

## 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 hepatitis A vaccine even up to the day of travel.  
Please note that hepatitis A antibody levels in SubGam are below the WHO standard of 100iu/ml and therefore 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:

#### Definition of household-type contact:

- A person living in the same household as the index case or regularly sharing food or toilet facilities with the index case during the infectious period. This would include extended family members who frequently visit the household and childminders and their families.
- A person who has *regularly* eaten food prepared by the index case during the infectious period, *or* who ate food prepared by the index case on a single occasion during the infectious period if there is concern about the hygiene practices of the index case or if the index case had diarrhoea at the time of food preparation.
- If the index case is a child in nappies or requiring assistance with toileting, any person who has been involved in nappy changing or assistance with toileting during the infectious period.

i) Vaccine should be given within two weeks of exposure if no previous history of hepatitis A vaccine or laboratory confirmed hepatitis A infection.

ii) HNIG is recommended in addition to vaccine for contacts who are less able to respond to vaccine (those aged over 50 or with immunosuppression) and those at risk of severe complications (those with chronic liver disease including chronic hepatitis B or C infection).

For those exposed between two and four weeks ago, HNIG may be offered to modify disease in those at risk of severe complications (those with chronic liver disease including chronic hepatitis B or C infection)

#### Definition of time since exposure.

- In the case of continuous exposure to the index case, this is defined as the number of days since the onset of the first symptoms\* in the index case.
- If a single exposure has occurred during the infectious period, time since exposure should be calculated as either the number of days since the onset of first symptoms in the index case or the number of days since exposure to the index case, whichever is the more recent.

\*The time since onset of first symptoms in the index case is used, rather than the time since onset of jaundice, as the evidence base for the post exposure efficacy of hepatitis A vaccine is based on its use within 14 days of first symptom onset in the index case.

3. To protect vulnerable individuals during outbreaks:  
HNIG may be used in addition to vaccine for individuals at increased risk (see above) exposed during outbreaks.

**Dosage**

The volume of SUBGAM is being recommended to provide levels of antibody equivalent to that achieved with products meeting the WHO standard.

<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:

[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1259152095231](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1259152095231)

### Algorithm for the management of household contacts of cases of acute hepatitis A

(For more detailed information on the algorithm, please refer to section 3.2.3 of

Guidance for the Prevention and Control of Hepatitis A infection available at [http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1259152095231](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1259152095231))

