additional dose at 15–18 months with booster at 11–12 years of age and every 10 years thereafter. For those with incomplete primary vaccination series in infancy, specific “catch-up” schedules are published. For those age 7 years or older, the recommendation is a three-dose primary course with 4 weeks between the first two doses, followed by a booster 6–12 months later. Catch-up schedules for those under 7 years involve a primary series of four doses of tetanus toxoid–containing vaccine if the child is under 12 months when the first dose is given, or three doses for those over 12 months at first dose.

Standard WHO recommendations for prevention of maternal and neonatal tetanus call for administration of two doses of tetanus toxoid at least 4 weeks apart to previously unimmunized pregnant women. A third dose should be given at least 6 months later, followed by one dose in subsequent pregnancies (or intervals of at least 1 year), to a total of five doses to provide long-term immunity. However, in high-risk areas, a more intensive approach has been successful, with all women of childbearing age receiving a primary course along with education on safe delivery and postnatal practices.

Individuals sustaining tetanus-prone wounds should be immunized if their vaccination status is incomplete or unknown or if their last booster was given >10 years earlier. Patients with an inadequate vaccine status who sustain wounds not classified as clean or minor should also undergo passive immunization with TIG. It is recommended that tetanus toxoid be given in conjunction with diphtheria toxoid in a preparation with or without acellular pertussis: DTaP for children <7 years old, Td for 7- to 9-year-olds, and Tdap for children >9 years old and adults.

In the early 1980s, tetanus caused more than 1 million deaths a year, accounting for an estimated 5% of maternal deaths and 14% of all neonatal deaths. In 1989, the World Health Assembly adopted a resolution to eliminate neonatal tetanus by the year 2000; elimination was defined as <1 case/1000 live births in every district in every country. By 1999, elimination was still to be achieved in 57 countries and the deadline was extended until 2005, with the additional target of eliminating maternal tetanus (tetanus occurring during pregnancy or within 6 weeks of its end). Ratification of the Millennium