

IMMUNOGLOBULIN (Comment)**Use of immunoglobulin in babies with suspected sepsis**

Supplies of human immunoglobulin from well attested sources and of reliable quality are no longer as readily available as they were a few years ago and, in the UK, supplies have now become so limited that a formal system has had to be set up to control use and, at the same time, document the safety and efficacy of some of the new products now coming into use. A request for supplies will never be challenged in a child with proven congenital agammaglobulinaemia or hypogammaglobulinaemia and it should not be difficult to obtain a supply to treat fetal and neonatal thrombocytopenia where the criteria listed in the *Neonatal Formulary* monograph are met. However it may not be as easy to justify use in the management of a baby with Rhesus immunisation, and any justification for its use in a neonate with suspected sepsis probably needs to await news of the outcome of the international INIS trial (which is due to have information on the two year outcome of the last of the 3491 babies recruited into this trial in December 2009). Treatment with immunoglobulin has a proven role in the management of Kawasaki disease, and has recently been shown to be of considerable value in the management of pregnancies where there has been a previous child with severe neonatal haemochromatosis (Whittington and Kelly, 2008). Use can also be justified in any pregnant woman or child less than nine months old with inadequate immunity who has been in direct, or close but indirect, contact with a case of confirmed measles.

Those wishing to prescribe immunoglobulin in the UK now need to familiarise themselves with the quite complex guidelines controlling use that are available on the web at www.ivig.nhs.uk. They will also need to complete and submit a quite detailed request form, copies of which are also downloadable from the same web site.

Details of the INIS trial and news of how follow up is progressing can be obtained on the web at www.npeu.ox.ac.uk/inis

References

- Garcia LM, McGhee S, Chatila TA. Immunoglobulin replacement therapy in children. *Immunol Allergy Clin North Am* 2008;**28**:833–49.
Whittington PF, Kelly S. Outcome of pregnancies at risk for neonatal hemochromatosis is improved by treatment with high-dose intravenous immunoglobulin. *Pediatrics* 2008;**121**:e1615–21.

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