

Table 4.19.1: Guide to tetanus prophylaxis in wound management

History of tetanus vaccination	Time since last dose	Type of wound	DTPa, DTPa-combinations, dT, dTpa, as appropriate	Tetanus immunoglobulin* (TIG)
≥3 doses	<5 years	Clean minor wounds	NO	NO
		All other wounds [†]	NO	NO [‡]
≥3 doses	5–10 years	Clean minor wounds	NO	NO
		All other wounds [†]	YES	NO [‡]
≥3 doses	>10 years	Clean minor wounds	YES	NO
		All other wounds [†]	YES	NO [‡]
<3 doses or uncertain [§]		Clean minor wounds	YES	NO
		All other wounds [†]	YES	YES

* The recommended dose for TIG is 250 IU, given by IM injection, as soon as practicable after the injury. If more than 24 hours have elapsed, 500 IU should be given. Because of its viscosity, TIG should be given to adults using a 21 gauge needle. For children, it can be given slowly using a 23 gauge needle.

† All wounds, other than clean minor wounds, should be considered ‘tetanus-prone’. For more detail, see 4.19.9 *Tetanus-prone wounds* above.

‡ Individuals with a humoral immune deficiency (including HIV-infected persons who have immunodeficiency) should be given TIG if they have received a tetanus-prone injury, regardless of the time since their last dose of tetanus-containing vaccine.

§ Persons who have no documented history of a primary vaccination course (3 doses) with a tetanus toxoid-containing vaccine should receive all missing doses and must receive TIG. See 2.1.5 *Catch-up*.