

Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella or Varicella Virus

Immune globulin preparations and/or blood products can interfere with the immune response of a measles, mumps, rubella or varicella-containing vaccine. For measles (routinely given as MMR) and varicella vaccines, the recommended interval between immune globulin or blood product administration and subsequent vaccination varies depending on the specific product and dose given (see table below).

There is minimal or no interaction between blood products or immune globulin preparations and:

- inactivated vaccines
- live oral vaccines (rotavirus, oral typhoid vaccines)
- live intranasal vaccine (live attenuated influenza vaccine)
- Bacille Calmette-Guerin (BCG) vaccine
- yellow fever vaccine

If the immune globulin preparation or blood products are given 14 or more days after MMR, MMRV or varicella vaccine, the **immunization does not need to be repeated**.

If the interval between administration of **MMR, MMRV or varicella** vaccine and subsequent administration of an immune globulin preparation or blood product is **less than 14 days, immunization should be repeated at the interval indicated in the tables that follow**.

Product	Indication	Dose and Route	Interval (months)
Standard Immune Globulin			
Immune Globulin (Ig)	Hepatitis A prophylaxis	0.1 mL/kg IM	6
	Measles prophylaxis	0.5 mL/kg IM (max 15 mL)	6
Intravenous Immune Globulin (IVIg) or Subcutaneous Immune Globulin (SCIg) ^A	Treatment of antibody deficiency	300-400 mg/kg IV	8
	Measles prophylaxis	400 mg/kg IV	8
	Treatment of Idiopathic Thrombocytopenic Purpura	1,000 mg/kg IV	10
	Kawasaki Disease	2,000 mg/kg IV	11

^A SCIg may be used as a replacement for IVIg for indications other than measles prophylaxis, with a dose calculated to accomplish the same effect as an IVIg dose. Doses will differ with the route of administration but timing intervals remain the same. SCIg doses are not provided in this table.

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Product	Indication	Dose and Route	Interval (months)
Specific Immune Globulin			
Botulism Immune Globulin (BabyBIG®)	Infant botulism	50 mg/kg IV	6
Cytomegalovirus Immune Globulin (CMVig)	Cytomegalovirus prophylaxis	150 mg/kg IV	6
Hepatitis B Immune Globulin (HBIG)	Hepatitis B prophylaxis	0.06 mL/kg IM	3
Rabies Immune Globulin (RabIg)	Rabies prophylaxis	20 IU/kg IM	4
Tetanus Immune Globulin (Tlg)	Tetanus prophylaxis	250 units IM	3
Varicella Zoster Immune Globulin (VarIg)	Varicella prophylaxis	125 units/10 kg IM (max dose is 625 units)	5
Rh Immune Globulin (RhIg)	Postpartum for Rh negative women	300 mcg IM	3 ^A
Respiratory syncytial virus monoclonal antibody (RSV Ab ; Synagis®)	Prevention of RSV disease in children under 24 months with bronchopulmonary dysplasia or history of premature birth etc.	15 mg/kg/4 weeks IM	0 ^B
Blood Transfusion Products			
Washed red blood cells		10 mL/kg IV	0
Reconstituted red blood cells		10 mL/kg IV	3
Whole blood (Hct 36%)		10 mL/kg IV	6
Packed red blood cells		10 mL/kg IV	5
Plasma/platelet products		10 mL/kg IV	7

^A People who receive RhIg postpartum and are eligible for MMR and/or varicella vaccine should generally wait 3 months before being vaccinated with these vaccines. However, if there is a risk of exposure to measles, mumps, rubella, or varicella, a risk of pregnancy in the 3-month postpartum period, or a risk that vaccines may not be given later, MMR and/or varicella vaccines may be given prior to discharge with a 2nd dose at the recommended interval if indicated. If MMR and/or varicella vaccine is given within 3 months of receipt of RhIg, serologic testing for rubella and/or varicella should be done 3 months postpartum and at least 1 month after the final dose. Those who have not mounted an antibody response should be revaccinated.

^B Respiratory syncytial virus monoclonal antibody preparation (palivizumab; Synagis®) does not interfere with the immune response to vaccines. It is routinely given every 4 weeks throughout the RSV season.