

- **CAUTIONS** IgA deficiency · interference with live virus vaccines
- **INTERACTIONS** → Appendix 1: immunoglobulins
- **SIDE-EFFECTS** Arthralgia · chills · fever · headache · hypersensitivity · hypotension · malaise · nausea · skin reactions · tachycardia · vomiting
- **DIRECTIONS FOR ADMINISTRATION** Normal immunoglobulin for intravenous use may be used in those unable to receive intramuscular injections.
- **PRESCRIBING AND DISPENSING INFORMATION** Available from selected Public Health England and NHS laboratories (also from BPL).
- **HANDLING AND STORAGE** Care must be taken to store all immunological products under the conditions recommended in the product literature, otherwise the preparation may become ineffective. **Refrigerated storage** is usually necessary; many immunoglobulins need to be stored at 2–8°C and not allowed to freeze. Immunoglobulins should be protected from light. Opened multidose vials must be used within the period recommended in the product literature.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

#### Solution for injection

- ▶ **Varicella-Zoster** (Bio Products Laboratory Ltd)  
**Varicella-Zoster immunoglobulin human 250 mg** Varicella-Zoster immunoglobulin human 250mg solution for injection vials | 1 vial [PoM] £600.00

## 2 Post-exposure prophylaxis

### IMMUNE SERA AND IMMUNOGLOBULINS > ANTITOXINS

#### Botulism antitoxin

- **DRUG ACTION** A preparation containing the specific antitoxic globulins that have the power of neutralising the toxins formed by types A, B, and E of *Clostridium botulinum*.

#### ● INDICATIONS AND DOSE

##### Post exposure prophylaxis of botulism

- ▶ BY INTRAMUSCULAR INJECTION
- ▶ Child: (consult product literature)

- **SIDE-EFFECTS** Hypersensitivity
- SIDE-EFFECTS, FURTHER INFORMATION** It is essential to read the contra-indications, warnings, and details of sensitivity tests on the package insert. Prior to treatment checks should be made regarding previous administration of any antitoxin and history of any allergic condition, e.g. asthma, hay fever, etc.
- **PRE-TREATMENT SCREENING** All patients should be tested for sensitivity (diluting the antitoxin if history of allergy).
- **PRESCRIBING AND DISPENSING INFORMATION** Available from local designated centres, for details see TOXBASE (requires registration) [www.toxbase.org](http://www.toxbase.org). For supplies outside working hours apply to other designated centres or to the Public Health England Colindale duty doctor (Tel (020) 8200 6868). For major incidents, obtain supplies from the local blood bank.  
The BP title Botulinum Antitoxin is not used because the preparation currently in use may have a different specification.

- **MEDICINAL FORMS** No licensed medicines listed.

## Diphtheria antitoxin

### (Dip/Ser)

#### ● INDICATIONS AND DOSE

##### Passive immunisation in suspected cases of diphtheria

- ▶ BY INTRAVENOUS INFUSION
- ▶ Child: Dose should be given without waiting for bacteriological confirmation (consult product literature)

#### ● CAUTIONS

##### CAUTIONS, FURTHER INFORMATION

- ▶ Hypersensitivity Hypersensitivity is common after administration; resuscitation facilities should be available. Diphtheria antitoxin is no longer used for prophylaxis because of the risk of hypersensitivity; unimmunised contacts should be promptly investigated and given antibacterial prophylaxis and vaccine.
- **SIDE-EFFECTS**
- ▶ **Common or very common** Hypersensitivity
- **PRE-TREATMENT SCREENING** Diphtheria antitoxin is derived from horse serum and reactions are common; tests for hypersensitivity should be carried out before use.
- **PRESCRIBING AND DISPENSING INFORMATION** Available from Centre for Infections (Tel (020) 8200 6868) or in Northern Ireland from Public Health Laboratory, Belfast City Hospital (Tel (028) 9032 9241).

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

#### Solution for injection

- ▶ **Diphtheria antitoxin (Non-proprietary)**  
**Diphtheria antitoxin 1000 unit per 1 ml** Antidiphtheria serum 10,000units/10ml solution for injection ampoules | 1 ampoule [PoM] ⓧ

## 3 Tuberculosis diagnostic test

### DIAGNOSTIC AGENTS

#### Tuberculin purified protein derivative (Tuberculin PPD)

#### ● INDICATIONS AND DOSE

##### Mantoux test

- ▶ BY INTRADERMAL INJECTION
- ▶ Child: 2 units for one dose

##### Mantoux test (if first test is negative and a further test is considered appropriate)

- ▶ BY INTRADERMAL INJECTION
- ▶ Child: 10 units for 1 dose

##### DOSE EQUIVALENCE AND CONVERSION

- ▶ 2 units is equivalent to 0.1 mL of 20 units/mL strength.
- ▶ 10 units is equivalent to 0.1 mL of 100 units/mL strength.

#### ● CAUTIONS

##### CAUTIONS, FURTHER INFORMATION

- ▶ Mantoux test Response to tuberculin may be suppressed by viral infection, sarcoidosis, corticosteroid therapy, or immunosuppression due to disease or treatment and the MMR vaccine. If a tuberculin skin test has already been initiated, then the MMR should be delayed until the skin test has been read unless protection against measles is required urgently. If a child has had a recent MMR, and requires a tuberculin test, then a 4 week interval should be