Acquiring state-supplied immune globulin, vaccine, and other medications

1. PURPOSE

The purpose of this guidance is to advise public health staff on the process of acquiring immune globulin and vaccine from the Oregon Immunization Program (OIP) during an outbreak, acute event, or in situations where the needed prophylaxis is not otherwise available to the Local Health Department (LHD). This document is not intended to replace the guidance on general prophylaxis of contacts outlined in the Investigative Guidelines for those conditions that require post exposure prophylaxis of contacts. Immune globulin products available through OIP include IG (for hepatitis A and measles prophylaxis) and HBIG (for hepatitis B prophylaxis).

2. CONTACTING THE ACUTE AND COMMUNICABLE DISEASE PREVENTION PROGRAM

When contacts are identified that may need immune globulin or vaccine that is not currently accessible by LHDs, the LHD should contact the Acute and Communicable Disease Prevention (ACDP) Program on-call epidemiologist at 971.673.1111. The on-call epidemiologist and the LHD will review the contact history and determine whether immune globulin or vaccine is indicated for each contact. After this determination, the on-call epidemiologist will contact OIP with the relevant information. OIP will then coordinate obtaining the indicated immune globulin or vaccine with the LHD (detailed below). OIP cannot release immune globulin, or vaccine until ACDP has approved the request. The LHD must provide OIP with the quantity of product requested and delivery instructions. All other OIP rules and regulations regarding vaccine management and accountability apply.

3. PROPHYLAXIS RECOMMENDATIONS

3.1 Hepatitis A

Prophylaxis is indicated for all household and sexual contacts with no evidence of pre-existing immunity to the hepatitis A virus (HAV). In addition, persons who have shared illicit drugs with confirmed HAV cases and those with significant opportunity for fecal-oral exposure to the case should receive prophylaxis. When one or more cases are found in employees or children attending a child care center or cases are found in two or more households of daycare attendees, prophylaxis is recommended for all previously unvaccinated staff members and daycare attendees.

Vaccine is recommended for prophylaxis in healthy contacts aged 12 months to 40 years. IG is recommended for: persons over the age of 40 or under 12 months of age; immunocompromised persons; persons with chronic liver disease; and persons for whom vaccine is contraindicated. See section 5.D. of the hepatitis A investigative guidelines for further information at (http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Documents/hepa.pdf).
3.2 **Hepatitis B**

Hepatitis B immune globulin (HBIG) is recommended for new sexual contacts having sexual intercourse during the past two weeks with an HBsAg-positive case. Additionally, HBIG is recommended for persons with exposure to potentially infectious body fluids by percutaneous or permucosal means (e.g., needle sharing, blood splashes) during the past 7 days. See section 4.4.3 of the acute hepatitis B guidelines for further information (http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Documents/hepb-acute.pdf). In the healthcare setting, healthy patients may be colonized; transmission to others may occur via the hands of healthcare workers or contaminated environmental surfaces, medical devices, or equipment.

### Table 1. Postexposure prophylaxis for sexual exposures

<table>
<thead>
<tr>
<th>Exposure</th>
<th>HBIG</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual</td>
<td>0.06 ml/kg IM</td>
<td>single dose ASAP, but not more than 14 days after last sexual contact</td>
</tr>
</tbody>
</table>

### Table 2. Postexposure prophylaxis for percutaneous or permucosal exposures

<table>
<thead>
<tr>
<th>Exposed person</th>
<th>HBsAg status of exposed source</th>
<th>Treatment based on the HBsAg status of the source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unvaccinated</td>
<td>Positive</td>
<td>HBIG x 1 and start HB vaccine</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>Start vaccine</td>
</tr>
<tr>
<td></td>
<td>Status unknown</td>
<td>Start vaccine</td>
</tr>
<tr>
<td>Previously vaccinated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documented responder</td>
<td>No treatment</td>
<td>No treatment</td>
</tr>
<tr>
<td>Documented non-responder to single series</td>
<td>No treatment</td>
<td>If known high-risk source, may treat as if source were HBsAg-positive</td>
</tr>
<tr>
<td>Documented non-responder for 4 or more doses</td>
<td>No treatment</td>
<td>If known high-risk source, may treat as if source were HBsAg-positive</td>
</tr>
</tbody>
</table>

3.3 **Measles**

Although there is limited data on the effectiveness of MMR vaccine and IG for post exposure prophylaxis following exposure to measles, both should be considered for exposed, susceptible contacts. MMR vaccine should be administered within 72 hours of exposure. For contacts with contradictions to the MMR vaccine or who are considered high risk of severe infection (pregnant women, children <1 year old, compromised immune system, etc.), IG can be used to prevent or attenuate infection. IG must be administered ASAP, but no more than six days after exposure. IG should never be used as an outbreak control measure. Please see section 5.4 of the Measles investigative guidelines for further information (http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Documents/measles.pdf).
3.4 **Vaccine for vaccine preventable diseases (VPD)**

In vaccine preventable disease (VPD) outbreak situations, the LHD may consider special vaccination clinics (e.g., pertussis in a school, measles, meningococcal disease). In these cases, a conference call will be set up with the Urgent Epidemiologic Response Team (UERT), LHD, and the OIP Provider Services Team (PST) or Section Manager; to discuss availability of vaccine and other issues.

