



Office of the Project Director
Expanded Programme on Immunization
Health Department, Government of Sindh
Ex-I & I Depot, Rafiqi Shaheed Road, Near Jinnah Hospital, Karachi Cant.
Phone: 021-35223547 & Fax No. 021-35223545
E-mail: episindh@gmail.com

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★ Dated: 17/12/20 Date: 11/12/2020
Karachi Division

10160/
10257

The District Health Officer,
All.

Subject: Replacement of TT with Td vaccine for dual protection.

It is to inform you all that Provincial EPI Cell, Sindh on instruction of Federal EPI Cell, Islamabad is planned to introduce Td in place of TT Vaccine throughout Sindh as well as in Pakistan.

Hence, therefore, it is advised to direct dealing hands (i.e., EPI Focal Person, DSVs & TSVs) to read the attached guidelines and communicate and trained all concern staff regarding the Administration and Cold Chain Management of Td Vaccine as per guidelines (Copy attached).

Your kind cooperation in this regard will be highly appreciated.

Note: UCMOs, EPI Focal Person, DSVs & TSVs will be sole responsible for the compliance.

CC
ADMN
ACG
ACR
AC HQ
CCR

Dr. M. AKRAM SULTAN
PROJECT DIRECTOR
EPI SINDH KARACHI

17/12/20
21/12/20

- The Secretary, Health Department, Govt. of Sindh, Karachi.
- The Director General, Health Services Sindh, Hyderabad.
- The Commissioner Karachi All Concern.
- The EOC Coordinator, Sindh Karachi.
- The Deputy Commissioner, _____ All concern.
- The Director Health Services Karachi.
- The DPCR _____ All Concern.
- PS to Minister for Health, Govt. of Sindh, Karachi.

Dr.M. AKRAM SULTAN
PROJECT DIRECTOR
EPI SINDH KARACHI

17/12

18.12.20

WHO/UNICEF JOINT COMMUNIQUE

Replacement of TT with Td vaccine for dual protection

BACKGROUND

Version 28 June 2018

In 1998 the World Health Organization (WHO) recommended that the use of tetanus toxoid (TT) vaccine should be replaced with tetanus-diphtheria (Td) vaccine following huge outbreaks of diphtheria in the Soviet Union and other countries despite the high coverage of routine childhood vaccination. The outbreaks resulted from the accumulation of a susceptible population in older age groups following the waning of immunity to diphtheria toxoid. The recommendation to shift from using TT to Td vaccine was re-stated by the Strategic Advisory Group of Experts (SAGE) on Immunization in 2002 and 2016, and was published and disseminated again in the WHO position papers on tetanus vaccine in 2006¹ and 2017².

JUSTIFICATION

In this era with more than 80% reduction in tetanus mortality since 1999, the world has witnessed increasing diphtheria outbreaks. These outbreaks reflect gaps in diphtheria protection, resulting from a mix of low vaccination coverage and waning immunity, and could have been prevented with the use of Td vaccine in the immunization schedule. As surveillance for diphtheria is weak in many countries, often cases of diphtheria are not being identified and reported. However, large outbreaks have occurred in 2017 and 2018 in a growing number of countries including Bangladesh, Indonesia, Kenya, Philippines, South Africa, Venezuela, and Yemen, among others.

The 2017 global vaccine market study by WHO confirms sufficient supply to meet increased global demand for Td vaccines as well as minimal price differentials between TT and Td vaccines.³ WHO and United Nations Children's Fund (UNICEF) are therefore strongly urging countries that have not yet replaced the use of TT with Td vaccine to immediately initiate the process to avoid preventable morbidity and mortality, and complete the replacement by January 2020 to achieve global implementation of this very significant WHO policy recommendation.

The tetanus and diphtheria components of Td vaccine serve as booster doses to both vaccines, thus prolonging the duration of protection from both diseases. Td vaccine has been WHO prequalified and used in immunization programmes in countries supported through UNICEF since 1995.

The Td vaccine market is a healthy market, with ample capacity and five WHO pre-qualified suppliers of Td vaccine, four of which are actively supplying and have in-house production of tetanus and diphtheria bulk, with an estimated capacity of approximately 300 million doses per annum. The global demand for tetanus toxoid containing vaccine is approximately 250 million doses⁴, of which 160 million doses are supplied through UNICEF. There is sufficient supply of Td vaccines for all countries to replace TT with Td in their immunization schedule.

Many countries have already replaced TT with Td in their routine immunization programmes. From prior country experience, the process of replacement has been easily executed. As the route of administration, packaging size, vials and schedule are the same as for TT, the replacement with Td requires no change in cold chain storage capacity and no change in the logistics for vaccine delivery. The price differential between TT and Td vaccines is also negligible, especially if the same vial size (10 or 20 dose vials) is maintained. Both tetanus and diphtheria toxoid

1. Tetanus vaccine: WHO position paper. Weekly Epidemiological Record, No 20, 19 May, 2006.

2. Tetanus vaccine: WHO position paper. Weekly Epidemiological Record, 10 February 2017, vol. 92, 6 (pp. 53-76)

www.who.int/immunization/M14A

3. http://www.who.int/immunization/programmes_systems/procurement/v3p/platform/WHO_DT_global_market_study.pdf

