

**Michelle** » A low IgG level is just the first step in determining your need to start IG replacement therapy. A number of other things also should be looked at, including frequency and severity of infections and the results of additional lab tests, which can include your specific antibody responses to the tetanus and diphtheria vaccines. Another vital test reveals how you respond to the pneumococcal vaccine. For this, your blood is drawn and tested, the vaccine is administered and approximately four weeks later, your antibody titers are drawn in a blood test again to see how you responded. If you don't have a robust response to the pneumococcal vaccine, IG replacement therapy may be considered.

**Question** » If my IgG level is low, do I need IG replacement therapy?

*I am a 25-year-old female. My doctor performed a blood test, and my IgG level was 527. Does this mean I need to start immune globulin (IG) replacement therapy?*

**Question** » What can be done to reduce pain associated with IVIG treatment?

*My son was diagnosed with Guillain-Barré syndrome and has been treated with five doses of 10 mg per day of intravenous immune globulin (IVIG). Prior to each treatment, he was infused with 540 mL of normal saline, and he was given dexamethasone, acetaminophen and Benadryl. After completing the fifth dose, he cried the whole night, and asked me to massage his arm, leg and back. What would you please advise?*

**Michelle and Leslie** »

The symptoms your son is experiencing sound like side effects of IVIG. There is a possibility the symptoms will resolve with time. But, if they continue, you should discuss a brand change of IVIG with his treating physician, as well as consider treating the side effects with increased hydration.

**Abbie** » I spoke with Terry O. Harville, MD, regarding your question. He said part of the process of diagnosing CVID is to get a pneumococcal vaccine to see how your immune system reacts to it. If you are already being treated with IG, receiving the pneumococcal polysaccharide vaccine is not necessary, and could result in a reaction. Receiving the Prevnar pneumococcal vaccine could be helpful, but it may also cause a reaction. However, receiving the annual influenza vaccine, as well as the tetanus/diphtheria vaccine, is a must. And, receiving all other vaccines is likely fine, but the shingles vaccine should be discussed with your doctor. If you are treated with intravenous IG, you should receive immunizations three to seven days before an infusion. If you are treated with subcutaneous IG, you should receive vaccines halfway between infusions. ■

**Question** » Should CVID patients receive recommended vaccines for adults?

*I have common variable immunodeficiency disease (CVID) and was told not to get recommended vaccinations such as the pneumococcal vaccine because I am being treated with immune globulin (IG). Is that correct?*

» **Have a question?** Email us at [editor@IGLiving.com](mailto:editor@IGLiving.com). Your information will remain confidential unless permission is given.

• **ABBIE CORNETT** is the patient advocate for *IG Living* magazine.  
 • **MICHELLE GREER**, RN, is senior vice president of sales for NuFACTOR Specialty Pharmacy.  
 • **LESLIE J. VAUGHAN**, RPh, is senior vice president of clinical programs at NuFACTOR Specialty Pharmacy.