

1 Hepatitis A

SUBGAM (HUMAN NORMAL IMMUNOGLOBULIN (HNIG)
(Gammaglobulin for subcutaneous or intramuscular injection) 750mg.

Dispensed in vials of: - 750mg (approximately 5ml) - supplied by BPL

Indications

1. HNIG has limited use now and vaccine is usually recommended with or without HNIG. HNIG is no longer recommended at all for travel prophylaxis. On the basis of available evidence, travellers can be vaccinated with HAV vaccine even up to day of travel. Please note that hepatitis A antibody levels in SubGam are below 100iu/ml and therefore that the dose required to prevent or modify hepatitis A infection is higher than for previous products (see below).
2. For the protection of hepatitis A in household and other close contacts:
 - i) Vaccine is preferred to HNIG, **where the index case is identified promptly** (within 1 week of onset of jaundice).
 - ii) HNIG is recommended for contacts when onset in the index case (usually indicated by onset of jaundice) was more than one week ago. It may then be effective up to two weeks from exposure in preventing HAV and may modify severity of infection if given more than two weeks after exposure.
 - iii) Vaccine can be given at the same time as HNIG but in a different site. In view of the lower antibody level of SUBGAM and uncertainties about the relationship between dose and efficacy, practitioners should now have a lower threshold for using vaccine at the same time as HNIG, and consider offering vaccine alongside HNIG even when the onset of disease in the index case was more than a week ago.
 - iv) In particular, consider using **vaccine and HNIG** if an individual is at high risk of severe disease because of co-existing chronic liver disease or age or if they are immunocompromised (and may therefore not respond to vaccine).
3. To control outbreaks (vaccine can also be used in outbreaks).

Well-defined communities: **Vaccine** is preferred in most situations except where there has been a clearly defined exposure (e.g. food borne) and delay (>1 week of onset of symptoms) in identifying risk to a population likely to experience morbidity (e.g. >5 years of age), when HNIG is preferred.

Poorly defined communities: for those at ongoing risk, **vaccine is preferred to HNIG.**

Dosage

As an interim recommendation, a greater volume of SUBGAM is being recommended than required for previous products because the content of hepatitis A immunoglobulin is lower.

<10 years	500mg }	by intramuscular injection
≥10 years	750mg }	

Hepatitis A vaccine may be administered simultaneously with human normal immunoglobulin but should be given at separate injection sites

For further guidance on control of hepatitis A infection, see:
Crowcroft N *et al* Guidelines for the control of hepatitis A virus infection
Comm Dis and Public Health Sept 2001; 4 (3) 213-227

Available at:

<http://www.hpa.org.uk/cdph/issues/CDPHVol4/no3/HepAguidelines0901.pdf>