



Information for Close Contacts of Measles Cases Who Require Human Normal Immunoglobulin (HNIG)

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More information on measles can be found on HSE.ie:

<https://www2.hse.ie/conditions/measles/>

This leaflet is designed for people who have been identified by Public Health as being a contact of someone with measles and may benefit from a treatment called Human Normal Immunoglobulin.

What is Human Normal Immunoglobulin (HNIG)?

A treatment called human normal immunoglobulin (HNIG) can be used if you've come in contact with someone with measles, to prevent measles or to lessen the severity of the symptoms. **Most people do not need HNIG.** Public Health can tell you if this treatment is recommended for you.

HNIG is like a short-term boost for the immune system made from healthy people's blood. It contains **antibodies** that help fight infections, including measles. If someone is at risk of getting very sick from measles, they can be given HNIG to help their body fight off the virus. It needs to be given within 6 days of exposure.

Who should get HNIG?

Public Health will let you know if you (or your family member) needs HNIG. HNIG is only recommended for people who have a higher risk of complications if they get measles. This includes people in the following groups:

- babies under 6 months of age
- pregnant women who have not been fully vaccinated or have not had measles before
- people with weak immune systems - for example, those with HIV or people receiving treatment that weakens their immune system

How is HNIG given?

HNIG is given as a once-off dose in a healthcare facility. Most people who need HNIG can get it as an injection, either intramuscularly (meaning into the muscle) or subcutaneously (meaning under the skin). Some people may need it given intravenously (directly into the blood stream) via a drip. Public Health or your doctor will tell you which route is right for you (or your family member).

How effective is HNIG in preventing measles?

The effectiveness of HNIG in preventing measles depends on factors such as the timing of administration (it should be given within 72 hours if possible but can be given up to 6 days after exposure) and the individual's immune response. HNIG will not prevent measles infection in everyone, so you should still look out for measles symptoms (see below). If you (or your family member) develop any measles symptoms, stay at home and call your GP for advice.



Vaccination with the MMR vaccine is still the most effective way to prevent measles in those who can get the vaccine. However, babies under 6 months, pregnant women, and people with weakened immune systems will not be able to get the MMR vaccine. People who have been given HNIG should still get the MMR vaccine at a later date once they are eligible (see below).

What are the symptoms of measles to look out for?

The first symptoms of measles are:

- cold-like symptoms such as aches and pains, runny nose, sneezing and cough
- sore, red eyes that may be sensitive to light
- a temperature of 38°C or above (fever), which may reach around 40°C
- small greyish-white spots in your mouth
- loss of appetite
- tiredness, irritability and a general lack of energy

The rash appears around 2 to 4 days after the first symptoms. The rash:

- is made up of small red-brown, flat or slightly raised spots - these may join together into larger blotchy patches
- usually first appears on the head or neck and then spreads outwards to the rest of your body
- is slightly itchy for some people

What are the risks/side effects of HNIG?

As with all medical treatments, there are some potential side effects. However, serious side effects are rare, and public health would not recommend HNIG unless the benefits outweighed the risks.

If you (or your family member) experience any of these side effects after getting HNIG, you should report these to your doctor, or in an emergency call an ambulance.

Common side effects (may occur in 1 in 10 people)	Uncommon side effects (may occur in 1 in 100 people)	Serious side effects (these are very rare)
<ul style="list-style-type: none"> • headache • diarrhoea, and nausea, abdominal pain • redness, and pain at the site of infusion • tiredness • dizziness, migraine, and drowsiness • decreased blood pressure • itching, and rash • muscular pain 	<ul style="list-style-type: none"> • burning sensation • swelling at the site of infusion • positive blood tests for antibodies • haemolysis (mildly increased breakdown of red blood cells in the blood vessels - rarely this may require a blood transfusion) 	<ul style="list-style-type: none"> • anaphylaxis (an extreme allergic reaction that can cause difficulty breathing, swelling, and low blood pressure) • thrombosis (formation of blood clots) • renal dysfunction (impaired kidney function) • aseptic meningitis (inflammation of the protective membranes covering the brain and



<ul style="list-style-type: none"> • swelling, itching, rash, and bruising at the site of infusion • mild fever 		spinal cord – this is reversible)
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When can I get MMR vaccine if I decide to get post exposure immunoglobulin (HNIG)?

If you are a non-immune pregnant woman or an infant aged < 9 months and have received post exposure immunoglobulin following exposure to measles, you should not get an MMR vaccine for at least 6 months post immunoglobulin.

If you are immunocompromised and have received post exposure immunoglobulin following exposure to measles, you should not get an MMR vaccine for at least 8 months post immunoglobulin.

What will happen if I decide to get HNIG?

Public health will work with doctors in a healthcare facility to arrange for you to receive HNIG. Arrangements will be made for you to be seen in the healthcare facility, without being in a waiting area with other people. You may be asked to wait in your car and ring the clinical team to let them know you have arrived.

The clinical team will see you, and after being assessed you will receive the injection with the HNIG. You will be watched for a short while (approx. 2 hours) after receiving the HNIG. After the monitoring time is over and you are feeling well you will be discharged from hospital.

As you are a contact of a measles case you will still have to follow any Public Health advice you are given. **You will be advised to remain at home where possible and stay away from vulnerable people (pregnant women, young babies, and those with weak immune systems) from the time you have been informed to 21 days from last exposure.** Children should be kept home from crèche/childcare/school and other non-essential group activities (e.g. parties, play-dates etc.). If you need to be admitted to hospital during this time, you will be isolated.

After receiving the HNIG your risk of getting measles is lower, but you could still get it, so you need to continue to follow public health advice.

You will be asked to keep an eye out for symptoms of measles for 28 days from the last time you were exposed to the measles case. If you think you are getting symptoms seek medical advice (from your GP usually) – ring them first and let them know that you are a contact of a measles case and tell them that you have developed symptoms. They may wish to assess you over the phone or may arrange for you to be seen separately to avoid exposing others.

If you become very unwell or need urgent medical care, do not delay seeking medical attention but ring ahead and let the healthcare setting or emergency services know that you are a contact of measles. If attending antenatal appointments, let your midwife or obstetrician know ahead of time that you are a contact of a measles case.

What will happen if I decide not to get immunoglobulin?



As you are a contact of a measles case you will still have to follow any Public Health advice you are given. **You will be advised to remain at home where possible and stay away from vulnerable people (pregnant women, young babies, and those with weak immune systems) from the time you have been informed to 21 days from last exposure.** Children should be kept home from crèche/childcare/school and other non-essential group activities (e.g. parties, play-dates etc.). If you need to be admitted to hospital during this time, you will be isolated.

You will be advised to keep an eye out for symptoms of measles for 21 days from the last time you were exposed to the measles case. If you think you are getting symptoms seek medical advice (from your GP usually) – ring them first and let them know that you are a contact of a measles case and tell them that you have developed symptoms. They may wish to assess you over the phone or may arrange for you to be seen separately to avoid exposing others.

If you become very unwell or need urgent medical care, do not delay seeking medical attention but ring ahead and let the healthcare setting or emergency services know that you are a contact of measles. If attending antenatal appointments, let your midwife or obstetrician know ahead of time that you are a contact of a measles case.