

**OREGON HEALTH AUTHORITY  
IMMUNIZATION PROGRAM**

**DT (PEDIATRIC)  
Diphtheria and Tetanus Toxoids**

Date Formatting and Adverse Events Reporting link change.

**ORDER:**

1. Check the ALERT Immunization Information System to determine whether the patient needs this vaccine and any other vaccines.
2. Screen for contraindications
3. Provide the current Vaccine Information Statement (VIS), answering questions
4. Obtain a signed Vaccine Administration Record (VAR)
5. Give DT vaccine (0.5 ml), intramuscularly (IM) according to the age- appropriate schedule and situation of infants or children under seven years of age.
  - a. DT should be used if encephalopathy occurred within 7 days after administration of a previous dose of pertussis-containing vaccine.
  - b. Give simultaneously with all routine childhood immunizations according to the age and immunization status of the recipient.

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Signature

Health Officer or Medical Provider

Date

**II. LICENSED DT VACCINE**

<b>Product name</b>	<b>Vaccine components</b>	<b>Acceptable age range</b>	<b>Thimerosal Concentration</b>
Diphtheria and Tetanus Toxoids Adsorbed (DT) (For pediatric Use) sanofi pasteur	Diphtheria & Tetanus toxoids	6 weeks–6 years	Single-dose vial: trace
			Multi-dose vial: 0.01 %

**III. RECOMMENDATIONS FOR USE**

Only infants and children from 6 weeks – 6 years of age who have a valid contraindication to pertussis antigen (Section V, p 4) should receive DT (as opposed to DTaP) vaccine.<sup>1</sup>

<sup>1</sup>A special order for Pediatric DT vaccine can be placed with the State Immunization Program through your health educator. If there is a medical contraindication to pertussis antigen and no contraindications to past doses of a tetanus and diphtheria-containing vaccine, state-supplied DT vaccine can then be sent to the public clinics for the specific patient(s) in question.

## IV. VACCINE SCHEDULE FOR DT VACCINE

Dose/Route: 0.5 mL IM			
DOSE <sup>1,2</sup>	MINIMUM AGE <sup>3,4</sup>	MINIMUM SPACING <sup>3,4</sup>	RECOMMENDED AGE
1	6 weeks	Not Applicable	2 months
2	10 weeks	4 weeks after dose #1	4 months
3	14 weeks	4 weeks after dose #2	6 months
4 <sup>5</sup>	12 months	6 months after dose #3	15 months <sup>6</sup>
5 <sup>7</sup>	4 years	6 months after dose #4	4 years

<sup>1</sup> If 6 doses of DT or DTaP have been given before age 7 years, a Tdap booster is due at age 11-12 years. If a child less than 4 years of age has had 5 doses of DT or DTaP (valid and invalid doses), the 6<sup>th</sup> dose will be forecast at age 4-5 years of age and 6 months after dose 5.

<sup>2</sup> Td should not be given before 7 years of age. If a child <7 years of age mistakenly receives Td instead of DT, the Td dose will count only if administered as the 4<sup>th</sup> or 5<sup>th</sup> dose. If received as dose 1, 2 or 3, the dose should be repeated with DT.

<sup>3</sup> For retrospective checking, doses that violate the minimum spacing or age by 4 or fewer days do not need to be repeated. Doses administered 5 days or earlier than the minimum interval or age should be repeated as age-appropriate.

<sup>4</sup> When an invalid dose needs to be repeated, the repeat dose should be spaced after the invalid dose by a time equal to or greater than the minimum interval between doses.

<sup>5</sup> While the recommended minimum spacing between DT3 and DT4 is  $\geq 6$  months, if DT4 is administered  $\geq 4$  months after DT3 it does not need to be repeated.

<sup>6</sup> If the interval between the 3rd and 4th dose is  $\geq 6$  months, and the child is not likely to return at the recommended age, the fourth dose of DT may be given as early as 12 months of age.

<sup>7</sup> Dose 5 is unnecessary if dose 4 was given on or after the 4<sup>th</sup> birthday.

**Note:** If a child is older than 1 year at the time the first dose of DT is given, a third dose given 6-12 months after the second dose completes the primary series. The booster (4<sup>th</sup> dose) is to be given at a minimum of 4 years of age and at least 6 months after dose 3.

<p><b>V. CONTRAINDICATIONS</b></p> <p>A. History of an anaphylactic reaction (hives, swelling of the mouth and throat, difficulty breathing, hypotension or shock) to any component of the vaccine (including thimerosal and latex natural rubber) or following any prior dose of a diphtheria and tetanus-containing vaccine</p> <p>B. Any neurological reaction following a prior dose of DT vaccine.</p> <p>C. Defer vaccination with DT to persons with moderate or severe illness with or without fever until the symptoms have resolved. Persons with mild illness (e.g. upper respiratory infection with or without low grade fever) may be vaccinated.</p>	<p><b>VI. PRECAUTIONS</b></p> <p>A. In the case of infant or child with an underlying neurologic disorder, proven or suspected, DT should not be given until a physician has determined the infant's neurological status. Further doses of DTaP vaccine are considered contraindicated.</p> <p>B. Children with impaired immune responses, i.e., immuno-suppressive therapies (including irradiation, corticosteroids, antimetabolites, alkylating agents, and cytotoxic drugs), a genetic defect, or HIV infection may experience a reduced immune response to vaccines. Deferring DT may be considered in children receiving immunosuppressive therapy.</p> <p>C. For persons known to have developed Guillain-Barré syndrome (GBS) within 6 weeks of a previous tetanus toxoid containing vaccine the decision to give additional doses of DT should be based on consideration of the benefit of further vaccination versus the risk of recurrence of GBS.</p>
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**VII. SIDE EFFECTS AND ADVERSE REACTIONS****Events****Frequency****Local:**

