TETANUS TOXOID VACCINATION

IN SAFE MALE CIRCUMCISION SERVICE

Ugandan Perspective
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PRESENTATION OUTLINE

1. Introduction
2. Rationale for TT in SMC
3. Introduction of TT in SMC
4. Sero-prevalence of protective tetanus antibodies and immunological response following TTcV among clients seeking MC services in Uganda.
Male Circumcision by Region - 2011

Percent of men age 15-49 who are circumcised

Uganda
26%

West Nile
28%

Mid Northern
2%

North East
7%

Mid Eastern
53%

Central 1
29%

Central 2
26%

East Central
42%

Mid
Western
30%

Kampala
35%

South Western
10%
Introduction of TT in SMC program
Why TT in SMC program? (1)

• The TT vaccination was based on an understanding at the time that Tetanus posed a significant threat to the success of the SMC program in Uganda based on the cases that were reported and associated with SMC.

• Since SMC roll out in 2010, No deaths were reported until 4 incident cases were reported between 2012 and 2014.

• Two of the fatalities were associated with elastic collar devices and two with conventional surgical circumcision.

• The cases of Tetanus identified in the SMC program probably served to unmask the general burden.
Why TT in SMC program? (2)

• At that time the UNEPI program provided TT only to children and women of childbearing age

• Besides, the 3 doses in infancy are not adequate to protect the SMC clients after 10 years of age and it was felt better to assume an SMC client population non-primed to TT and there the TT in SMC
Why TT in SMC program? (3)

- In March 2015, WHO recommended VMMC programs to adopt the Dual approach (Clean care and TT vaccination to safe levels) to help mitigate Tetanus risk.

- Uganda MoH & partners adopted the recommendation for its SMC program for males who seek the service

- The SMC service has also provided an opportunity for vaccination of men, who are also at risk for Tetanus as general population
Purpose of integrating TT in SMC program

- “To reduce tetanus-related morbidity and mortality among males seeking SMC”
Prevention of Tetanus in SMC- Tetanus vaccination (1)

– MoH Uganda, recommended that all potential SMC clients be vaccinated before the service with at least two doses (at least 28 days apart):
  • First dose - Day 0
  • Second dose - Day 28 and then circumcise.

– The recommendation was that SMC clients should be given information to complete the remaining 3 doses to get life long protection against Tetanus
Trend in No of VMMC done between 2010-2016

- 2010 – 9,052
- 2011 – 57,132
- 2012 – 368,490
- 2013 – 801,678
- 2014 – 878,109
- 2015 – 497,978
- 2016 – 411,459

(Reduction in numbers attributed to TT)
The objective of the study was:

“To determine the Sero-prevalence of protective tetanus antibodies and immunological response following TT Vaccination among clients seeking MC services in Uganda”. 
Current status

• Still implementing the 2 TT dose recommendation before SMC (TT 1 on day 0 and TT 2 on day 28 then circumcise on that same day)

• Plans underway to review the evidence available and the new WHO guidance on TT in SMC and then as a country come up with recommendations
THANK YOU