

12 PLASMA DERIVED BLOOD COMPONENTS

Date Issued: January 2005
Date Revised: July 2011
Review Date: July 2013
Authorised by: KEMH Transfusion Committee
Review Team: KEMH Transfusion Committee

12.14 Zoster immunoglobulin
Section 12
Transfusion Medicine Protocols
Women's & Newborn Health Services
Perth Western Australia

12.14 ZOSTER IMMUNOGLOBULIN (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 INFECTION CONTROL POLICY NUMBER 4.5 MAY BE VIEWED IN THE INFECTION CONTROL MANUAL WHICH IS AVAILABLE ON THE INTRANET (LINK BELOW)

<http://intranet.pmhkemm.health.wa.gov.au/procedures.html>

ORDERING ZIG

Zlg 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 Zlg 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.

FURTHER INFORMATION

Further information is available from the Clinical Microbiologist

The ARCBS Transfusion Medicine Manual is available at www.transfusion.com.au