- |              |                                 |
|--------------|---------------------------------|
| - Tenderness | Common but usually self-limited |
| - Erythema   | Common but usually self-limited |
| - Induration | Common but usually self-limited |

**Mild Systemic:**

- |   |            |
|---|------------|
| - Nodule at injection site<br>(for several weeks) | Occasional |
| - Fever   | Common     |
| - Drowsiness                                      | Common     |
| - Fretfulness                                     | Common     |
| - Anorexia  | Occasional |

**Severe Systemic:**

- |                         |      |
|-------------------------|------|
| - Generalized urticaria | Rare |
| - Anaphylaxis           | Rare |
| - Neurologic events     | Rare |

**Other:** Persons experiencing an Arthus-type hypersensitivity reaction or a fever higher than 103°F (39.4°C) following a prior dose of tetanus toxoid usually have high serum tetanus antitoxin levels. Because these persons are at increased risk of hypersensitive reaction to immunization, do not give them DT or emergency doses of Td more frequently than every 10 years, even if they have a wound that is neither clean nor minor.

**VIII. OTHER CONSIDERATIONS**

- A. Normally no more than 6 doses of a diphtheria/tetanus-containing vaccine are recommended by 7 years of age. However, in some situations, the benefits of a pertussis containing vaccine being added to a DT series needs to be weighed against the risk of a local reaction occurring after receiving 7 or 8 doses of a DT-containing vaccine.
- B. Infants under 12 months of age: Should additional doses of pertussis-containing vaccine become contraindicated after a DTP/DTaP series has been initiated, DT should be substituted for each of the remaining scheduled DTP/DTaP doses.
- C. Do not restart a series. Give the next dose in the series as close as possible to the spacing guide listed on the schedule. Complete series according to the schedule as close as possible.
- D. Children who are foreign-born and who do not have documentation of vaccinations received previously should be considered susceptible and started on the age-appropriate vaccination schedule.
- E. **Children who have had pertussis.** Although well-documented pertussis may confer short-term protection against reinfection in children, the duration of such protection is unknown, and completing the DTaP series is recommended regardless of a patient's history of pertussis.
- F. For someone with a history of fainting with injections, a 15-minute observational period is recommended post immunization.
- G. Wound Management; see next section.

**IX. TETANUS WOUND MANAGEMENT RECOMMENDATIONS**

Vaccination History	Clean, minor wounds		All other wounds	
	DT	TIG	DT	TIG
Unknown or less than 3 doses	Yes	No	Yes	Yes
3 or more doses	No*	No	No**	No

\* Yes, if > 10 years since last dose  
\*\* Yes, if > 5 years since last dose  
TIG=tetanus immune globulin.

Adapted from the 12 edition, 2012 “Pink Book” page 294

**X. ADVERSE EVENT REPORTING**

Adverse events following immunization should be reported.

<http://1.usa.gov/OregonStandingOrders> for Public provider forms. Send to Oregon Health Authority Immunization Program via confidential email, mail, or FAX (971-673-0278) according to state guidelines. Private providers report adverse events directly to VAERS at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

**Events reportable to VAERS**

Vaccine	Illness, disability, injury or condition covered	Time period for 1 <sup>st</sup> symptom or onset of significant reaction following vaccine
Vaccines containing tetanus toxoid (e.g., DT, DTaP, DTP, Td or TT)	1. Anaphylaxis or anaphylactic shock	4 hours
	2. Brachial Neuritis	2-28 days
	3. Any acute complication sequela (including death)	No limit

## XI. REFERENCES

1. Tetanus. In: *Epidemiology and Prevention of Vaccine-Preventable Diseases* ("Pink Book"). Atkinson W, Hamborsky J, Wolfe S, eds. 12<sup>th</sup> ed. Washington, DC: Public Health Foundation, 2012: 291-300; Available at <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/tetanus.pdf>
2. CDC. General Recommendations on Immunizations. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2011; 60 (RR-2):1–48. Available at: <http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>
3. Tetanus In: Pickering LK, ed. Red Book: 2012 Report of the Committee on Infectious Diseases. 29<sup>th</sup> ed. Elk Grove Village, IL: American Academy of Pediatrics: 2012: 707-12.
4. Diphtheria and Tetanus Toxoids Adsorbed December 2005 package insert. Available at: <http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm101500.pdf>

For more information or to clarify any part of the above order, consult with your health officer, or contact the Oregon Health Authority Immunization Program at 971-673-0300 or 711 for TTY.

**To download this order visit our website at**

**<http://1.usa.gov/OregonStandingOrders>**

**To request this material in an alternate format (e.g., braille),  
please call 971-673-0300**