

TETANUS

Disease

Tetanus is acquired through environmental exposure to the spores of *Clostridium tetani*, which are present in soil worldwide. The disease is caused by the action of a potent neurotoxin produced by the bacterium in dead tissue (e.g. dirty wounds).

Clinical symptoms of tetanus are muscle spasms, initially muscles of mastication causing trismus or “lockjaw”, which results in a characteristic facial expression—risus sardonicus. Trismus can be followed by sustained spasm of the back muscles (opisthotonus) and by spasms of other muscles.

Finally, mild external stimuli may trigger generalized, tetanic seizures, which contribute to the serious complications of tetanus (dysphagia, aspiration pneumonia) and lead to death unless intense supportive treatment is rapidly initiated.

Occurrence

Dirty wounds can become infected with the tetanus spores anywhere in the world.

Risk for travellers

Every traveller should be fully protected against tetanus. Almost any form of injury, from a simple laceration to a motor-vehicle accident, can expose the individual to the spores.

Vaccine

All travellers should be up to date with the vaccine. The primary immunizing course of three doses of DTP is given in the first months of life. Booster doses are most easily given as Td, but certainly all doses given to individuals aged 7 years and above should be Td. A booster dose of Td should generally be used in preference to tetanus toxoid (TT)

immediately following trauma. However, no such booster is needed if the last dose was given less than 5 (for dirty wounds) to 10 years (for clean wounds) previously.

Precautions and contraindications

Mild local reactions occur in up to 95% of vaccine recipients. Reactions increase in frequency and severity as the number of doses increases. After booster doses of TT, 50–80% of people experience some pain or tenderness at the injection site. True hypersensitivity reactions to TT occur very rarely.