



Public Health
England

Protecting and improving the nation's health

Human Normal Immunoglobulin (HNIG) for Hepatitis A Post-Exposure

June 2019

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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1. Overview

SUBGAM (HUMAN NORMAL IMMUNOGLOBULIN (HNIG))

Subgam (Human Normal Immunoglobulin) (HNIG) from Bio Products Laboratory (BPL) for post-exposure use against hepatitis A infection.

(Gammaglobulin [IgG] for subcutaneous or intramuscular injection) 1000mg

Dispensed in vials of: 1000mg supplied by BPL

2. Indications

HNIG has limited use now and hepatitis A vaccine is usually recommended with or without HNIG.

HNIG is no longer recommended at all for travel prophylaxis. On the basis of available evidence, travellers can be vaccinated with hepatitis A vaccine even up to the day of travel.

Public Health England recommends the use of **HNIG** in addition to hepatitis A vaccine for post exposure use for the prevention of infection in household and other close contacts.

3. Definition of a close contact

Individuals who are at high risk of being exposed to hepatitis A through close contact with the index case during the infectious period. A risk assessment should be undertaken to identify close contacts, with particular consideration of those that have shared food and toilet facilities with the index case, equivalent to a household type exposure. There should be a low threshold for considering someone a close contact.

Close contacts may include:

- a person living in the same household as the index case or regularly sharing food or toilet facilities with the index case during the infectious period, including extended family members and friends who frequently visit the household. This may also include those in shared accommodation with shared kitchen and/or toilet facilities

- if the index case is a child in nappies or requiring assistance with toileting, any person who has been involved in nappy changing or assistance with toileting including nursery school staff and childminders during the infectious period
- a person who has had sexual contact with the index case during the infectious period. Same room contacts in a pre-school child-care setting and reception class if the index case is a child, such as those working or being cared for in the same room as the index case during the infectious period
- in long stay care facilities close contacts may include those sharing toilets, facilities or food with the index case, and those who were assisted with activities of daily living (such as eating and toileting) by the index case during the infectious period
- individuals injecting drugs and sharing injecting paraphernalia with the index case
- the risk of transmission in all settings should be assessed on a case by case basis by the local senior health protection lead

4. Recommendations

Vaccine should be given within 2 weeks of exposure if no previous history of hepatitis A vaccine or laboratory confirmed hepatitis A infection.

HNIG is recommended in addition to vaccine for contacts who are less able to respond to vaccine (those aged 60 or over, those with immunosuppression and those with HIV infection (with a CD4 count <200 cell per microlitre) and those at risk of severe complications (those with chronic liver disease including chronic hepatitis B or C infection).

For those exposed between 2 and 4 weeks ago, HNIG may be offered to modify disease in those at risk of severe complications (those with chronic liver disease including chronic hepatitis B or C infection).

5. Definition of time since exposure

In the case of continuous exposure (such as contacts in a shared household), the limit for administering prophylaxis should be timed from the onset of jaundice or onset of symptoms such as fatigue, nausea, fever in the absence of jaundice.

In the case of single exposure in the infectious period, time since exposure should be calculated from day of the exposure to the index case in their infectious period.

In the case of intermittent exposure (such as contacts from school or hospital) time since exposure is define as the last day of exposure to the index case in their infectious period.

Where jaundice is not reported a history of dark urine or pale stools should be enquired about if there are no symptoms of jaundice, onset of other symptoms (such as fatigue, nausea, and fever) should be used.

6. Dosage

The volume of SUBGAM is being recommended to provide levels of antibody equivalent to that achieved with products meeting the WHO standard.

<10 years	500mg	by intramuscular
≥10 years	1000mg	injection

Hepatitis A vaccine may be administered simultaneously with human normal immunoglobulin but should be given at separate injection sites.

For further guidance on control of hepatitis A infection, see:

www.gov.uk/government/publications/hepatitis-a-infection-prevention-and-control-guidance

7. Algorithm for management of susceptible close contacts

