I. IMMUNE GLOBULIN (IG) FOR THE PROPHYLAXIS OF MEASLES*
1. Immune globulin should be administered ≤ 6 days of last exposure to measles.
2. IG intramuscular (IM) or IG intravenous (IV) may be used depending on recipient. Use formulation and dosage according to recipient’s category in Section II. There is only one IGIM product in the U.S. (GamaSTAN®). There are multiple formulations of IVIG; any formulation is acceptable.
3. Screen for contraindications to immune globulin (IG). See Section III.
4. Provide product information and answering questions.
5. Administer IG intramuscular (IM) in the anterolateral aspects of the upper thigh (in adults with sufficient deltoid muscle mass, the deltoid muscle may be used).
   a. Do not administer more than 3 ml of IGIM per injection site in children or more than 5 ml of IGIM per injection site in adults.
6. IG and MMR vaccine should not be given at the same time. See Section II for interval.
7. IG can be administered simultaneously with, or at any interval before or after, any inactivated vaccine.

II. IMMUNE GLOBULIN DOSAGE FOR MEASLES EXPOSURE 1,2,3,4

<table>
<thead>
<tr>
<th>Indications</th>
<th>Dose</th>
<th>Interval before MMR vaccine administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants &lt;12 months of age</td>
<td>0.5 ml/kg IM (max dose = 15mL)</td>
<td>6 months</td>
</tr>
<tr>
<td>Susceptible immunocompetent contacts &lt;30 kg/66 lbs5</td>
<td>0.5 ml/kg IM (max dose =15mL)</td>
<td>6 months</td>
</tr>
<tr>
<td>Pregnant women without evidence of immunity</td>
<td>400 mg/kg IV (intravenously)</td>
<td>8 months and nonpregnant</td>
</tr>
<tr>
<td>Severely immunocompromised persons6 (also see Section VI)</td>
<td>400 mg/kg IV (intravenously)</td>
<td>8 months</td>
</tr>
</tbody>
</table>

1 IGIM should be administered at room temperature and within 6 days of exposure.
2 IG should be administered to susceptible infants and children <30 kg and high-risk persons (pregnant women and severely immunocompromised persons). See footnote 7.
3 IGIM can be given to any person <30 kg who lacks evidence of measles immunity, but priority should be given to persons exposed in settings with intense, prolonged, close contact (e.g., household, child care, classroom, etc.) or persons who are more likely to develop severe measles (infants, immunocompromised children).
4 The maximum intramuscular dose of IG is 15 ml for all persons.
5 Persons weighing >30 kg/66 lbs are unlikely to receive an adequate amount of measles antibody from IGIM.
6 Severely immunocompromised patients who are exposed to measles should receive IGIV prophylaxis regardless of immunologic or vaccination status because they might not be protected by the vaccine. Severely immunocompromised patients include patients with severe primary immunodeficiency; patients who have received a bone marrow or stem cell transplant until at least 12 months after finishing all immunosuppressive treatment, or longer where the patient has developed graft-versus-host disease; patients on treatment for Acute Lymphocytic Leukemia; until at least six months after completion of immunosuppressive chemotherapy; and patients with a diagnosis of AIDS or HIV-infected persons with CD4 percent <15% (all ages) or CD4 <200 lymphocytes /mm3 (age >5 years) and those who have not received MMR vaccine since receiving effective anti-retroviral therapy; some experts would include HIV infected persons who lack recent confirmation of immunologic status or measles immunity. Also see Section VI.
III. CONTRAINDICATIONS:
1. IG should not be given to people with immunoglobulin A (IgA) deficiency. Persons with IgA deficiencies have the potential for developing antibodies to IgA and therefore could experience an anaphylactic reaction when IG is administered.
2. IGIM should not be administered to persons with severe thrombocytopenia or any coagulating disorder that would contraindicate intramuscular injections.
3. History of anaphylactic reaction to a previous dose of IG.

IV. PRECAUTIONS:
1. Pregnancy: It is unknown whether IG can cause fetal harm when administered to a pregnant woman or if it could affect reproduction.
2. Careful administration in persons reporting a history of systemic allergic reaction following the administration of IG.

V. SIDE EFFECTS AND ADVERSE REACTIONS - IGIM:

<table>
<thead>
<tr>
<th>Event</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenderness, pain, or soreness at injection site. Usually resolves within 24 hours.</td>
<td>Common</td>
</tr>
</tbody>
</table>

VI. OTHER CONSIDERATIONS:
1. IG may interfere with the response to live, attenuated vaccines (e.g., MMR, varicella) when the vaccines are administered individually or as a combined vaccine. Delay administration of live attenuated vaccines for 6 months after the administration of IGIM and 8 months after the administration of IGIV.
2. Ideally, IG should not be administered within 2 weeks following the administration of MMR vaccine or for 3 weeks following varicella vaccine. Should this occur, the individual should be revaccinated, but no sooner than 6 months after IGIM administration or 8 months after IGIV administration.
3. For persons already receiving IGIV therapy, administration of at least 400 mg/kg body weight within 3 weeks before measles exposure should be sufficient to prevent measles infection. For patients receiving subcutaneous immune globulin (IGSC) therapy, administration of at least 200 mg/kg body weight for 2 consecutive weeks before measles exposure should be sufficient.

VII. REFERENCES: