
General Information

1. The human immunoglobulin preparations prepared by Bio Products Limited (BPL) issued by Health Protection Agency and NHS laboratories are prepared from pooled plasma from non-UK blood donors. Non-UK pooled plasma has been used since March 1999 due to theoretical risk of the transmission of nvCJD. All immunoglobulins are prepared from HIV, hepatitis B and hepatitis C negative donors.
2. Subgam (Human Normal Immunoglobulin) (HNIG) from Bio Products Laboratory (BPL) is not licensed for prophylactic use against Hepatitis A, Measles or Rubella. The product is, however, known to contain similar levels of measles antibody as licensed products. The levels of hepatitis A antibody are around half the level of the licensing requirements for such a product (although higher than some other available HNIG preparations) but global supplies of suitable products are limited. Therefore we are recommending the use of Subgam for hepatitis A prophylaxis but at a higher dose.
3. The following preparations **for intramuscular use** are issued by the Immunisation Department of the Health Protection Agency's Centre for Infections and also by certain Regional Health Protection Agency and NHS laboratories:

- Human normal immunoglobulin
- Human varicella-zoster immunoglobulin
- Human hepatitis B immunoglobulin
- Human rabies immunoglobulin
- Diphtheria antitoxin

4. The following intramuscular preparations are available and are chargeable through BPL
Tel: 020 8258 2200 (24 hours):

- Human tetanus immunoglobulin*
- Human anti-D immunoglobulin
- Human hepatitis B immunoglobulin**
- Human rabies immunoglobulin**
- Human varicella-zoster immunoglobulin**

Although tetanus immunoglobulin advice is contained in Chapter 10 of this Handbook this product is **NOT** available from the Health Protection Agency.

*Human tetanus immunoglobulin is currently in short supply. Some stock has been reserved **for the treatment of tetanus** (rather than prevention). Only human tetanus immunoglobulin licensed for im use is currently available. This is suitable both for prevention and treatment. No iv preparation of tetanus immunoglobulin will be available for the foreseeable future.

However, if tetanus immunoglobulin is indicated but cannot be obtained, the HPA advises that the Human normal immunoglobulin (IV and IM) preparations can be used, both for the treatment and prevention of tetanus. Further details about this are available at: http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1210834107624

**These immunoglobulin preparations are available from the HPA although can be purchased directly from BPL where clinicians wish to use them outside of the national Joint Committee of Vaccination and Immunisation guidance (as contained in this Handbook).

Vaccines, antitoxins and immunoglobulins are purchased by the Department of Health specifically for use within the NHS. Similarly products distributed by the Health Protection Agency on behalf of the Department are provided for use within the NHS.

Private clinics requiring these products should source them directly from the manufacturer wherever possible. However, if needed in an emergency, the Health Protection Agency will supply these products provided that it has stock available. The private clinic will be required to pay the cost of the product, plus an administration fee of 4%, and all postage and packaging costs.

In circumstances where there may be a current or predicted shortage of any product, priority will be given to NHS patients.

Private clinics are advised to secure stocks of the products they require from manufacturers.

5. Supplies of normal immunoglobulin for **intravenous administration** may be obtained from the manufacturers. Details are available in the British National Formulary's Index of Manufacturers (available at: <http://www.bnf.org.uk/bnf/>)
6. For Precautions, Contraindications and Side Effects please refer to individual product information.

7. Administration:

When a large volume injection, such as an intramuscular preparation of immunoglobulin is to be given, this should be administered deeply into a large muscle mass such as the anterolateral aspect of the thigh. The upper outer quadrant of the buttock can also be used for immunoglobulin injection.

If more than 3ml is to be given to young children and infants or more than 5ml to older children and adults, the immunoglobulin should be divided into smaller amounts and given into different sites. Where possible however, rabies immunoglobulin should be infiltrated into the site of the wound. See specific advice on administration of rabies immunoglobulin available

at: <http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1191942176094?p=1191942176094>

8. Advice on the use of normal immunoglobulin for hepatitis A, measles, rubella and polio and specific immunoglobulins for varicella-zoster, hepatitis B, rabies and tetanus is also contained in the Department of Health's "Immunisation against Infectious Disease" and further advice on the diseases and indications for immunoglobulin should be sought from this publication. Available at: <http://www.dh.gov.uk/PolicyAndGuidance/HealthndSocialCareTopics/GreenBook/fs/en>