

**Treatment of tetanus infection**

## ► BY INTRAMUSCULAR INJECTION

- Child: 150 units/kg, dose may be given over multiple sites

- **CAUTIONS** IgA deficiency · interference with live virus vaccines
- **INTERACTIONS** → Appendix 1: immunoglobulins
- **SIDE-EFFECTS**
  - Rare or very rare Anaphylactic reaction · hypotension
  - Frequency not known Arthralgia · chest pain · dizziness · dyspnoea · face oedema · oral disorders · tremor
- **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**

## ► Tetanus immunoglobulin (Non-proprietary)

**Tetanus immunoglobulin human 250 unit** Tetanus immunoglobulin human 250unit solution for injection vials | 1 vial [PoM] £170.00 DT = £170.00

**Varicella-zoster immunoglobulin**

16-Mar-2020

**(Antivaricella-zoster Immunoglobulin)**● **INDICATIONS AND DOSE****Prophylaxis against varicella infection**

## ► BY DEEP INTRAMUSCULAR INJECTION

- Neonate: 250 mg, to be administered as soon as possible—not later than 10 days after exposure, second dose to be given if further exposure occurs more than 3 weeks after first dose, no evidence that effective in severe disease.
- Child 1 month–5 years: 250 mg, to be administered as soon as possible—not later than 10 days after exposure, second dose to be given if further exposure occurs more than 3 weeks after first dose, no evidence that effective in severe disease
- Child 6–10 years: 500 mg, to be administered as soon as possible—not later than 10 days after exposure, second dose to be given if further exposure occurs more than 3 weeks after first dose, no evidence that effective in severe disease
- Child 11–14 years: 750 mg, to be administered as soon as possible—not later than 10 days after exposure, second dose to be given if further exposure occurs more than 3 weeks after first dose, no evidence that effective in severe disease
- Child 15–17 years: 1 g, to be administered as soon as possible—not later than 10 days after exposure, second dose to be given if further exposure occurs more than 3 weeks after first dose, no evidence that effective in severe disease

- **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 DT = £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.