

Tetanus Fact Sheet

1. **What is Tetanus?** - Tetanus, commonly called ‘lockjaw’, is a bacterial disease caused by *Clostridium tetani* that affects the nervous system. As a result of widespread immunization, Tetanus is now a rare disease.
2. **Who gets Tetanus?** - Tetanus occurs more often in older people, who are most likely to have waning immunity, and in agricultural workers for whom contact with animal manure is more likely, and immunization is inadequate.
3. **How is Tetanus spread?** - Tetanus is contracted through a wound which becomes contaminated with the organism. It is not transmitted from person to person. While classically tetanus is associated with stepping on a rusty nail, the disease occurs when any wound or cut is contaminated with soil (i.e. a dirty wound). Tetanus can also occur following drug injection using contaminated needles, equipment, or drugs.
4. **Where is the Tetanus germ found?** - The Tetanus germ is present throughout the environment and is commonly found in soil contaminated with manure.
5. **What are the symptoms of Tetanus?** - A common first sign of Tetanus is muscular stiffness in the jaw (lockjaw), followed by stiffness of the neck, difficulty in swallowing, rigidity of abdominal muscles, spasms, sweating, and fever.
6. **How soon after infection do symptoms occur?** - The incubation period is usually eight days, but may range from three days to three weeks. Shorter incubation periods are associated with more heavily contaminated wounds.
7. **Does past infection with Tetanus make a person immune?** - Recovery from Tetanus may not result in immunity. Secondary attacks can occur and immunization is indicated after recovery.
8. **What is the treatment to prevent Tetanus?** - Wounds should be thoroughly cleaned and dead or devitalized tissue removed. If the patient has not had a Tetanus toxoid booster in the previous 10 years, a single booster injection should be administered on the day of the injury. For severe wounds, a booster may be given if more than five years have elapsed since the last dose. Tetanus immune globulin (TIG), antitoxin or antibiotics may be given if the patient has not been previously immunized with a series of at least three doses of toxoid.
9. **What are the complications associated with Tetanus?** - Complications include spasm of the vocal cords and/or spasms of the respiratory muscles causing difficulty breathing. Other complications include fractures of the spine or long bones, high blood pressure, abnormal heartbeats, coma, generalized infection, clotting in the blood vessels of the lung, pneumonia, and death.

10. Is there a vaccine for Tetanus? - An effective vaccine called Tetanus toxoid has been available for many years. Tetanus toxoid in combination with diphtheria toxoid and acellular pertussis vaccine (DTaP) is given at two, four, six and 12-15 months of age, and between four and six years of age. A Tetanus booster shot is recommended every 10 years. In 2005, a new combination Tetanus, diphtheria and acellular pertussis vaccine (Tdap) was approved for use in adolescents and adults. Tdap is recommended for use in all 11-12 year olds and 15 year olds at high school entry. For all adults a diphtheria-containing vaccine should be given every 10 years to maintain immunity. The next one of these doses should be Tdap if it has not been given previously.

11. What can be done to prevent Tetanus? - The single most important preventive measure is to maintain a high level of immunization in the community.

12. For more information about Tetanus:

<http://www.cdc.gov/vaccines/vpd-vac/tetanus/default.htm>

This fact sheet provides general information. Please contact your physician for specific clinical information related to you or your animal.