12.14 ZOSTER IMMUNOGLOBULIN VF (200IU)

**DESCRIPTION**

Each 200 IU vial contains 160mg/mL human plasma proteins, with 98% being immunoglobulins (mainly IgG) and has at least 200 IU/vial Varicella-zoster antibody. This product is for intramuscular use.

The WNHS Infection Control Policy 4.2 Varicella Zoster (Chickenpox/ Shingles) may be viewed in the infection control manual which is available on the intranet – link below:

HTTP://WNHS.HDWA.HEALTH.WA.GOV.AU/PROCEDURES/POLICIES/CLINICAL_GUIDELINES/PROCEDURES/DEPARTMENT_MANUALS/WNHS_INFECTION_CONTROL_MANUAL?SQ_ACTION=LOGOUT

**ORDERING ZIG**

Zig is obtained from the Australian Red Cross Blood Service (ARCBS). The Transfusion Medicine (TM) Scientist must be contacted and provided with the minimum clinical details which will be recorded on a 'ZIG Clinical Details Form'.

Details on the ZIG Clinical Details Form' include:
- Patient Name and UMRN
- Gestation, if pregnant,
- D.O.B, if neonate,
- Details of other health issues eg leukaemia; immunosuppressive therapy
- Immunity status e.g. blood test (VZV serology) or history,
- Exposure details e.g. number of days and type of exposure e.g. household,
- Patient Weight and Zig dose requested.
- If there has been discussion and advice from the Clinical Microbiologist this should also be noted.

The TM Scientist will fax an ‘ARCBS Fractionated Blood Products Order Form’ and a ‘ZIG Clinical Details Form’ to ARCBS for the ARCBS Consultant Haematologist to authorise the request. Failure to provide all the above details may cause a delay in obtaining the product. Once approved, the TM Scientist will organise transport to the hospital and notify the requesting area of its arrival.

**INDICATIONS**

Administer to the following patients who are exposed to Varicella-zoster, regardless of a prior history of chickenpox:
- BMT Recipients.
- Premature infants of less than 28 weeks gestation and/or less than 1000g, regardless of maternal history.
Administer for the prevention of Varicella in the following high-risk patients with exposure (Whenever possible, patients without a definite history of chickenpox should be screened for Varicella-zoster antibody):

- Congenital or acquired immunodeficiency e.g. AIDS.
- Patients on immunosuppressive therapy with steroids or cytotoxic chemotherapy.
- Patients with diseases associated with cellular deficiency, such as leukaemia and lymphoma.
- Pregnant women. If exposure occurs before 20 weeks gestation, administer Zoster Immunoglobulin as soon as possible after contact. Seroconversion at <20 weeks gestation carries a 2% risk of congenital Varicella infection but this risk is significantly less after 20 weeks.
- Neonates whose mothers develop chickenpox (but not zoster) 7 days before delivery to one month after delivery.
- Neonates whose mothers are susceptible to Varicella (i.e. show no antibodies on testing).

**DOSE AND ADMINISTRATION**

- Seek advice from the Clinical Microbiologist or requesting Clinical Haematologist regarding Administration
- Dose is based on weight: 0-10kg 1 vial, 10.1-30kg 2 vials, over 30.1kg 3 vials.
- Slow intramuscular injection.

Refer to current product information sheet for further details of compatibility with other medicines and to view Table of CMV Immunoglobulin VF Dosage based on bodyweight recommendations.

**FURTHER INFORMATION**

Further information is available from the Clinical Microbiologist


**REFERENCES**


ARCBS Immunoglobulin Information [HTTP://WWW.TRANSFUSION.COM.AU/BLOOD_PRODUCTS/FRACTIONATED_PLASMA/IMMUNOGLOBULINS#IG_ZOSTER](http://www.transfusion.com.au)
