



## Administration of Intramuscular Immune Globulin for Hepatitis A Postexposure Prophylaxis - August 2017

Due to age or underlying conditions, some persons whose last exposure to hepatitis A virus was in the prior 14 days may be recommended to receive intramuscular (IM) immune globulin (IG), in addition to hepatitis A vaccine, to provide passive protection against hepatitis A infection. An immunocompetent person who has received at least 1 dose of hepatitis A vaccine at least 4 weeks prior to their first exposure does not need to receive IMIG for hepatitis A postexposure prophylaxis.

For [CDPH recommendations on which exposed persons should receive IMIG](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/HepatitisA-PEPQuicksheet.pdf), see:  
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/HepatitisA-PEPQuicksheet.pdf>

### General IMIG information

1. Administer IMIG <14 days of last exposure to hepatitis A.
2. The only IMIG product in the U.S. is GamaSTAN® S/D. It can be ordered 24/7 from FFF Enterprises at 800-843-7477.
3. GamaSTAN® S/D is preservative-free and latex-free.
4. Screen patients for contraindications to IMIG. See Table 1 and Attachment 1.
5. Provide patients with IMIG product information (Attachment 2) and answer any questions.
6. IMIG and hepatitis A vaccine may be given at the same time in different anatomic sites.

### Administration of IMIG

1. Check the GamaSTAN® S/D package insert prior to administration.
2. Dose of IMIG for hepatitis A postexposure prophylaxis is **0.1 mL/kg**.
3. IMIG should be administered intramuscularly preferably in the anterolateral aspects of the upper thigh (the deltoid muscle may be used for adults when there is sufficient muscle mass). For [more information on needle length, gauge, and injection site guidance](http://tinyurl.com/ycncnx72), see: <http://tinyurl.com/ycncnx72>
4. No more than 5 mL of IGIM should be administered per injection site in adults or large children/adolescents. Infants and small children should be given 1-3 mL per injection site.
5. Depending on weight, patients may need multiple injections, each injection at a different site.
6. If possible, observe patients for an allergic reaction for 15 – 20 minutes after administering IMIG.
7. Facilities and personnel should be available for treating immediate hypersensitivity reactions.

### Administration of IG and at the same time as other vaccines:

1. **Inactivated vaccines:** IG can be administered simultaneously with, or at any interval before or after, any inactivated vaccine, including hepatitis A vaccine.
2. **Live vaccines**
  - a. **If MMR and/or varicella vaccine has been given within the previous 2 weeks:** Patient should receive IG, but should be revaccinated or tested for seroconversion  $\geq$  3 months later.
  - b. **If IG for hepatitis A postexposure prophylaxis is given first:** Patient should be told to wait 3 months before receiving MMR and/or varicella vaccine.

**Table 1. Contraindications and Precautions to IG**

<b>Valid Contraindications for Immune Globulin (IG)</b>	<b>Precautions</b>
History of an anaphylactic reaction to a previous dose of IG	Receipt of measles, mumps, rubella (MMR) or varicella vaccine within the previous 2 weeks <sup>1</sup>
IgA deficiency or history of reactions related to anti-IgA antibodies (in such cases, use of IgA-depleted IVIG may reduce likelihood of further reaction)	Mild to moderate bleeding disorder or taking anticoagulation medication <sup>2</sup>
Persons with severe thrombocytopenia or any coagulation disorder that would preclude IM injection; in such cases, IVIG is preferred	
IG may be given (it is not contraindicated) – if patient: <ul style="list-style-type: none"><li>• Has an acute or chronic illness</li><li>• Had a recent exposure to an infectious disease</li><li>• Is currently receiving antimicrobial therapy</li><li>• Is pregnant<sup>3</sup></li><li>• Is breast feeding</li></ul>	

1. IG given within 2 weeks after measles, mumps, rubella (MMR) or varicella vaccines were administered may interfere with the development of vaccine-induced immunity. The patient should still receive IG, but should be referred to their healthcare provider to be revaccinated with MMR or varicella vaccine or be tested for immunity at least 3 months after receipt of IG.
2. People with a mild to moderate bleeding disorder or who are taking anticoagulation medication should check with their healthcare provider before receiving IG.
3. There is no known risk to the fetus from passive immunization of pregnant women with IG. IG should be given to pregnant women if it is indicated.

