

TETANUS, DIPHTHERIA AND PERTUSSIS (Tdap) VACCINE

What is the tetanus, diphtheria and acellular pertussis (Tdap) vaccine?

The Tdap vaccine protects against three diseases: tetanus (lockjaw), diphtheria and pertussis (whooping cough).

The vaccine is approved by Health Canada. It is provided as part of the New Brunswick Routine Immunization Schedule for adolescents in grade 9 and for adults. This vaccine boosts the immune system to give better protection against tetanus, diphtheria, and pertussis to those who were immunized in early childhood.

What are the benefits of the vaccine?

The Tdap vaccine is the best way to protect against tetanus, diphtheria, and pertussis. These diseases can cause serious illness and complications, including death, especially in newborns and young infants who are not yet fully immunized. When you and your child are immunized, you also help protect others as well.

How is the vaccine given?

The Tdap vaccine is given as an injection into the upper arm.

Who should receive the vaccine?

Adolescents receive the vaccine in grade 9. One dose of Tdap is recommended for adults, given in place of a regular Td (tetanus and diphtheria) booster.

It is important for parents and close contacts of newborns and infants to receive Tdap vaccine if they have not already received a dose as an adult. Children and adolescents in close contact with newborns and infants should be up to date with their routine immunizations. Health care providers caring for newborns and infants should be also immunized. This helps to prevent illness in babies and infants who are too young to be vaccinated. It is safe for breastfeeding women to receive the vaccine.

Who should not receive the vaccine?

The vaccine should not be given if you or your child:

- had a severe allergic reaction to the vaccine in the past; or
- are allergic to any of the ingredients of the vaccine or its container.

What are the possible reactions after receiving the vaccine?

Reactions are generally mild and last one to two days. The most common reactions include soreness, redness and/or swelling where the vaccine was given and mild fever.

Less common reactions can include fatigue, headache, nausea, vomiting, joint and muscle pain, and rash.

With any vaccine there is an extremely rare possibility (less than one in a million people) of a life-threatening allergic reaction called anaphylaxis. For this reason, it is important to remain in the clinic for 15 minutes after you or your child receive the Tdap vaccine. Signs of this reaction may include rash, difficulty breathing or swelling of the throat, tongue or lips. This reaction can be treated.

What can be done for reactions to the vaccine?

- A cold compress at the injection site may reduce discomfort.
- For discomfort and fever, you may take or give your child acetaminophen (Tylenol®) or Ibuprofen (Advil®) according to the manufacturer's directions.
- Aspirin (ASA) should **NOT** be given to children younger than 18 years due to its link to Reye's syndrome.

Any unexpected or serious reaction to a vaccine should be reported to your health-care provider.

What else you need to know.

Inform your immunization provider if you or your child has any health problems or allergies.

Your immunization provider will give you a record of immunization. Keep this record in a safe place and bring it with you when you or your child is next due for immunization.

Individuals 16 years and older can give their own consent. Children younger than 16 must be accompanied by a parent or legal guardian, unless they are receiving the vaccine as part of the school immunization program.

If you or your child has any unusual reactions to the vaccine, or you have any questions or concerns, please contact your health-care provider.

Further Information

For further information contact your health-care provider, local [public health office](#) or [Tele-Care](#) (811).

Useful websites:

- Government of New-Brunswick www.gnb.ca/health
- Canadian Coalition for Immunization Awareness and Promotion www.immunize.cpha.ca.
- Public Health Agency www.phac-aspc.gc.ca

Personal Immunization Record for tetanus, diphtheria and pertussis (Tdap) vaccine

Medicare Number: _____

Name: _____

Date of Birth: _____
yyyy mm dd

Sex: (M/F) _____

Vaccine Name: _____

Date given: _____
yyyy mm dd

Immunizers signature: _____