TETANUS/DIPHTHERIA (Td) VACCINE INFORMED CONSENT

Tetanus and diphtheria are very serious diseases. They are rare in the United States today, but people who do become infected often have severe complications. Td vaccine is used to protect adolescents and adults from both of these diseases. Both diphtheria and tetanus are infections caused by bacteria. Diphtheria spreads from person to person through secretions from coughing or sneezing. Tetanus-causing bacteria enter the body through cuts, scratches, or wounds. Before vaccines, as many as 200,000 cases of diphtheria and hundreds of cases of tetanus were reported in the United States each year. Since vaccination began, reports of cases for both diseases have dropped by about 99%.

CLINICAL SYMPTOMS

Tetanus (lockjaw) causes painful muscle tightening and stiffness, usually all over the body. It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow or sometimes even breathe. Painful body spasms lasting for several minutes, typically triggered by minor occurrences, such as a draft, loud noise, physical touch or light. Tetanus kills about 1 out of every 10 people who are infected even after receiving the best medical care. Diphtheria can cause a thick coating to form in the back of the throat, sore throat and hoarseness, swollen glands (enlarged lymph nodes) in your neck, fever and chills. It can lead to breathing problems, heart failure, paralysis and death.

POPULATIONS THAT SHOULD RECEIVE THE Td VACCINE

Td vaccine can protect adolescents and adults from tetanus and diphtheria. Td is usually given as a booster dose every 10 years but it can also be given earlier after a severe and dirty wound or burn.

The Td vaccine may safely be given at the same time as other vaccines.

WHO SHOULD NOT RECEIVE THE Td VACCINE OR SHOULD WAIT

A person who has ever had a life-threatening allergic reaction after a previous dose of any tetanus or diphtheria containing vaccine OR has a severe allergy to any part of this vaccine should not get the Td vaccine. Tell the person giving the vaccine about any severe allergies. Talk to your doctor if you:

- have seizures or another nervous system problem.
- had severe pain or swelling after any vaccine containing diphtheria or tetanus.
- aren't feeling well on the day the vaccine is scheduled.
- ever had a condition called Guillain-Barré Syndrome (GBS).

CLINICAL SIDE EFFECTS OF Td VACCINE

Most people who get Td vaccine do not have any problems with it.

Mild Problems following Td vaccine (did not interfere with activities):
- Mild fever (rare)
- Headache (about 1 person in 4)
- Tiredness (about 1 person in 4)
- Pain where the shot was given (about 8 people in 10)
- Redness or swelling where the shot was given (about 1 person in 4)

Moderate Problems following Td vaccine (interfered with activities but did not require medical attention):
- Fever over 102°F (rare)
- Swelling, severe pain, bleeding and/or redness in the arm where the shot was given (rare).

Severe Problems following Td vaccine (unable to perform usual activities and required medical attention):
- Swelling, severe pain, bleeding and/or redness in the arm where the shot was given (rare).

Problems that could happen after any vaccine:
- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.
- As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

VACCINE INFORMATION (VIS) PROVIDED TO RESIDENT

Tetanus/Diphtheria (Td) Vaccine (VIS) Edition Date: ________/______/______ www.cdc.gov/vaccines/hcp/vis/vis-statements/td.html

I have received the information regarding tetanus/diphtheria infections and I have been educated on the benefits and risks associated with the tetanus/diphtheria (Td) vaccine. I hereby give permission and request the vaccine to be administered to me or the person named for whom I am authorized to sign.

Resident/Legal Representative __________________________ Date Signed ________/______/______
Witness Signature/Title __________________________ Date Signed ________/______/______

I have received the information on tetanus/diphtheria infection and have been educated on the benefits and risks associated with the tetanus/diphtheria (Td) vaccine. I hereby decline my permission to receive the vaccine for the following reason(s):

A. Medical Contraindication: Check all that apply
   (Physician needs to be informed of medical condition)
   - Previous HX of severe reaction to this vaccine
   - Febrile illness at this time (Temp 101.5° or 38.6°C)
   - Other Medical Conditions (specify)

Resident/Legal Representative __________________________ Date Signed ________/______/______
Witness Signature/Title __________________________ Date Signed ________/______/______

B. Personal Reason(s): Check all that apply
   (Physician needs to be informed of personal reason)
   - Perceived vaccine ineffectiveness
   - Fear of needles/injections
   - Fear of side effects
   - Other Personal Reasons (specify)

Resident/Legal Representative __________________________ Date Signed ________/______/______
Witness Signature/Title __________________________ Date Signed ________/______/______

[Signature]
Resident/Legal Representative
[Signature]
Witness Signature/Title