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Nationwide Tetanus Vaccine Shortage Causes Deferral of Routine
Td Booster Recommendations and 2001-2002 Td School Requirement

During 2000, one of the two pharmaceutical companies that manufactured tetanus vaccine stopped production, leaving only one company (*Aventis Pasteur*) to produce tetanus vaccine for the entire country. Although *Aventis Pasteur* increased vaccine production, there is a national shortage of tetanus vaccine. In accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines, until further notice the State of Alaska will modify the [childhood immunization schedule](#) and:

- suspend the tetanus-diphtheria (Td) booster requirement for adolescents for the upcoming 2001-2002 school year;
- suspend the routine ten-year tetanus booster recommendation for adults;
- modify vaccine ordering procedures for Alaska medical providers.

Which vaccines are affected by the shortage?

Td (*adolescent/adult tetanus-diphtheria vaccine*): Although in short supply, sufficient quantities of Td are available for priority indications, as outlined below. Only routine adult/adolescent boosters are to be deferred.

TT (*tetanus toxoid*): TT is **not** available; existing limited supplies have been reserved for production of tetanus immune globulin.

Note: Currently, DTaP and DT are **NOT** affected by this shortage. Present supplies of these vaccines currently are sufficient to provide routine vaccination of all children.

When will this shortage be resolved?

The shortage should be resolved within approximately one year. Updated information will be supplied through the *Epidemiology Bulletin*.

What are the priority indications for use of available tetanus vaccine?

All routine Td boosters in adolescents and adults should be delayed until adequate supplies are available.

Td use should follow existing ACIP recommendations for all other priority indications, which include:

1. persons traveling to a country where the risk for diphtheria is high*;
2. persons requiring tetanus vaccination for prophylaxis in wound management;
3. persons who have received fewer than three doses of vaccine containing tetanus and diphtheria toxoids (DTaP, DT or Td);
4. pregnant women who have not been vaccinated with Td within the last 10 years.

* Travelers to certain countries may be at substantial risk for exposure to toxigenic strains of *C. diphtheriae*, especially with prolonged travel, extensive contact with children, or exposure to poor hygiene. Based on surveillance data and consultation with the World Health Organization, countries with highest risk are:

Africa - Algeria, Egypt, and sub-Saharan Africa;

Americas - Brazil, Dominican Republic, Ecuador, and Haiti;

Asia/Oceania - Afghanistan, Bangladesh, Cambodia, China, India, Indonesia, Iran, Iraq, Laos, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Syria, Thailand, Turkey, Vietnam, and Yemen;

Europe - Albania;

Former Soviet Union - All countries.

How should Td be used for wound management?

All wound patients should receive Td if they have received <3 tetanus-containing vaccines or if vaccination history is uncertain. These patients also should receive tetanus immune globulin for wounds that are contaminated with dirt, feces, soil or saliva, puncture wounds, and avulsions and wounds resulting from missiles, crushing, burns or frostbite.

For persons with a history of ≥ 3 doses of tetanus toxoid-containing vaccine and severe or contaminated wounds, Td should be given only if >5 years have passed since the last dose of tetanus-containing vaccine. For clean and minor wounds, Td should be given only if the patient has not received a tetanus-containing vaccine in the preceding 10 years.

How will the State handle Td orders until adequate supplies are available?

Td vaccine orders placed with the Section of Epidemiology will be handled on a case-by-case basis. Providers are asked to **order only vaccine needed to meet the priority indications**. During this shortage, Td vaccine ordered for routine adult and adolescent boosters will be unavailable.

How should medical providers and schools handle adults and adolescents who are scheduled for routine boosters?

Medical providers - Providers should keep a record of patients whose booster Td doses are delayed during the shortage. When Td supplies are restored, these patients should be notified to return for vaccination.

Schools - The Td booster requirement for schools will be deferred for the entire 2001-2002 school year. If, as expected, adequate Td vaccine supplies are available before the 2002-2003 school year, the Td booster requirement will be reinstated for all students (including those who were deferred during the 2001-2002 year) who have not received a dose of tetanus/diphtheria-containing vaccine within the prior 10 years.

Reference:

Centers for Disease Control and Prevention. Notice to Readers: Deferral of Routine Booster Doses of Tetanus and Diphtheria Toxoids for Adolescents and Adults. *MMWR*. May 25, 2001, Vol. 50, No. 20: pp. 418, 427.

(Contributed by the Alaska Immunization Program, Section of Epidemiology.)