Recommendations for Use of Vaccines During Floods

Information for Healthcare Providers

The following information provides guidance for use of tetanus diphtheria (Td), Tetanus diphtheria and acellular pertussis (Tdap), and Hepatitis A vaccine during flood conditions based on recommendations from the Centers for Disease Control and Prevention (CDC).

There is usually no increased risk of getting vaccine-preventable diseases, such as tetanus or Hepatitis A, during a flood. However, those assisting in clean-up efforts may be wounded and exposed to bacteria or viruses. While there are no flood-related recommendations for Hepatitis A vaccination, there are considerations for tetanus.

Available evidence indicates that complete primary vaccination with tetanus toxoid provides long-lasting protection among most recipients, so **tetanus vaccination is recommended for everyone**.

Guide to Routine Tetanus Vaccination

DTaP for young children	Tdap for preteens	Td or Tdap** for adults
2, 4 and 6 months		
15 through 18 months	11 through 12 years	Every 10 years†
4 through 6 years		

[†]After complete primary tetanus vaccination series, booster doses are recommended at 10-year intervals.

Management of flood-associated wounds (i.e., puncture or contaminated with feces, soil, or saliva) should include evaluation of tetanus immunity (and immunization if indicated) as at any other time.

For clean or minor wounds occurring during the 10-year interval, no additional tetanus booster is recommended, but for other wounds, a booster is appropriate if the patient has not received a tetanus-containing vaccine within the preceding five years. See the table below for guidance.

Guide to Tetanus Prophylaxis in Routine Wound Management

	Clean, minor wounds		All other wounds*	
Dose History	Td/ Tdap§	TIG†	Td/ Tdap§	TIG
Uncertain or <3 doses	Yes	No	Yes	Yes
≥3 doses	No, if <10 years since last dose	No	No, if <5 years since last dose	No
	Yes, if ≥10 years since last dose	No	Yes, if ≥5 years since last dose	No

^{*}Such as, but not limited to: wounds contaminated with dirt, feces, and saliva; puncture wounds; avulsions; and wounds resulting from missiles, crushing, burns, and frostbite.

Health care providers should review the patient's vaccination history in the North Dakota Immunization Information System (NDIIS) prior to vaccine administration, and offer vaccines based on the Advisory Committee on Immunization Practices (ACIP) recommendations.

^{**} Tdap vaccine is recommended for adolescents and adults to replace a single dose of Td as a booster immunization against tetanus, diphtheria, and pertussis (whooping cough). Tdap vaccine is also recommended for pregnant women.

[§]For children < 7 years old, DTaP (DT, if pertussis vaccine is contraindicated) is recommended. For persons ≥ 7 years old, Tdap is preferred to Td for people who have not previously received Tdap. There is not a minimal interval between Tdap and the most recent dose of Td. †TIG= Tetanus immune globulin.