Immune Globulin (Ig)
GamaSTAN® Supplier: Grifols Canada Ltd.

INDICATIONS:

- Post-exposure prophylaxis of hepatitis A contacts: [A]
  - infants under 6 months of age
  - susceptible individuals for whom hepatitis A vaccine is contraindicated
  - susceptible individuals with chronic liver disease [B]
  - immunocompromised individuals who may not fully respond to the vaccine [B]
  - may be considered for susceptible persons aged ≥ 60 years who are household or close contacts of a case of hepatitis A. [B]
- Post-exposure prophylaxis of measles contacts within the appropriate timeframe per the Communicable Disease Control Manual, Chapter 1: Measles (refer to 7.3 Immunoprophylaxis of Susceptible Contacts at High Risk of Measles Related Complications):
  - susceptible infants < 12 months
  - susceptible pregnant women and pregnant people
  - susceptible immunocompromised contacts

NOTE: For Post-exposure prophylaxis of measles contacts, intravenous immunoglobulin (IVIg) is the product of choice for those weighing 30 kg or more, as the maximal volume of 15 mL of intramuscular immunoglobulin (IMIg) does not contain sufficient anti-measles antibody to provide complete protection. However, in cases where IVIg cannot be accessed, IMIg can be offered, but is not expected to provide sufficient protection. For more information, see Communicable Disease Control Manual, Chapter 1: Measles.

DOSES AND SCHEDULE:

Post-exposure prophylaxis of hepatitis A contacts: given as 0.1 mL/kg **IM**.

Post-exposure prophylaxis of measles contacts: given as 0.5 mL/kg **IM** (max. 15 mL).

ADMINISTRATION:

- See Immune Globulin Preparations (HBIg, Ig, TIg, VarIg, RabIg) for administration information and maximum volume to be administered per site according to age.
- Ig contains no preservatives. Vials are single dose use. Once entered, discard any unused contents.

BOOSTER DOSES:

None.

SEROLOGICAL TESTING:

Serological testing is not required before or after immunization; however, it may be done on a case-by-case basis prior to measles post-exposure prophylaxis. See Communicable Disease Control Manual, Chapter 1: Measles.

[A] For information regarding hepatitis A contact management, including exposures in daycare centres and institutional settings, see Communicable Disease Control Manual, Chapter 1: Hepatitis A.

[B] These individuals should receive hepatitis A vaccine and Ig. For more information, see Communicable Disease Control Manual, Chapter 1: Hepatitis A.

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CONTRAINDICATIONS:

1. History of anaphylactic reaction to a previous dose of any immune globulin product or any component of GamaSTAN®.

PRODUCT COMPONENTS:

Potential allergens: none.
Other components: glycine.

PRECAUTIONS:

- Human Ig products are among the safest blood-derived products available. The method of preparation includes one or more steps that exclude or inactivate hepatitis B, C and HIV; therefore the risk of transmission is extremely low. However, it is possible that unknown infectious agents may be present in such products.
- Special measures should be considered when administering IM injections to people with bleeding disorders. A smaller gauge needle (23 gauge or smaller) should be used and steady, firm pressure should be applied to the injection site for 5 minutes. If there is concern that the injection may stimulate bleeding, the client should connect with their medical specialist.
- Persons with IgA deficiency have the potential for developing antibodies to IgA and could have an anaphylactic reaction to subsequent administration of blood products that contain IgA. Therefore, Ig should only be given to such persons if the expected benefits outweigh the risks, and should be administered in an emergency room setting.

SPECIAL CONSIDERATIONS:

- Document receipt of Ig in the client's electronic record (e.g., Panorama, PARIS) and/or chart. The following information must be recorded: trade name of product, date, lot number, dosage, route and site(s).
- Provide a written record to individuals who receive any immune globulin product.
- Ig should be given as soon as possible after a known exposure and no later than 6 days for measles post-exposure prophylaxis (PEP) and 2 weeks for hepatitis A PEP.
- When clinical measles does not develop in a person given Ig, a measles-containing vaccine should be given 6 months later, provided the person is 1 year of age and older and there are no contraindications to the vaccine. If the person is immunocompromised, give a measles-containing vaccine 6 months later with physician referral.
- Regarding Ig and the administration of live vaccines, see Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella, or Varicella Virus.

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ADVERSE EVENTS:
Local: pain, tenderness.
Systemic: allergic reactions (urticaria and angioedema).

A potential increased risk of thrombosis (blood clots) has been observed within 24 hours of receipt of immune globulin products, especially when given in large doses (i.e., more than 10 mL). Additional risk factors include: age 45 years and older, history of thrombosis or those with risk factors for thrombosis (e.g., obesity, high blood pressure, diabetes, prolonged periods of immobilization, use of estrogens, a history of heart disease, blood clotting disorders, indwelling central vascular catheters, or diseases that thicken the blood). [A, B]

[A] Daniel GW, Menis M, Sridhar G, et al. Immune globulins and thrombotic events as recorded in a large administrative database in 2008 through 2010. Transfusion. 2012;52:2113-2121.
[B] Menis M, Sridhar G, Selvam N, et al. Hyperimmune globulins and same-day thromobotic adverse events as recorded in a large healthcare database during 2008-2011. Am. J. Hematol. 2013;88:1035-1040.