



CD: EMERGENCY & CLINICAL SUPPORT SERVICES

DIRECTORATE: SERVICE PRIORITY COORDINATION

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Reference: 19/2/5

To: The Chief Director:	Rural Health Services (RHS)
The Chief Director:	Metro Health Services (MHS)
The Chief Executive Officers:	Tygerberg & Groote Schuur Hospitals
The Chief Executive Director:	City of Cape Town
District/Substructure Managers:	RHS & MHS

Dear Colleagues

CIRCULAR H 117/2020: INTRODUCTION OF TETANUS TOXOID VACCINATION DURING PREGNANCY

Tetanus is an acute and often fatal infectious bacterial disease characterized by tonic spasm of the voluntary muscles. It is caused by a neurotoxin, produced during the growth of the anaerobic bacterium *Clostridium tetani*. The tetanus spores can be found in soil, house dust, in animal and human faeces and can remain viable for years in the environment.

Tetanus remains an important public health problem in many parts of the world where immunisation programmes are suboptimal. The majority of reported tetanus cases are birth associated, occurring in low income countries among insufficiently vaccinated mothers and their newborn, following unhygienic deliveries and abortions, poor postnatal hygiene and certain traditional cord care practices.

Neonatal tetanus occurs when non-sterile instruments are used to cut the umbilical cord or when contaminated material is used to cover the umbilical stump. Other risk factors include deliveries carried out by persons with uncleaned hands or on contaminated surfaces. (*Tetanus Vaccine: WHO Position Paper February 2017*)

Tetanus toxoid (TT) vaccination during pregnancy has historically not been implemented in the Western Cape for the following reasons:

1. The absence of reported neonatal tetanus cases in the province. The last case being recorded in 1998 and this was an imported case.
2. A functional EPI programme at all levels
3. Western Cape has a high in-facility birth rate

However, due to the current migratory patterns in South Africa and the National Department of Health recommendation to administer TT to all pregnant women, a decision was taken by members of the Obstetrics & Gynaecology PCGC to administer 1 booster dose of TT to all pregnant women at booking without proof of having had TT vaccination in the past.

Vaccine	Dose	Site	Schedule
Tetanus Toxoid	0.5ml	Deltoid muscle	1 dose at booking visit

Implementation can start immediately upon receipt of this circular depending on available supplies of the tetanus toxoid vaccine. If the vaccine is not available at the time of the booking visit, all efforts should be made to immunise the pregnant woman at a subsequent antenatal visit when the vaccine is available.

Points to remember:

1. Tetanus toxoid (TT) can safely be given in the first, second and third trimester of pregnancy.
2. Vaccinate all pregnant women. If the vaccine is out of stock do a catch-up when vaccine becomes available at the next antenatal visit.
3. Educate communities on clean safe delivery and cord care practices.
4. Adverse Events Following Immunisation (AEFI):
 - i) If a medical incident takes place after immunisation, it causes concern and is believed to have been caused by the immunisation.
 - ii) Mild symptoms such as slight fever, redness or swelling at the injection site are common. Major and severe reactions, which include life-threatening events are very rare.
 - iii) The reporting of AEFIs is the responsibility of all health care workers providing immunisation services and clinical treatment of AEFIs at health centres and hospital in public and private sectors.
 - iv) All AEFI's must be reported within 24 hours of presentation to the health facility i.e. to the sub-district, district and provincial offices by completing both the AEFI reporting and investigation forms.
 - v) An EPID number, this is a unique number for the case, can be obtained from the Provincial EPI Disease Surveillance Officer, Ms Lindi Mathebula Lindi.Mathebula@westerncape.gov.za tel.no. 021 4839917/3156 and/or the Provincial EPI Manager, Ms Sonia Botha Sonia.Botha@westerncape.gov.za tel.no. 021 4834266/9964. The EPID number is used on both the AEFI reporting and investigation forms.
 - vi) A case reporting form (CRF) is completed for all trigger events i.e. minor reactions, severe local reactions and systemic reactions.

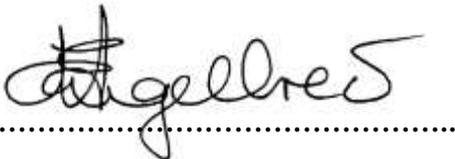
vii) A Case Investigation Form (CIF) is completed for all severe and serious reactions.

Trigger events are:

TRIGGER EVENTS		
<i>*Adverse event (s): (Tick (✓) all boxes that apply)</i>		
Minor reactions <input type="checkbox"/> Swelling < 5cm <input type="checkbox"/> Redness <input type="checkbox"/> Rash <input type="checkbox"/> Excessive crying <input type="checkbox"/> Fever < 38°C <input type="checkbox"/> Other (specify): _____ _____	Severe local reactions <input type="checkbox"/> Pain, redness and/or swelling of more than 3 days duration. <input type="checkbox"/> Swelling more than 5cm <input type="checkbox"/> Swelling beyond nearest joint <input type="checkbox"/> Lymphadenitis <input type="checkbox"/> Abscess <input type="checkbox"/> Other (specify): _____ _____	Systemic reactions <input type="checkbox"/> Hospitalization <input type="checkbox"/> Death <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Fever ≥ 38°C <input type="checkbox"/> Encephalopathy <input type="checkbox"/> Collapse / shock-like state <input type="checkbox"/> Seizures <input type="checkbox"/> Febrile <input type="checkbox"/> Afebrile <input type="checkbox"/> Intussusception <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Vomiting <input type="checkbox"/> Toxic shock syndrome <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Sepsis <input type="checkbox"/> Other (specify): _____
Severe or Serious Adverse Event: Case to be investigated within 7 days after Reporting, notify provincial and national offices immediately		

Please ensure that the content of this circular is brought to the attention of all relevant staff.

Yours sincerely



DR B ENGELBRECHT

ACTING HEAD OF HEALTH: WCG

DATE: 26/06/2020