



TETANUS TOXOID VACCINATION

IN SAFE MALE CIRCUMCISION SERVICE

Ugandan Perspective

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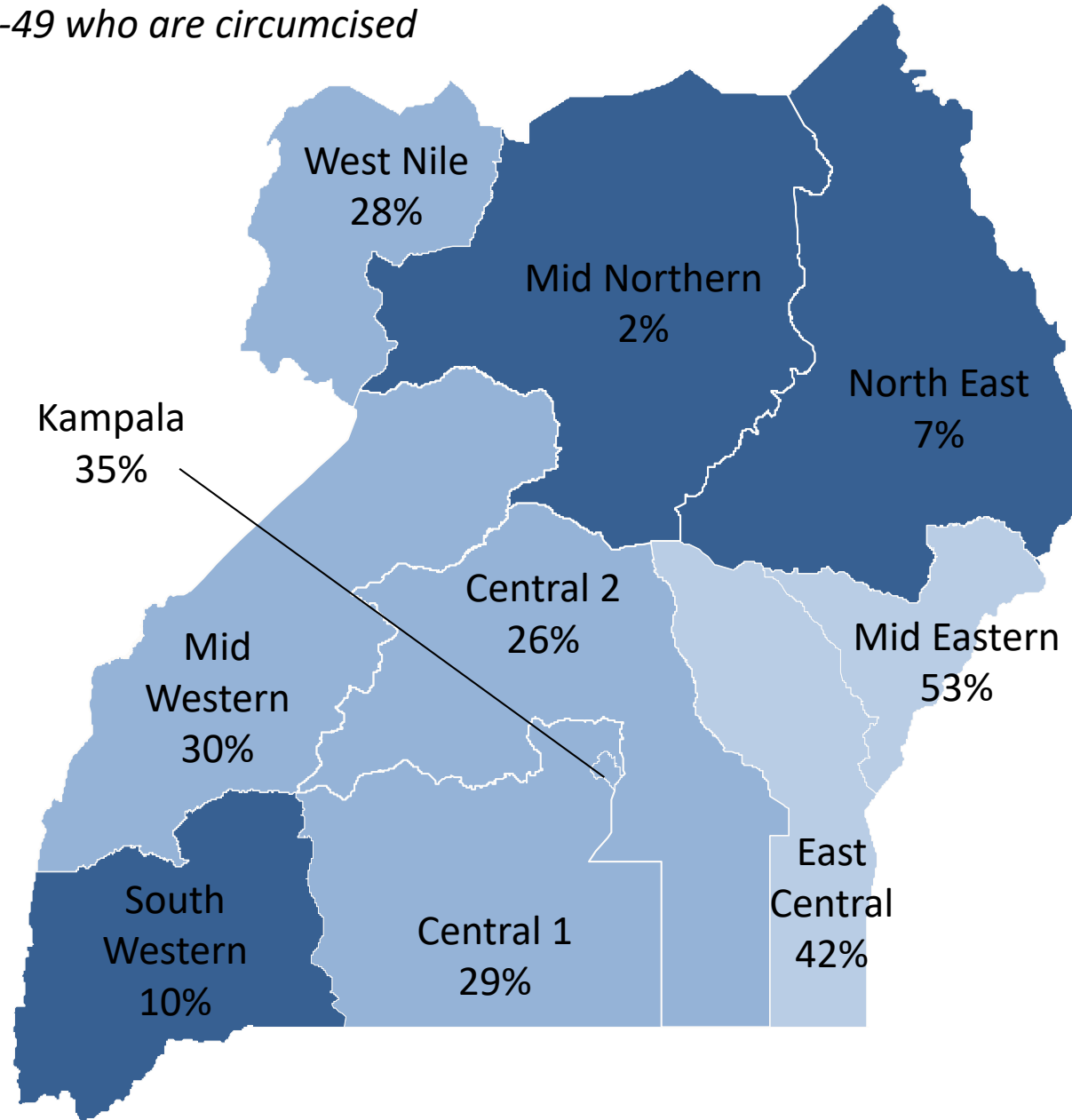
PRESENTATION OUTLINE

