

Suggested Intervals between Administration of Antibody-Containing Products and Measles-Containing and Varicella-Containing Vaccines (adopted from the ACIP General Recommendations, 2006, Table 4)

Product/indication	Dose, including mg immunoglobulin G (IgG) per kilogram body weight ¹	Recommended interval before measles-containing vaccine administration (months)
Respiratory syncytial virus (RSV) immune globulin (IG) monoclonal antibody (Synagis) ²	15 mg/kg IM	None
Tetanus IG	250 units (10 mg IgG/kg) IM	3
Hepatitis A IG		
▪ Contact prophylaxis	0.02 mL/kg (3.3 mg IgG/kg) IM	3
▪ International travel	0.06 mL/kg (10 mg IgG/kg) IM	3
Hepatitis B IG	0.06 mL/kg (10 mg IgG/kg) IM	3
Rabies IG	20 IU/kg (22 mg IgG/kg) IM	4
Measles prophylaxis IG		
▪ Standard contact (i.e., nonimmunocompromised)	0.25 mL/kg (40 mg IgG/kg) IM	5
▪ Immunocompromised contact	0.50 mL/kg (80 mg IgG/kg) IM	6
Blood transfusion		
▪ Red blood cells (RBCs), washed	10 mL/kg negligible IgG/kg IV	None
▪ RBCs, adenine-saline added	10 mL/kg (10 mg IgG/kg) IV	3
▪ Packed RBCs (hematocrit 65%) ³	10 mL/kg (60 mg IgG/kg) IV	6
▪ Whole blood (hematocrit 35-50%) ³	10 mL/kg (80 – 100 mg IgG/kg) IV	6
▪ Plasma/platelet products	10 mL/kg (160 mg IgG/kg) IV	7
Cytomegalovirus intravenous immune globulin (IGIV)	150 mg/kg maximum IV	6
IGIV		
▪ Replacement therapy for immune deficiencies ⁴	300 – 400 mg/kg IV ⁴	8
▪ Immune thrombocytopenic purpura	400 mg/kg IV	8
▪ Postexposure varicella prophylaxis ⁵	400 mg/kg IV	8
▪ Immune thrombocytopenic purpura	1000 mg/kg IV	10
▪ Kawasaki disease	2 g/kg IV	11

1. This table is not intended for determining the correct indications and dosages for using antibody-containing products. Unvaccinated persons might not be fully protected against measles during the entire recommended interval, and additional doses of immune globulin or measles vaccine might be indicated after measles exposure. Concentrations of measles antibody in an immune globulin preparation can vary by manufacturer's lot. Rates of antibody clearance after receipt of an immune globulin preparation also might vary. Recommended intervals are extrapolated from an estimated half-life of 30 days for passively acquired antibody and an observed interference with the immune response to measles vaccine for 5 months after a dose of 80 mg IgG/kg.
2. Contains antibody only to respiratory syncytial virus.
3. Assumes a serum IgG concentration of 16 mg/mL.
4. Measles and varicella vaccinations are recommended for children with asymptomatic or mildly symptomatic human immunodeficiency virus (HIV) infection but are contraindicated for persons with severe immunosuppression from HIV or any other immunosuppressive disorder.
5. The investigational product VariZIG, similar to licensed VZIG, is a purified human immune globulin preparation made from plasma containing high levels of anti-varicella antibodies (immunoglobulin class G [IgG]). When indicated, healthcare providers should make

every effort to obtain and administer VariZIG. In situations in which administration of VariZIG does not appear possible within 96 hours of exposure, administration of immune globulin intravenous (IGIV) should be considered as an alternative. IGIV also should be administered within 96 hours of exposure. Although licensed IGIV preparations are known to contain anti-varicella antibody titers, the titer of any lot of IGIV that might be available is uncertain because IGIV is not routinely tested for anti-varicella antibodies. The recommended IGIV dose for postexposure prophylaxis of varicella is 500 mg/kg, administered once. For pregnant women who cannot receive VariZIG within 96 hours of exposure, clinicians can choose either to administer IGIV or closely monitor the women for signs and symptoms of varicella and institute treatment with acyclovir if illness occurs. (CDC. A new product for postexposure prophylaxis available under an investigational new drug application expanded access protocol. *MMWR* 2006;55:209-10.)