Hepatitis B immunoglobulin

● **INDICATIONS AND DOSE**

Prophylaxis against hepatitis B infection

▸ BY INTRAMUSCULAR INJECTION

- Neonate: 200 units, dose to be administered as soon as possible after exposure; ideally within 12–48 hours, but no later than 7 days after exposure.
- Child 1 month–4 years: 200 units, dose to be administered as soon as possible after exposure; ideally within 12–48 hours, but no later than 7 days after exposure
- Child 5–9 years: 300 units, dose to be administered as soon as possible after exposure; ideally within 12–48 hours, but no later than 7 days after exposure
- Child 10–17 years: 500 units, dose to be administered as soon as possible after exposure; ideally within 12–48 hours, but no later than 7 days after exposure

Prevention of transmitted infection at birth

▸ BY INTRAMUSCULAR INJECTION

- Neonate: 200 units, dose to be administered as soon as possible after birth; for full details consult Immunisation against Infectious Disease (www.dh.gov.uk).

▸ BY INTRAVENOUS INFUSION

- Neonate: (consult product literature).

Prophylaxis against hepatitis B infection, after exposure to hepatitis B virus-contaminated material

▸ BY INTRAVENOUS INFUSION

- Child: Dose to be administered as soon as possible after exposure, but no later than 72 hours (consult product literature)

Prophylaxis against re-infection of transplanted liver

▸ BY INTRAVENOUS INFUSION

- Child: (consult product literature)

● **CAUTIONS** IgA deficiency · interference with live virus vaccines

● **INTERACTIONS** → Appendix 1: immunoglobulins

● **SIDE-EFFECTS**

▸ **Uncommon** Abdominal pain upper · headache

▸ **Rare or very rare** Cardiac discomfort · fatigue · hypersensitivity · hypertension · hypotension · muscle spasms · nasopharyngitis · oropharyngeal pain · palpitations · skin reactions

● **PRESCRIBING AND DISPENSING INFORMATION** Vials containing 200 units or 500 units (for intramuscular injection), available from selected Public Health England and NHS laboratories (except for Transplant Centres), also available 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

- **Hepatitis B immunoglobulin (Non-proprietary)**
  Hepatitis B immunoglobulin human 200 unit Hepatitis B immunoglobulin human 200unit solution for injection vials | 1 vial PoM £200.00
  Hepatitis B immunoglobulin human 500 unit Hepatitis B immunoglobulin human 500unit solution for injection vials | 1 vial PoM £400.00
- **Zutectra** (Biotest (UK) Ltd)
  Zutectra 500units/1ml solution for injection pre-filled syringes | 5 syringe PoM £1,500.00

Solution for infusion

- **Hepatect CP** (Biotest (UK) Ltd)
  Hepatitis B immunoglobulin human 50 unit per 1 ml Hepatect CP 100units/2ml solution for infusion vials | 1 vial PoM £55.00
  Hepatect CP 2000units/40ml solution for infusion vials | 1 vial PoM £1,100.00
  Hepatect CP 500units/10ml solution for infusion vials | 1 vial PoM £275.00
  Hepatect CP 5000units/100ml solution for infusion vials | 1 vial PoM £2,750.00
- **Omri-Hep-B** (Imported (Israel))
  Hepatitis B immunoglobulin human 50 unit per 1 ml Omri-Hep-B 5000units/100ml solution for infusion vials | 1 vial PoM

Normal immunoglobulin

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● **INDICATIONS AND DOSE**

To control outbreaks of hepatitis A

▸ BY DEEP INTRAMUSCULAR INJECTION

- Child 1 month–9 years: 250 mg
- Child 10–17 years: 500 mg

Rubella in pregnancy, prevention of clinical attack

▸ BY DEEP INTRAMUSCULAR INJECTION

- Females of childbearing potential: 750 mg

Antibody deficiency syndromes

▸ BY SUBCUTANEOUS INFUSION

- Child: (consult product literature)

Kawasaki disease (with concomitant aspirin)

▸ BY INTRAVENOUS INFUSION

- Child: 2 g/kg daily for 1 dose, treatment should be given within 10 days of onset of symptom (but children with a delayed diagnosis may also benefit)

SUBGAM ®

Hepatitis A prophylaxis in outbreaks

▸ BY INTRAMUSCULAR INJECTION

- Child 1 month–9 years: 500 mg
- Child 10–17 years: 750 mg

● **UNLICENSED USE**

SUBGAM ® *Subgam* ® is not licensed for prophylactic use, but due to difficulty in obtaining suitable immunoglobulin products, Public Health England recommends intramuscular use for prophylaxis against Hepatitis A or rubella.

● **CONTRA-INDICATIONS** Patients with selective IgA deficiency who have known antibody against IgA

PRIVIGEN ® Hyperprolinaemia (contains L-proline)

FLEBOGAMMA ® DIF Hereditary fructose intolerance (contains sorbitol)

HIZENTRA ® Hyperprolinaemia (contains L-proline)

GAMMAPLEX ® Hereditary fructose intolerance (contains sorbitol)

● **CAUTIONS**

GENERAL CAUTIONS Agammaglobulinaemia with or without IgA deficiency · hypogammaglobulinaemia with or without IgA deficiency · interference with live virus vaccines

SPECIFIC CAUTIONS

▸ With intravenous use Ensure adequate hydration · obesity · renal insufficiency · risk factors for arterial or venous thromboembolic events · thrombophilic disorders

CAUTIONS, FURTHER INFORMATION

▸ Interference with live virus vaccines Normal immunoglobulin may **interfere with the immune response to live virus**