TETANUS VACCINATION: UPDATED RECOMMENDATIONS

The National Immunisation Advisory Committee (NIAC) recently issued updated recommendations on tetanus vaccination.

“Tetanus vaccination for unimmunised adults and children 10 years and over

- Unless reliable vaccine history, individuals should be assumed to be unimmunised and a full course of immunisation administered.
- In such situations give dT (dT booster) as the primary series vaccines (three doses) followed by an additional two booster doses.
- If polio immunisation status is also unknown give dTIPV (Revaxis) as the primary series vaccines (three doses) followed by an additional two booster doses.

Note:
Currently available vaccines licensed for those aged >10 years are primarily intended as booster doses following primary childhood immunisation. They may not give an adequate immune response when used for primary immunisation in those aged over 10.

Vaccination schedule

- Three doses with a minimum of one month between doses.
- The fourth dose should be given 5 years after the 3rd dose, and a fifth 10 years after the 4th dose.*

*A minimum of 1 year should be left between the primary course and first booster.
*A minimum of 5 years should be left between the first and second boosters.”
NIAC December 2006

Tetanus Vaccination 10 years and over

The issue with tetanus vaccine for those aged 10 years and over is the fact that the currently available dT and dT/IPV vaccines have a lower dose of tetanus toxoid and are primarily intended as booster vaccines. They may not give an adequate immune response when used for primary immunisation in those aged 10 years and over. However, as no other product is available for use in this age group there is no alternative but to use this product.

Tetanus and Diphtheria Vaccination under 10 years

We have also had queries about the use of these products for primary immunisation of children under 10 years. This question may arise when pertussis vaccine is refused by the parents or, in very rare cases, when it is contraindicated. These products also contain a lower dose of diphtheria toxoid than recommended for primary immunisation of children. They are not intended for use as part of the primary vaccine schedule and, if so used, may not give sufficient immune response to both tetanus and diphtheria. They are not licensed for such use. The issue is not one of safety but efficacy. However, no other product is available.

MENINGITIS PACKS

Early treatment of suspected cases of meningococcal disease with benzylpenicillin may be lifesaving and it is recommended that GPs carry supplies of this drug in an emergency bag.

We have recently sent all GPs new “meningitis packs” containing benzylpenicillin, water for injection, syringe, needles, swabs and dosage information. If any GP did not receive a pack please request one from the Department of Public Health (Tel. 021-4927363).
Meningococcal Disease Update

Following a slight increase in meningococcal disease in 2005 there was a decrease again last year, with only 23 confirmed cases, compared to 34 in 2005 (Fig 1). Of the 23 cases, 22 were Group B and one Group Y. There were no deaths in 2005 and 2006.

Figure 1. Meningococcal disease in Cork and Kerry 1998 to 2006

Figure 2. Age distribution of notifications, 2006

Figure 2 shows the age breakdown of confirmed cases, with 61% occurring in the under 5 year olds.

So far in 2007 the downward trend is continuing with 5 cases (4 confirmed Group B) in the first 10 weeks, compared to 10 (7 confirmed Group B) for the corresponding period in 2006.

US Meningococcal Vaccine

We have received a number of queries asking if the meningococcal vaccine used in the USA is a suitable alternative for Men C vaccine in Ireland. This question may arise when American students come to study in Ireland.

The epidemiology of meningococcal disease in the US differs from Ireland. The incidence is low, <1 per 100,000, compared to Ireland, 5-6 per 100,000. The serogroups causing disease differ in the two countries. In the US for the years 1996-2001, Group C was identified in 42%, Group B in 31% and Group Y in 21% of cases. In Ireland, prior to the introduction of the Men C vaccine, Group B accounted for about two thirds of cases and Group C about one third. Since the successful vaccination campaign Group B accounts for over 90% of cases, with very occasional cases due to other groups.

In 2005 the US licensed a quadrivalent conjugate meningococcal vaccine (MCV4) against Men C, A, Y and W135 for use in those aged 11-55 years. The trade name is Menactra from Sanofi Pasteur. The current recommendations for use in the USA are:

- All children at 11-12 years
- Unvaccinated children at entry to high school (age 15 years)
- All college freshmen living in dormitory
- Other persons 11-55 years at increased risk of invasive meningococcal disease.

Therefore, those who have received MCV4 in the USA since 2005 do not need to be revaccinated with Men C vaccine. Those who were vaccinated with a meningococcal vaccine in the USA prior to 2005 would have received the polysaccharide vaccine, giving short-term immunity only and should be offered Men C.