Tetanus is caused by a bacteria which releases a powerful toxin into the body. Symptoms include jaw stiffness (lock-jaw), followed by spastic paralysis of the muscles of the back, trunk and the extremities. Complications include convulsions, bone fractures, an irregular heartbeat, breathing difficulties/failure and death.

How do you catch tetanus?

Tetanus spores are present worldwide in soil, manure and occasionally in contaminated injecting drug paraphernalia. Spores can be introduced into the body through cuts, wounds, punctures and injection sites. Wounds may often be trivial.

Travellers are often more vulnerable to injury (thus having an increased potential exposure to tetanus bacterium) and may find local medical facilities inadequate.

Incubation period

The incubation period averages 7 days (range 3 to 21 days).

Prevention

Immunisation is highly protective for adults and children. A course of 5 vaccines as per UK schedule are considered to give lifelong immunity. However, a booster can be given if an injury is seen to be high risk for tetanus (or immunoglobulin depending on individual immunisation status).

Travellers to areas where medical facilities may not be accessible should have a tetanus booster every 10 years, even if they received 5 doses previously. The Department of Health now recommend that those receiving a tetanus booster should receive the combined tetanus, diphtheria and inactivated polio immunisation.

All wounds should be thoroughly cleaned with soap and water, taking particular care to remove any foreign material.

Treatment

Treatment includes intensive hospital treatment, prompt administration of human tetanus immunoglobulin, antibiotic treatment to prevent further toxin production and vaccination following recovery.



This information is produced by MASTA as a general guide to be used in conjunction with advice from your doctor or nurse. To obtain a health brief tailored to your journey visit a MASTA associated travel clinic or **www.masta-travel-health.com**

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