

TETANUS/DIPHTHERIA/PERTUSSIS (Tdap) VACCINE INFORMED CONSENT

Tetanus, diphtheria and pertussis are very serious diseases. They are rare in the United States today, but people who do become infected often have severe complications. Tdap vaccine is used to protect children, adolescents and adults from 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 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 (**T**) causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing or death.
- Diphtheria (**D**) can lead to difficulty breathing, heart failure, paralysis or death.
- Pertussis (**aP**) – also known as whooping cough – can cause uncontrollable, violent coughing which makes it hard to breathe, eat or drink. Pertussis is extremely serious in babies and young children, causing pneumonia, convulsions, brain damage or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out and rib fractures from severe coughing.

POPULATIONS THAT SHOULD RECEIVE THE Tdap VACCINE

Tdap is only for children 7 years of age and older, adolescents and adults.

Adolescents should receive a single dose of Tdap, preferably at age 11 or 12.

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

Adults who have never received Tdap should get a dose of Tdap. Also, adults should receive a booster dose every 10 years, or earlier in the case of a severe and dirty wound or burn. Booster doses can be either Tdap or Td (Td vaccine does not contain pertussis).

Tdap can be given at the same time as other vaccines.

WHO SHOULD NOT RECEIVE THE Tdap VACCINE OR SHOULD WAIT

Individuals who are moderately or severely ill should wait until they recover before receiving the Tdap vaccine.

A person who has ever had a life-threatening allergic reaction after a previous dose of any tetanus, diphtheria or pertussis containing vaccine OR has a severe allergy to any part of this vaccine should not get the Tdap vaccine. Tell the provider if you:

- have seizures or another nervous system problem.
- have had a coma, decreased level of consciousness or prolonged seizures within 7 days after a previous dose of any pertussis vaccine – DTP, DTaP or Tdap.
- have ever had a condition called Guillain-Barré Syndrome (GBS).
- aren't feeling well on the day the vaccine is scheduled (persons with minor illnesses, such as a cold, may be vaccinated).

CLINICAL SIDE EFFECTS OF Tdap VACCINE

Pain, redness or swelling in the arm where the vaccine was given. Other side effects include mild fever, headache, feeling tired, nausea, vomiting, diarrhea or stomach ache sometimes occur. Sometimes individuals faint after a vaccination. Be sure to tell your provider if you feel dizzy or have vision changes or ringing in the ears. As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

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VACCINE INFORMATION (VIS) PROVIDED

Tetanus/Diphtheria/Pertussis (Tdap) Vaccine (VIS) available at:

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.pdf>

- I have received the information regarding tetanus/diphtheria/pertussis infections and I have been educated on the benefits and risks associated with the tetanus/diphtheria/pertussis (Tdap) 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.

Patient/Parent/Guardian/Legal Representative Signature

Date Signed

Witness Signature/Title

Date Signed

- I have received the information on tetanus/diphtheria/pertussis infections and have been educated on the benefits and risks associated with the tetanus/diphtheria/pertussis (Tdap) vaccine. I hereby **DECLINE** my permission to receive the vaccine for the following reason(s):

A. Medical Contraindication(s): 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° F or 38.6° C)
 Other medical reasons (specify) _____

B. Personal Reason(s): Check all that apply
(Physician needs to be informed of medical condition)

- Perceived vaccine ineffectiveness
 Fear of needles/injections
 Fear of side effects
 Other personal reason(s) (specify) _____

Patient/Parent/Guardian/Legal Representative Signature

Date Signed

Witness Signature/Title

Date Signed