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MEMORANDUM

**TO: David Culp
IDPH Health Preparedness**

**FROM: Mark Amerson
IDPH Immunization Program**

Date: June 13, 2008

Subject: Tetanus-Diphtheria Vaccine Use In Emergency Situations

According to the Centers for Disease Control and Prevention (CDC), outbreaks of infectious disease after a flood in the U.S. are unusual and mass immunizing programs are not routinely recommended. **Exposure to flood water alone is not a reason to give tetanus-containing vaccine or any other vaccine.**

The need for tetanus vaccination after exposure to flood water depends on the presence of a wound, the condition of the wound and the likelihood that the injured person is susceptible to tetanus. The recommendations for use of tetanus-containing vaccine that apply during a flood are the same as those that apply at any other time. Tdap vaccine is preferred to Td for adults who have never received Tdap because immunity against pertussis wanes. Use a Tdap formulation that has been licensed for adults. Td should be used for adults previously vaccinated with Tdap and for persons >64 years of age.

Persons with severe wounds should be evaluated by a medical provider. Those who sustain puncture wounds or wounds that may be contaminated with soil or fecal material should receive tetanus-containing vaccine if more than 5 years have elapsed since their last tetanus booster. Persons who have not completed a primary tetanus series (a minimum of 3 doses of tetanus and diphtheria containing vaccine) must be vaccinated and given tetanus immune globulin (TIG) as soon as possible.

Persons who sustain clean, minor wounds should receive tetanus-containing vaccine if they have not completed a primary series or, if more than 10 years have elapsed since their last tetanus booster.

All persons should receive a tetanus booster every 10 years.