

Tdap Vaccine

What You Need to Know

(Tetanus,
Diphtheria and
Pertussis)

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Tetanus, diphtheria and pertussis are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis..

TETANUS (Lockjaw) is rare in the United States today. It 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. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

DIPHTHERIA is also rare in the United States today. It can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, heart failure, paralysis, and death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible.

Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during **every pregnancy**, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor or the person giving you the vaccine can give you more information.

Tdap may safely be given at the same time as other vaccines.

3 Some people should not get this vaccine

- A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, OR has a severe allergy to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergies.
- Anyone who had coma or long repeated seizures within 7 days after a childhood dose of DTP or DTaP, or a previous dose of Tdap, should not get Tdap, unless a cause other than the vaccine was found. They can still get Td.
- Talk to your doctor if you:
 - have seizures or another nervous system problem,
 - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
 - ever had a condition called Guillain-Barré Syndrome (GBS),
 - aren't feeling well on the day the shot is scheduled.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

TDAP VACCINE CONSENT FORM 2017

The Henderson Health Center will administer the Tdap vaccine to eligible students. For the student to receive a Tdap vaccine, this form must be completely filled out with the student information and insurance information. Attach a copy of the student's insurance card and immunization record if available.

STUDENT'S NAME: _____ DATE of BIRTH: _____

ADDRESS: _____ CITY and ZIP: _____

STUDENT'S SOCIAL SECURITY # _____ PHONE# _____

SCHOOL: _____ GRADE: _____

YES__ I have been given a copy of the Tdap Vaccine Information Sheet. I understand that as a result of receiving the Tdap Vaccine, some possible mild side effects include:

- *Soreness, redness, or swelling at the injection site
- *Fever
- *Aches
- *Headache or tiredness
- *Nausea, vomiting, diarrhea

My child does not have a history of:

- *Guillain-Barre Syndrome (GBS)
- *Seizures, Epilepsy or another nervous system problem
- *Allergic reaction after a dose of any tetanus, diphtheria, or pertussis containing vaccine

I want my child to receive the Tdap Vaccine.

Parent or Guardian Signature Date

Name of Insurance Company: _____

Address of Insurance Company: _____

Name of Insured: _____ Insured's Date of Birth: _____

Insured's Social Security #: _____ ID#: _____ Group#: _____

For office use only:

Date of Vaccine: _____ Temp: _____ Injection Site: RA _____ LA _____