M5s- neonatal tetanus, no more

Neonatal Tetanus With Tetanus being a disease that is non-communicable it is easy to track adult cases. Cases are reportedto the CDC or to the WHO whom then keeps statistics and demographics regarding neonatal tetanus. Neonatal tetanus has been easy to track also with only three cases being reported from 1990-2004 (CDC), as a result of infection of the umbilical stump and the mother being vaccinated only once in two cases with the third case being unknown. It is extremely rare for neonates to contract tetanus. Hospitals and other health care facilities have implemented Tdap programs designed to screen individual for tetanus vaccinations. Vaccination is required every ten years with one being recommended during pregnancy if the mother has had only one inoculation or has never received the vaccine. Health care personnel are also vaccinated in many settings though cost is sometimes too prohibitive for this. Hospital infrastructure not only administers the Tdap they also track and analyze local area data. Educational programs are also important.

The World Health Organization reports 4, 797 cases of tetanus in 2010 globally. Neonatal tetanus is much more common in developing countries where women give birth at home and in rural areas. This is a direct result from non-sterile equipment that the mother would receive were she in an up to date facility using precautions. This disease is targeted by WHO, UNICEF and UNFPA for elimination. Because this disease has a working vaccination education, tracking and vaccination is the key to eradication.

It is recommended by Who that any new cases should be reported and neonatal cases should be reported separately than all other cases of tetanus (. Also recommended is that reporting sites meet once weekly/yearly or at a specified time even if there are no new cases and also active surveillance is

recommended, suggesting that hospitals should be visited regularly to be investigated for new cases.

Reporting and tracking for neonatal tetanus seems efficient and adequate. The suggestion of meetings at specific time periods also confirms that communication has been taken into consideration and is also effective. Workforce training and screening is common, though in some areas prohibitively expensive for the hospitals economy. I think these are the most important needs, with education being primary. The possibility of education being offered in other areas as well such as in classroom setting in order to better screen and further eliminate tetanus by reaching individuals who may not be seen in the health care sector is something that I would suggest as change, only for improvement.

Because the numbers are very small and cases mostly isolated in comparison with the world and with many other diseases it is evident that the vaccination is very effective when given. Any measures a country can take to ensure this, as is the case in the United States, with vaccines being required at certain school milestones, can only improve the statistics as we continue in our attempts to eradicate neonatal tetanus.

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