
Executive Summary

Health Council of the Netherlands. Tetanus prophylaxis in injuries. The Hague: Health Council of the Netherlands, 2003; publication no. 2003/11

Anyone with an open wound that has been in contact with soil is at risk of infection by the bacterium that causes tetanus. An infection of this kind can have serious after-effects if the individual has never been immunised against tetanus or if it has been too long since their last immunisation. However, these after-effects can be countered using tetanus immunoglobulin, an antibody preparation made from human blood. This advisory report addresses the issue of whether tetanus immunoglobulin should be routinely administered in the course of wound treatment, and whether immunisation (or re-immunisation) is required. The advisory report will be presented to the Minister of Health, Welfare and Sport.

The request for this advisory report was prompted by the suspicion that tetanus immunoglobulin is sometimes administered unnecessarily. Furthermore, a variety of different protocols are in use throughout the Netherlands. The report of an investigation into this issue (which was carried out at the request of the Inspectorate for Health Care) was therefore sufficient cause for the Health Council to produce an advisory report on the use of tetanus immunoglobulin.

On the basis of an efficacy analysis, it is recommended that the following groups receive tetanus prophylaxis if a wound is sustained:

- 1 individuals who are known not to have been vaccinated (dose of tetanus immunoglobulin and vaccination at 0, 1 and 6 months);
- 2 individuals who are known not to have completed a full course of vaccination (administer dose of tetanus immunoglobulin and supplement with missing vaccinations);

- 3 individuals above the age of 20 who are assumed to have been vaccinated (dose of tetanus vaccine), plus a dose of tetanus immunoglobulin for men born prior to 1936 and women born prior to 1950;
- 4 fully vaccinated individuals who received their last dose of vaccine more than ten years previously (dose of tetanus vaccine);
- 5 those infected with HIV with an impaired reaction on vaccination and other individuals with compromised immunity (dose of tetanus immunoglobulin and vaccination at 0, 1 and 6 months).

If they should sustain a wound, individuals who have been vaccinated in accordance with the National Vaccination Programme and who were last vaccinated no more than ten years previously need neither tetanus immunoglobulin nor a supplementary dose of vaccine.

This approach provides adequate protection for groups that are vulnerable to infection. It also avoids large numbers of unnecessary injections which would otherwise involve considerable expense, as well as unpleasant symptoms (pain and stiffness) for those involved.