1 Measles

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

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

Indications

HNIG is most effective if given within 72 hours, but can be effective even if given within 6 days.

1. To prevent or attenuate an attack in immunocompromised contacts (see Notes 2)
2. To prevent or attenuate an attack in pregnant women (see Notes 3)
3. To prevent or attenuate an attack in infants under the age of 12 months (see Notes 4, 5, 6 & 7).

Dosage:

Age	**Dose**	
Under 1 year	250mg	} by
1-2 years	500mg	} intramuscular
3 and over	750mg	} injection

Notes

1. If large total doses (>5mls) of intramuscular HNIG are required, it is advisable to administer them in divided doses at different sites.

2. Children and adults with compromised immunity (See Green Book Chapter 6: http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en) should be given human normal immunoglobulin (HNIG) as soon as possible after exposure. In severely immunosuppressed individuals, HNIG should be considered even for individuals with documented history of prior vaccination. **For persons receiving immunoglobulin intravenous therapy (IGIV), administration of at least 100mg/kg within 3 weeks before measles exposure should be sufficient to prevent measles infection**.

3. HNIG should be offered to susceptible pregnant women if they have been in contact with a confirmed or epidemiologically linked case. HNIG may attenuate the infection in the mother but there is no evidence that it prevents foetal loss.

4. Infants aged 6-8 months who are household contacts of a confirmed or epidemiologically linked case or with a particular reason to avoid measles (e.g. recent severe illness) can be given HNIG as soon as possible after exposure. For infants in this age group exposed outside the household or to cases where the diagnosis is less certain, MMR vaccine is an alternative that may provide longer lasting protection. Infants from 9 months of age should be given MMR.

5. HNIG is not usually required in infants under six months of age as they are likely to have maternal antibody. If the mother is the index case, the mother is known to be susceptible or where the child has a particular reason to avoid measles HNIG may be given following contact with a confirmed or epidemiologically-linked case.

6. Infants receiving MMR vaccine before 12 months of age should continue to receive their usual MMR vaccine as per the national immunisation schedule. An interval of three months must be allowed before subsequent vaccination(s).

7. Immunocompetent children and adults over the age of 6 months, who have received no or only one previous dose of MMR, and are not covered by Note 4, can be given MMR vaccine within 72 hours of contact with measles for post-exposure prophylaxis.