Immunization Protocol

Tetanus Immune Globulin (HyperTET®)	
Last Reviewed	12 December 2024
Last Revised	12 December 2024
This order expires	31 December 2026

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1. What's new

Reviewed for accuracy. No substantive changes.

2. Oregon immunization protocol

A. Check the ALERT Immunization Information System (IIS) to determine whether the patient needs this vaccine and any other vaccines.

B. Screen clients for contraindications and precautions.

C. Provide product information, answering any questions.

D. Record all required data elements in the client's permanent health record.

E. Verify needle length for intramuscular (IM) injection.

F. Ensure epinephrine hydrochloride solution (1:1,000), oxygen and other appropriate agents and equipment are available for immediate use in case of anaphylactic or acute hypersensitivity reaction. Refer to Guidelines for Managing Adverse Events Following Immunization.

G. To avoid injury related to vaccine administration, make sure staff who administer vaccines recognize the anatomic landmarks for identifying the deltoid muscle and use proper IM administration technique.

H. Give tetanus immune globulin (TIG) IM for adult and pediatric patients in the limb opposite the vaccination site. See package insert for directions.

I. Give tetanus-containing vaccine as indicated for age. See DTaP and Tdap immunization protocols for specifics.

J. Ask client to remain seated on the premises for 15 minutes after vaccination to decrease the risk of injury should they faint.

Health Officer Signature Date

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3. Vaccine schedule for tetanus immune globulin (TIG)

Dose and Route: 250 units, IM		
Dose	**Acceptable Age Range**	**Site**
250 units or 4 units/kg	<7 years	Vastus lateralis or deltoid
250 units	≥7 years	

4. Licensed tetanus immune globulin

Product Name	Vaccine Components	Acceptable Age Range	Preferred age
HyperTET	Human Plasma, 250 tetanus antitoxin units per container	All ages	N/A

5. Recommendations for use[1,2]

A. Patients with a history of <3 doses of tetanus-containing vaccine or with an uncertain or unknown vaccination history should receive a dose of TIG for any wound except clean minor wounds.

B. In addition to TIG, patients should receive a dose of tetanus-containing vaccine in a limb opposite of where the TIG is administered; DTaP for <7 years of age or Td/Tdap for ≥7 years of age.

C. Persons who are HIV positive, or have another condition causing immunodeficiency, should receive a dose of TIG when they have a contaminated wound, regardless of tetanus vaccination history.

History of tetanus immunization	Clean, minor wounds		All other wounds*	
	TIG	Vaccine#	TIG	Vaccine
<3 doses or uncertain	No	Yes	Yes	Yes
3 or more doses	No	No‡	No	No†
*Examples include: wounds contaminated with dirt, feces, soil, saliva, etc; puncture wounds; crushing wounds; tears; burns; or frostbite.				
†Yes, if ≥5 years since last dose.				
‡Yes, if ≥10 years since last dose.				

6. Contraindications[1]

None known.

7. Warnings and precautions[1]

A. HyperTET is made from human plasma. Products made from human plasma may contain infectious agents, such as viruses, and, theoretically, the Creutzfeldt–Jakob Disease (CJD) agent that can cause disease. The risk that such products will transmit an infectious agent has been reduced by screening plasma donors for prior exposure to certain viruses, by testing for the presence of certain current virus infections, and by inactivating and/or removing certain viruses. Despite these measures, such products can still potentially transmit disease. There is also the possibility that unknown infectious agents may be present in such products. Individuals who receive infusions of blood or plasma products may develop signs and/or symptoms of some viral infections, particularly hepatitis C. All infections thought by a physician possibly to have been transmitted by this product should be reported by the physician or other healthcare provider to Grifols Therapeutics Inc. [800-520-2807].

The physician should discuss the risks and benefits of this product with the patient, before prescribing or administering it to the patient.

B. Do not administer MMR or varicella vaccines for 3 months after administration of TIG. The antibody in the TIG may interfere with the patient's response.

   TIG does not interfere with a patient's response to typhoid, yellow fever, zoster, rotavirus or live flu vaccines.

C. TIG should be given with caution to patients with a history of prior systemic allergic reactions following the administration of human immunoglobulin preparations.

D. Do not give intravenously.

E. To avoid sciatic nerve injury, do not administer in the gluteal region.

F. In patients who have severe thrombocytopenia or any coagulation disorder that would contraindicate intramuscular injections, TIG should be given only if the expected benefits outweigh the risks.

8. Other considerations[1,4]

A. In children <7 years of age, the routine prophylactic dose of HyperTET may be calculated by the body weight (4.0 units/kg). However, it may be advisable to administer the entire contents of the syringe of the HyperTET (250 units) regardless of the child's size, since theoretically the same amount of toxin will be produced in the child's body by the infecting tetanus organism as it will in an adult's body.

B. Pregnancy: Animal reproduction studies with TIG have not been done. TIG should be given to a pregnant woman only if clearly indicated.[1]

C. Breastfeeding: All classes of immunoglobulins can be detected in breast milk. Immunoglobulins from the mother help to support the infant's health.[4]

9. Side effects and adverse reactions[1]

Adverse Event	Frequency
Soreness at injection site	Common
Low-grade fever	
Angioneurotic edema, nephrotic syndrome, anaphylactic shock	Rare, but have been reported

10. Storage and handling[1]

All clinics enrolled with the Vaccines for Children (VFC) Program must immediately report any storage and handling deviations to the Oregon Immunization Program at 800-980-9431.

Vaccine	Temp	Storage Issues	Notes
HyperTET	2–8° C (36–46°F)	Do not freeze.	Discard any unused portion.

11. Adverse events reporting

Report adverse events online to the Vaccine Adverse Events Reporting System (VAERS) at https://vaers.hhs.gov/reportevent.html.

12. References

1. Tetanus Immune Globulin (Human), HyperTET® package insert 2022. Available at: www.hypertet.com/documents/648456/5516391/Prescribing+Information+HyperTET.pdf. Accessed 12 December 2024.
2. Liang J, Tiwari T, Moro P, et al. Prevention of pertussis, tetanus, and diphtheria with vaccines in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep 2018;67(2):1–48. Available at: www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6702a1-H.pdf. Accessed 12 December 2024.
3. Kroger A, Bahta L, Long S, Sanchez P. General Best Practices for Immunization. Available at www.cdc.gov/vaccines/hcp/imz-best-practices. Accessed 12 December 2024.
4. Cerini C, Aldrovandi GM: Breast milk: proactive immunomodulation and mucosal protection against viruses and other pathogens. Future Virology 2013;8:1127–8. Available at: www.medscape.com/viewarticle/814970_2. Accessed 12 December 2024.

To request this material in an alternative format (e.g., Braille) or to clarify any part of the above order, contact the Oregon Health Authority Immunization Program at 1-800-980-9431 and 711 for TTY. For other questions, consult with the vaccine recipient's primary health care provider or a consulting physician.

Electronic copy of this immunization protocol is available at: www.oregon.gov/standing-protocols.