeks apart)		

Significantly immunocompromised patients (including immunocompromised HIV) with a tetanus-prone wound may not respond to vaccination and require TIG regardless of vaccination history.

TIG dose = 250 IU IM but give 500 IU if more than 24 hours since injury, burns or heavily contaminated wounds. Give TIG at a separate site from tetanus toxoid-containing vaccine. TIG should be administered up to 21 days following injury if it is assessed as needed. See Health Pathways for how to access TIG.

Tetanus toxoid-containing vaccines to use:

- **For adults:** Boostrix (Tdap)
- **In children up to and including 7 years of age:** use Infanrix-hexa/Infanrix-IPV vaccine appropriate to the immunisation schedule.
- **In children older than 7 years:** use Boostrix (Infanrix-hexa/ Infanrix-IPV can be used up to 10th birthday if catch-up doses of other antigens are required).
- **Those with incomplete vaccination status** should be provided with a letter for their GP documenting which vaccine was given, and AIR notified. TIG given simultaneously provides 3-4 weeks' protection. Inform patient/carer to complete full primary course of tetanus vaccine with their GP, including subsequent dose 4 weeks later.

Don't forget other immunisations that may be due. For live vaccine intervals following TIG, see IHB appendix 6 table A6.1

Based on the NZ Immunisation Handbook (table 22.2). Check the current Handbook for the definitive schedule and contraindications.
For further information for children, see the Starship clinical guideline 'Tetanus prophylaxis': starship.org.nz/guidelines/tetanus-prophylaxis