Summary table Recommended vaccination with diphtheria-tetanus-pertussis containing vaccine (DTPCV), diphtheria-tetanus (DT) and tetanus-diphtheria (Td) vaccine required to obtain long-term protection against tetanus*
 Tableau récapitulatif Vaccination recommandée par les vaccins antidiphthérique-antitétanique-anticoquelucheux (DTC), antidiphthérique-antitétanique (DT) et antitétanique-antidiphthérique (Td) nécessaires pour obtenir une protection à long terme contre le tétanos*

Schedule in infants (0-1 year) ^{1,2} - Calendrier recommandé chez le nourrisson (0-1 an) ^{1,2}	Starting from 6 weeks of age, 3 doses should be provided before 1 year, with minimum 4 week intervals between doses ¹ - À partir de l'âge de 6 semaines, 3 doses doivent être administrées avant 1 an, avec un intervalle minimal de 4 semaines ¹	12-23 months - 12-23 mois	4-7 years ² - 4-7 ans ²	9-15 years - 9-15 ans	Total doses - Nombre total de doses	
	DTPCV - DTCCV	DTPCV - DTCCV	DTPCV - DTCCV	DTPCV/DT/Td - DTCCV/DT/Td	6	
Schedule in children ≥1 year of age with no previous immunization ^{1,2} - Calendrier recommandé chez les enfants de ≥1 an n'ayant jamais été vaccinés ^{1,2}	As early as possible - Dès que possible	At least 4 weeks later - Au moins 4 semaines plus tard	At least 6 months later - Au moins 6 mois plus tard	At least 1 year later - Au moins 1 an plus tard	At least 1 year later - Au moins 1 an plus tard	Total doses - Nombre total de doses
	DTPCV - DTCCV	DTPCV - DTCCV	DTPCV - DTCCV	DTPCV/Td - DTCCV/Td	DTPCV/Td - DTCCV/Td	5
Schedule in adolescents and adults with no previous immunization, including pregnant women ³ - Calendrier recommandé chez les adolescents et adultes n'ayant jamais été vaccinés, femmes enceintes comprises ³	As early as possible - Dès que possible	At least 4 weeks later - Au moins 4 semaines plus tard	At least 6 months later - Au moins 6 mois plus tard	At least 1 year later - Au moins 1 an plus tard	At least 1 year later - Au moins 1 an plus tard	Total doses - Nombre total de doses
	Td	Td	Td	Td	Td	5
Schedule in pregnant women who received 3 childhood DTPCV doses - Calendrier recommandé chez les femmes enceintes ayant reçu 3 doses de DTCCV durant l'enfance	As early as possible in first pregnancy - Dès que possible au cours de la première grossesse	At least 4 weeks later, and 2 weeks before birth - Au moins 4 semaines plus tard et 2 semaines avant la naissance	At least 1 year later, or in next pregnancy - Au moins 1 an plus tard ou au cours de la grossesse suivante			Total doses - Nombre total de doses
	Td	Td	Td			5
Schedule in pregnant women who received 4 childhood DTPCV doses - Calendrier recommandé chez les femmes enceintes ayant reçu 4 doses de DTCCV durant l'enfance	As early as possible in first pregnancy - Dès que possible au cours de la première grossesse	At least 1 year later, or in next pregnancy - Au moins 1 an plus tard ou au cours de la grossesse suivante				Total doses - Nombre total de doses
	Td	Td				6
Schedule for supplementary immunization activities in high-risk areas, for women of reproductive age - Activités de vaccination supplémentaire dans les zones à haut risque, pour les femmes en âge de procréer	During round 1 - Au cours de la 1 ^{re} tournée	During round 2, at least 4 weeks after round 1 - Au cours de la 2 ^e tournée, au moins 4 semaines après la 1 ^{re} tournée	During round 3, at least 6 months later, after round 2 - Au cours de la 3 ^e tournée, au moins 6 mois après la 2 ^e tournée	At least 1 year later or in next pregnancy - Au moins 1 an plus tard ou au cours de la grossesse suivante	At least 1 year later or in next pregnancy - Au moins 1 an plus tard ou au cours de la grossesse suivante	Total doses - Nombre total de doses
	Td	Td	Td	Td	Td	5

¹ Other tetanus-containing combination vaccines such as pertussis vaccine should be used as per national immunization schedules. - D'autres associations contenant le tétanos antidiphthérique, comme le vaccin pentavalent, doivent être administrées conformément aux calendriers nationaux de vaccination.

² In children aged >7 years use only aD containing vaccine; in children aged >4 years Td containing vaccine is preferred and should only be used for >7 years. - Chez les enfants de >7 ans il est recommandé d'utiliser uniquement le vaccin contenant le aD; pour les enfants âgés de >4 ans, il est préférable d'utiliser les vaccins contenant Td. À partir de l'âge de 7 ans, seuls les vaccins combinés Td doivent être utilisés.

³ For pregnant women, the second dose should be administered at least 1 week before giving birth. Doses 3-5 may also be provided during subsequent pregnancies. - Chez les femmes enceintes, la deuxième dose doit être administrée au moins 2 semaines avant la naissance. Les doses 3 à 5 peuvent également être administrées lors des grossesses suivantes.

* Summary table revised on 14 May 2018. - Tableau récapitulatif révisé le 14 mai 2018.