**Attachment 1**

**Patient Screening Tool for Administration of Intramuscular (IM) Immune Globulin (IG)  
for Hepatitis A Postexposure Prophylaxis**

(Adapted from materials provided by the Massachusetts Department of Public Health)

If IG is being administered for hepatitis A exposures that are part of a hepatitis A outbreak, a question pertinent to exposure history may be inserted in the screening tool below.

1. Have you ever received hepatitis A vaccine?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If you received at least 1 dose of hepatitis A vaccine at least one month before your exposure and have a healthy immune system, you are considered protected against hepatitis A and do not need IG.
2. Have you ever had a severe allergic ( <u>anaphylactic</u> ) reaction to a dose of IG?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, you should talk to your healthcare provider before getting IG.
3. Have you ever had a reaction related to anti-IgA antibodies, or history of IgA deficiency?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, you should talk to your healthcare provider before getting IG.
4. Do you have a bleeding disorder or take anticoagulant medication (“blood thinner”)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, you should talk to your healthcare provider before getting IG.
5. Have you received measles, mumps, rubella vaccine (MMR) and/or chickenpox vaccine in the last 2 weeks?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, receiving IG now may interfere with immunity to measles, mumps, rubella and varicella. You should still receive IG today, but 3 months from now you should be revaccinated with MMR or chickenpox vaccine or tested for immunity.
6. Do you plan to receive MMR and/or chickenpox vaccines in the next 3 months?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, wait 3 months after receiving this dose of IG before receiving MMR or chickenpox vaccines.
7. Do you handle food that is served to non-household members as part of your job or other activity?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, health department staff would like to speak with you today.

## Attachment 2

### Patient Information about Intramuscular Immune Globulin (IG)

(Adapted from materials provided by the Massachusetts Department of Public Health)

#### What is immune globulin?

Immune globulin (IG) is a product made from human plasma from thousands of donors. It contains antibodies to hepatitis A and other diseases. Antibodies are proteins that your body makes to help you fight infections. If given within 2 weeks of exposure to hepatitis A virus, IG may prevent hepatitis A infection, or make the symptoms less severe if you become infected.

#### What are the risks from IG?

Most persons do not have any side effects from IG. However, pain and tenderness may occur at the site(s) where IG was given. Serious allergic reactions are rare, but itching, hives and swelling may also occur. Although IG is made from human plasma, the manufacturing process is designed to inactivate and eliminate possible infectious agents.

#### Who should contact their healthcare provider before receiving IG?

- Persons with a serious allergic reaction to a previous dose of IG.
- Persons with immunoglobulin A deficiency. These persons may receive a special form of IG by vein.
- Persons who have severe problems with bleeding. Your healthcare provider may decide it is safe for you to receive IG in your muscle, or may decide you should receive it by vein.

#### Can I receive IG if I'm pregnant or breastfeeding?

Yes. Pregnant or breastfeeding women who have not received hepatitis A vaccine can be given IG if it's recommended after an exposure to hepatitis A virus.

#### What if I just received, or will soon receive, MMR (measles, mumps, rubella) and/or varicella (chickenpox) vaccines?

- If you received MMR and/or chickenpox vaccine in the last 2 weeks, you can receive IG today. However, you should receive MMR and/or chickenpox vaccine again in 3 months, or get a blood test at that time to see if you are protected against measles, mumps, and rubella, and/or chickenpox.
- If you are planning to get the MMR and/or chickenpox vaccines in the near future, you should wait 3 months after receiving IG.

#### What should I do if I have side effects?

Contact your healthcare provider if you experience rash or hives (swelling, redness, intense itching, and burning) or if you develop swelling of the lips, other parts of the parts of the mouth and throat, eyelids, genitals, hands or feet. Allergic reactions, although rare, have been reported following injections of IG.

Contact your healthcare provider immediately if you experience any of these side effects:

- Possible allergic reaction: wheezing or trouble breathing, chest tightness, severe abdominal cramps, severe vomiting or severe diarrhea.
- Possible blood clot: pain and/or swelling of an arm or leg with warmth over the affected area, discoloration of an arm or leg, unexplained shortness of breath, chest pain or discomfort that worsens on deep breathing, unexplained rapid pulse, numbness or weakness on one side of the body.