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%



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”

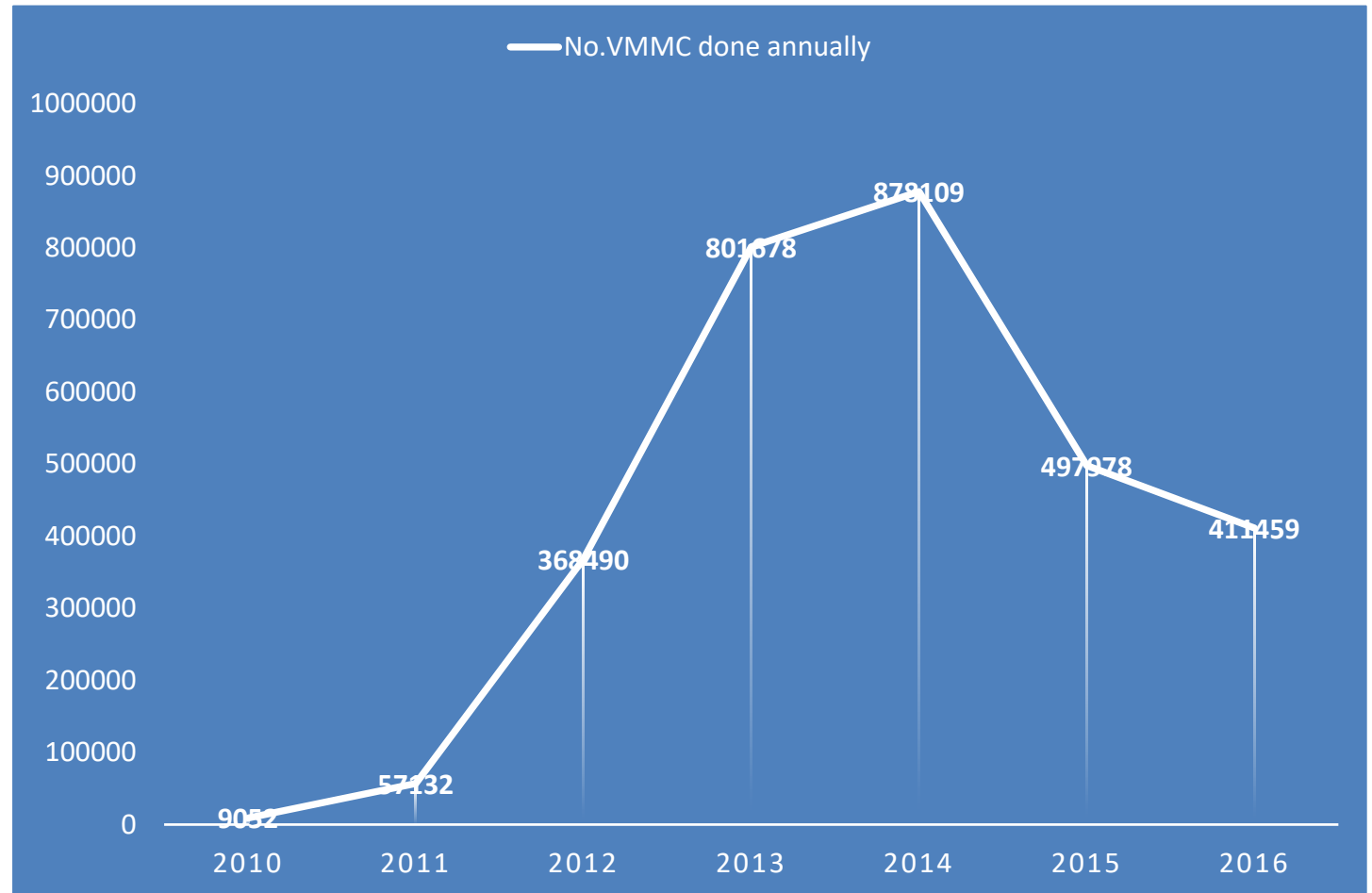
Prevention of Tetanus in SMC- Tetanus vaccination (1)

- 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 TT Study 2016

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