3.5 **Immune globulin for other diseases**

Immune globulin for diseases other than those listed above (including varicella, tetanus, rabies, and botulism) are not available through OIP, but can be purchased from private vendors. ACDP on-call staff is available for consultation to discuss whether the immune globulin is indicated and to facilitate procurement, as needed. Please refer to the disease specific guidelines for more information.

### 4. INFORMATION NECESSARY FOR OBTAINING PROPHYLACTIC IMMUNE GLOBULIN OR VACCINE

If prophylaxis is indicated, the following information should be gathered and provided to the ACDP on-call epidemiologist.

**4.1 IG for hepatitis A**

- Number of contacts needing IG
- Weight and age of each contact eligible for IG
  - IG is supplied in 2-mL and 10-mL vials
  - IG dosage recommendation: 0.02 mL/kg; IM
- Insurance status not required. See section 5.1 for more details.

**4.2 HBIG for hepatitis B**

- Number of contacts needing HBIG
- Weight and age of each contact eligible for HBIG
  - HBIG is supplied in 5-mL vials. HBIG costs >$600 per 5-mL vial, and OHA has a very limited supply.
  - IG dosage recommendations
    - Adults: 0.06 mL/kg; IM
    - Infants <12 months: 0.5 mL single dose
- Insurance status of each contact
  - LHDs should bill insurance for HBIG if the contact has insurance

**4.3 IG for Measles**

- Number of contacts needing IG
- Weight and age of each contact eligible for IG
  - IG is supplied in 2-mL and 10-mL vials.
  - IG dosage recommendations
    - Infants <12 months: 0.5 ml/kg; IM
    - Pregnant women and severely immunocompromised: 400 mg/kg; IV
    - Other persons: 0.5 ml/kg (maximum 15ml); IM
- Insurance status of each contact not required. See §5.1 for more details.

**4.4 Vaccine for VPDs**

- Number of contacts needing vaccine
- Insurance status of each contact
- Age of contacts (some vaccine dosage is based on age)

**4.5 Immune Globulin for other diseases**

- Number of contacts needing vaccine
- Age and weight of contacts
5. POST-APPROVAL PROCESS

The ACDP on-call epidemiologist will contact the OIP Vaccine Clerk with notification of approval for prophylaxis. All other relevant information (listed above in section 4) required for distribution and coordination of shipping should come from the LHD. If the Vaccine Clerk is not available, contact the OIP on-call person, who will locate the OIP PST or Section Manager. During off hours, contact the OIP PST Manager or Section Manager via the Health Security, Preparedness, and Response (HSPR) Program Duty Officer. The OIP representative will contact the requesting LHD with shipping details. All contact information is listed below.

5.1 IG-Immunization Program notations for LHDs

IG is provided by ACDP for use in prophylaxis when the primary care providers are unable to obtain it. LHDs should contact ACDP if they need this product. There are no funding eligibility restrictions for use of IG. It can be used for both insured and uninsured individuals. Questions about eligibility coding in ALERT IIS and insurance billing can be directed to a county’s OIP health educator or the PST Manager.

5.2 HBIG-Immunization Program notations for LHDs

Obtain the insurance status of the contact in need of HBIG. Bill the insurance company if they have insurance. Questions about eligibility coding in ALERT IIS, and insurance billing should be referred to the county’s OIP health educator or the PST Manager.

5.3 State-Supplied vaccine or immune globulin questions

Any questions about vaccine or immune globulin availability should be referred to the OIP on-call person who will consult with the PST Manager, or another OIP Manager. Eligibility coding questions should go to a county’s OIP health educator.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone-Day</th>
<th>Phone-Off hours</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute and Communicable Disease Prevention (on-call)</td>
<td>971-673-1111</td>
<td>971-673-1111</td>
<td>N/A</td>
</tr>
<tr>
<td>Oregon Immunization Program (on-call and health education staff)</td>
<td>971-673-0300</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Provider Services Team Manager</td>
<td>971-673-0296</td>
<td>Contact via the HSPR Duty Officer</td>
<td><a href="mailto:lydia.m.luther@state.or.us">lydia.m.luther@state.or.us</a></td>
</tr>
<tr>
<td>Oregon Immunization Program Section Manager</td>
<td>971-673-0318</td>
<td>Cell: 971-246-1789 Pager: 503-938-6790</td>
<td><a href="mailto:shelby.williams@state.or.us">shelby.williams@state.or.us</a></td>
</tr>
<tr>
<td>Oregon Immunization Program Vaccine Clerk</td>
<td>971-673-0313</td>
<td>None</td>
<td><a href="mailto:shelby.williams@state.or.us">shelby.williams@state.or.us</a></td>
</tr>
</tbody>
</table>

UPDATE LOG

July 2012. Guidelines drafted. (Poissant)

June 2014. Removed perinatal hepatitis B prophylaxis from table 1 because the state does not provide HBIG for that purpose. Hospitals are required to have it on hand. Measles information added. Removed varicella section. Section on immune globulin for other diseases added. Updated contact information in section 5.3 – individual names replaced with position title, and off hours contact for the Immunization Program has been directed to the HSPR Duty Officer. (Poissant/Schrauben)