

TAG RECOMMENDATIONS FOR NEONATAL TETANUS

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1999 Recommendations

- Td is the vaccine of choice among WCBA for NNT prevention.
- In high-risk districts intense efforts (Attack Phase) are needed to achieve 90% Td2 coverage among WCBA. Furthermore, ongoing vaccination efforts are needed to assure that at least 90% of all new cohorts of WCBA receive a dose of Td.
- Missed opportunities to vaccinate can be markedly reduced by administering Td to all mothers who visit a health center for any reason. Women attending prenatal clinics should have their vaccination histories reviewed and should receive vaccination if they had not previously received at least two doses of Td.
- Many NNT cases have occurred in infants born to mothers who have had one or more previous live births. Post-partum Td vaccination in health facilities can be used as an additional opportunity to prevent NNT.
- All cases of NNT should be fully investigated. Case investigations should obtain information about the mother's age, immunization history and recent migration. The mother's migration history may help to identify additional high-risk districts for NNT.
- Tetanus occurring in other age groups should be reported and investigated; this information will help to identify specific risk groups.
- Health professionals and the general population need to be informed about the importance of WCBA maintaining good documentation of their vaccination histories (i.e. vaccination cards).

2000 Recommendations

- The occurrence of each neonatal tetanus case should be considered as a failure of the health services, and as an indicator of inequity in the provision of health services.
- Areas with poverty indicators like those where NNT cases are often found, should be targeted for special vaccination and surveillance efforts.
- Intensive prevention activities should be conducted in all districts where NNT incidence is greater than 1 per 1,000 live births. Within such districts careful analysis should be carried out to identify populations at highest risk.
- Missed opportunities to vaccinate can be markedly reduced by administering Td to all mothers who visit a health center for any reason.

2002 Recommendations

- Special vaccination and surveillance efforts should be carried out within municipalities and underserved pockets that still report isolated NNT cases. Td vaccination should be integrated into maternal health services with emphasis in making the vaccine available for use by midwives.
- Missed opportunities to vaccinate can be markedly reduced by administering Td to all mothers who visit a health center for any reason.

2004 Recommendations

- Countries must maintain a >90% coverage of Td vaccine in WCBA in every district.
- An adequate surveillance system must be ensured to guarantee the accuracy of reported incidence of NNT.
- All NNT cases should be fully investigated. Information about the mother's age, immunization history, recent migration, missed opportunities to vaccinate and ethnic group should be used at the national and local level to identify remaining high-risk groups.
- The national plan to eliminate maternal and neonatal tetanus in Haiti must be implemented and deserves the full support of the international community. PAHO should continue to use every avenue available to assist Haiti in strengthening its health infrastructure.

2006 Recommendations

- Countries should sustain the gains obtained so far. Countries that still have districts with cases must conduct vaccination in high-risk areas. Every country must maintain a high quality NNT surveillance and PAHO should encourage and support these efforts.
- All NNT cases should be fully investigated by an independent peer review board. Conclusions about the failure to prevent that case must be used as a guide to target populations to be vaccinated.
- PAHO should work with UNICEF and other partners and encourage and support Haiti to conduct a nation-wide campaign to eliminate NNT and take advantage of this activity to maintain measles-free status and eliminate rubella and CRS.

2015 Recommendations

- Elimination of NNT in Haiti is critical to achieving regional vaccine-preventable disease elimination targets. TAG urges the country to pursue the measures proposed towards NNT elimination, with support of the partners and special attention to the sustainability of these actions as an integrated approach. These proposed measures include:
 - Implement mop-up immunization activities for communes with <80% of Td2+ vaccine coverage during Supplemental Immunization Activities.
 - Review performance of maternal and neonatal tetanus elimination activities for each commune for specific actions.
 - Integrate neonatal tetanus community-based surveillance in order to reinforce NNT surveillance.
 - Set up survey of vaccine coverage for Td-SIA.
 - Invite the external assessment team in 2016 for validation of Maternal Neonatal Tetanus Elimination.