Immune Globulin (IG) for Treatment of Measles

Measles Post-exposure Recommendations* for IG Administration

Patient Group	Route	Dosage	Notes
Persons without immunity	IGIM†	0.5 mL/kg of body weight (maximum dose by volume =15 mL)	Administer MMR vaccine 6 months after IGIM **or** 8 months after IGIV, provided the person is at least 12 months of age and the vaccine is not contraindicated. For larger doses (i.e. more than 3 mL) use separate injection sites to administer IGIM.
Infants less than 12 months of age**	IGIM†	0.5 mL/kg of body weight (maximum dose by volume =15 mL)	Infants 6-11 months may receive a dose of PRIORIX[2] in place of IGIM, if administered within 72 hours of exposure. For larger doses (i.e. more than 3 mL) use separate injection sites to administer IGIM. Older infants and small children can tolerate 1 mL of medication in a single site.
Pregnant women without evidence of immunity	IGIV††	400 mg/kg of body weight	IVIG is recommended to administer doses high enough to achieve estimated protective levels of measles antibody titers.
Severely immunocompromised**	IGIV††	400 mg/kg of body weight	Administer IGIV prophylaxis regardless of the patient's immunologic or vaccination status.

†IGIM indicates Immune Globulin given intramuscularly.

††IGIV indicates Immune Globulin given intravenously.

*If administered within 6 days of exposure, IG can prevent or modify measles in a person who is not immune and can be given to other persons who do not have evidence of measles immunity, but priority should be given to persons exposed in settings with intense prolonged, close contact (e.g. household, childcare, classroom, etc). IG is not indicated for persons 12 months and older who have received at least 1 dose measles-containing vaccine, unless they are immunocompromised. Measles vaccine should not be given for **at least** 5 months after the administration of IG.

**Severely immunocompromised includes patients with severe primary immunodeficiency; bone marrow transplant recipients until 12 months after completing all immunosuppressive therapy or longer patients with graft vs. host disease; patients receiving treatment for ALL (Acute lymphocytic leukemia) with and until 6 months after treatment; patients diagnosed with AIDS or HIV with severe immunosuppression defined as CD4 count less than 15% (all ages) or CD4 count less than 200 lymphocytes/mm^3 (less than 5 years of age) and those who have not received MMR vaccine since receiving antiretroviral therapy (ART).

[2]PRIORIX is indicated for off-label use for measles postexposure prophylaxis; measles postexposure prophylaxis is an on-label indicated use for M-M-R II."

References:

1. Centers for Disease Control and Prevention (CDC). Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2013;62(No. RR-4):1-24. Retrieved on 3/15/18 from www.cdc.gov/mmwr/pdf/rr/rr6204.pdf
2. Krow-Lucal E, Marin M, Shepersky L, Bahta L, Loehr J, Dooling K. Measles, Mumps, Rubella Vaccine (PRIORIX): Recommendations of the Advisory Committee on Immunization Practices — United States, 2022. MMWR Morb Mortal Wkly Rep 2022;71:1465–1470. DOI: http://dx.doi.org/10.15585/mmwr.mm7146a1

Los Angeles County Department of Public Health
Vaccine Preventable Disease Control Program www.publichealth.lacounty.gov/ip

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