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Maternal and Neonatal Tetanus Elimination by 2005

Strategies for achieving and maintaining elimination



UNICEF



WHO



UNFPA

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Acronyms

AFP	acute flaccid paralysis
ANC	antenatal care
DHS	Demographic and Health Surveys
DPT	diphtheria/pertussis/tetanus
GAVI	Global Alliance for Vaccines and Immunization
GNP	gross national product
MNT	maternal and neonatal tetanus
NGO	non-governmental organization
NT	neonatal tetanus
PAB	protection at birth
TBA	traditional birth attendant
Td	tetanus diphtheria toxoid
TT	tetanus toxoid
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
VVM	vaccine vial monitor
WHO	World Health Organization

Introduction

Maternal and neonatal tetanus elimination goal

Since 1989, when the World Health Assembly called for the elimination of neonatal tetanus, 104 of 161 developing countries have achieved elimination. However, because neonatal tetanus continues to be a significant problem in the countries remaining, UNICEF, WHO and UNFPA recently (in December 1999) agreed to set the year 2005 as the target date for worldwide elimination.

Neonatal tetanus elimination: The reduction of neonatal tetanus cases to fewer than 1 case per 1,000 live births in every district of every country.

Maternal tetanus has now been added to the elimination goal. The inclusion recognizes that tetanus threatens mothers as well as babies during pregnancy and delivery and that the elimination of tetanus benefits them equally. Because maternal tetanus elimination has not been defined, the achievement of neonatal tetanus elimination is being used as a proxy for maternal tetanus elimination.

Strategies to achieve and maintain elimination

The focus of global efforts with respect to maternal and neonatal tetanus (MNT) is now on the 57 countries that, as of mid-2000, have not eliminated MNT in all districts. While some of these countries will soon reach the goal, many will require more time and special strategies to deal with basic accessibility problems characterized by:

- lack of, or limited, immunization services;
- lack of, or limited, antenatal care; and
- lack of skilled birth attendants.

For these districts particularly, UNICEF, WHO and UNFPA recommend:

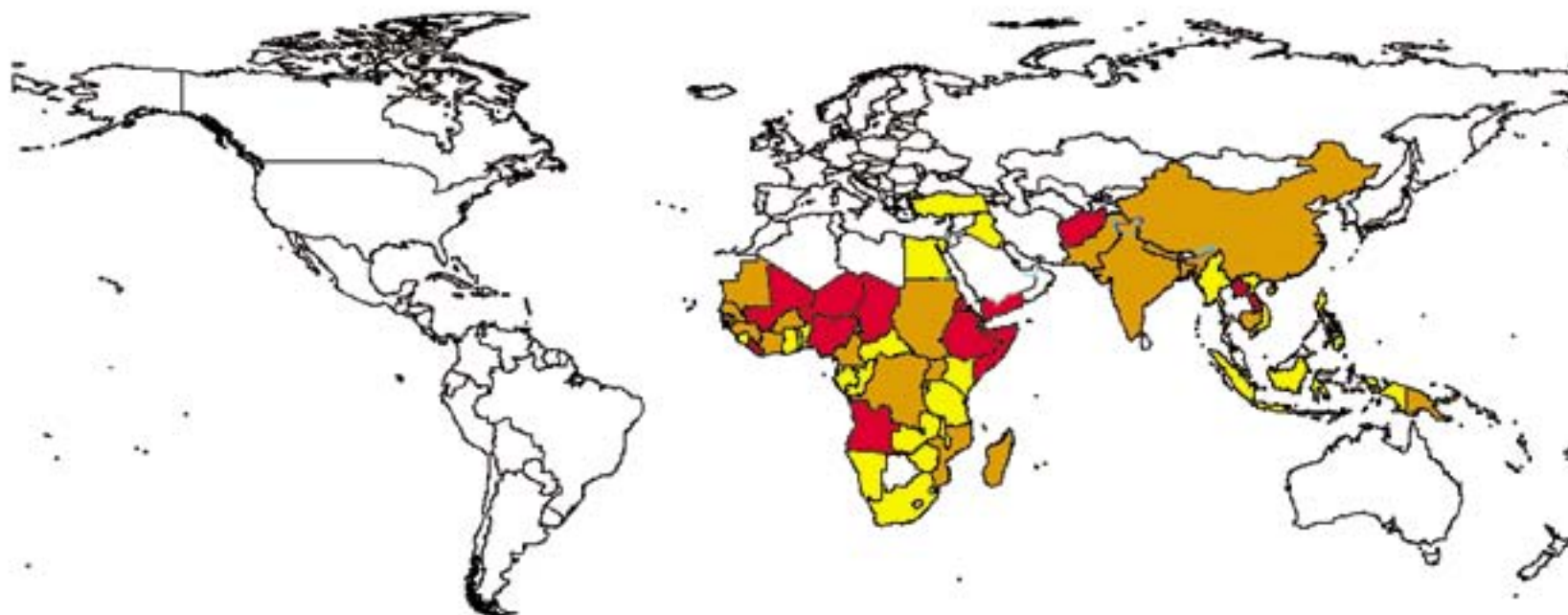
1. In high-risk districts/areas where women have not been reached by immunization services, conduct supplemental immunization activities to vaccinate at least 90 per cent of all women of childbearing age with three properly spaced doses of tetanus toxoid vaccine (TT).

2. Maintain elimination in formerly high-risk districts by routinely vaccinating pregnant women, through fixed sites, outreach or other methods.





The purpose of these guidelines

These guidelines describe the strategies for achieving elimination of maternal and neonatal tetanus by the year 2005 and, once elimination is achieved, for maintaining it. They are intended for public health managers at the national and district levels in countries that have not yet reached the goal and for the organizations that provide them with technical assistance. They will also be useful for development partners that are planning financial or other support.

Global status of progress towards neonatal tetanus elimination (as of March 2000)



Neonatal tetanus elimination status

	Eliminated
	Eliminated from more than 50% of districts
	Eliminated from 10 - 49% of districts
	Eliminated from less than 10% of districts

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.



1. Maternal and neonatal tetanus: Current status

Neonatal tetanus

Neonatal tetanus: Tetanus occurring in a newborn between the 3rd and 28th day after birth.

Neonatal tetanus occurs as a result of unhygienic birth practices, most commonly when tetanus spores contaminate the umbilical cord at the time that it is cut or dressed after delivery. Symptoms of neonatal tetanus usually appear in the third day after birth. An apparently healthy baby will stop nursing, become progressively more rigid, develop an arching of the whole body and experience painful convulsions. It is a deadly disease for newborns, with a case fatality rate of 70 per cent to 100 per cent.

Neonatal tetanus is responsible for 14 per cent (215,000) of all neonatal deaths (WHO, 1998). Reducing deaths from neonatal tetanus is one of the simplest and most cost-effective means to reduce the neonatal mortality rate. However, because most of the deaths occur at home before the baby reaches two weeks of age and neither the birth nor the death is reported, the number of cases reported by countries is low. For this reason, neonatal tetanus is often called the invisible killer.



Paul Harrison/Still Pictures

Neonatal tetanus occurs most commonly in the lowest income countries and those with the least developed health infrastructure. Within these countries, it is frequently found among populations with little or no access to health care services or education.

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