South Australian Neonatal Medication Guidelines

Varicella-Zoster Immunoglobulin

200 international unit vial

Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Varicella-Zoster immunoglobulin is available through Hospital Transfusion services

Synonyms

Zoster immunoglobulin, ZIG

Dose and Indications

Prevention or attenuation of varicella infection

Intramuscular

Administer a single dose of 200 international units (1 vial) as soon as possible, ideally within 96 hours of exposure but may be given up to 10 days post exposure (see practice points).

Preparation and Administration

Intramuscular

Refrigerate, do not freeze. After reconstitution, may be stored for up to 12 hours under refrigeration. Bring to room temperature before administration by deep intramuscular injection.

Partially used vials should be discarded. Protect from light.

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Adverse Effects

Common

Injection site pain, headache, fever, vomiting

Infrequent

Chills, fatigue, rash, nausea, sweating

Rare

Anaphylactic shock is not generally seen in newborns

Practice Points

- A second full dose can be given if additional exposures occur more than 3 weeks following the initial dose.
- Following exposure, immunoglobulin must be given to:
    - Immunocompromised patients
    - Patients whose mothers develops chickenpox 7 days before to 2 days after birth, ideally given within 24 hours after birth but can be given up to 72 hours
    - If exposed greater than 2 days post birth
        - Give if <28 weeks gestation or 1000g regardless of maternal immunity OR if >28 weeks gestation, give if mother does not have evidence of immunity
- All vaccines can be given as per the schedule, including rotavirus vaccine.

Document Ownership & History

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