**Ask the Experts**

**Is It Possible to Get Creutzfeldt-Jakob Disease from Hyperimmune Globulins or IVIG, and Is PEP a Safe Option for Patients Treated with IVIG?**

I received human rabies hyperimmune globulin and four doses of rabies vaccine as a result of a “bats in the bedroom” exposure. My rationale for doing so was based on the Centers for Disease Control and Prevention guidelines for bat “nonbite exposure,” which recommends rabies postexposure prophylaxis (PEP).

I am very concerned about the human rabies immune globulin (HRIG) because it is a plasma-derived product. In addition, rabies vaccines in the U.S. have less than 100 mg of human serum albumin, which is extracted from the plasma of many blood donors that are pooled together. HRIG is also hyperimmunized with antibodies of many blood donors (up to 100 donors). When reviewing these two drugs’ prescribing information, there are precaution sections that say these products are made of human blood and may carry the risk of infectious agents such as viruses, variant Creutzfeldt-Jakob disease (VCJD) agent and, theoretically, Creutzfeldt-Jakob disease (CJD). When it comes to albumin, though, the U.S. Food and Drug Administration labeling mandate says it carries only an extremely remote risk of transmitting VCJD/CJD. Thus, it is a bit alarming why they treat IG products differently than albumin. The Plasma Protein Therapeutics Association agrees with me regarding the relative risks of CJD because both plasma derivatives go through more or less the same steps of removal during the manufacturing processes.

As such, I would like to get your opinion on how likely it is to get VCJD or CJD through a one-time intramuscular injection of hyperimmune globulin? And, do you know any IVIG patients (short-term or long-term) who have developed any prion diseases (VCJD or CJD) due to a tainted IVIG batch/lot? Lastly, do you think I made a good decision by getting the PEP vaccine given the risk-benefit analysis of my case?

**Abbie:** According to Leslie Vaughan, RPh, CSP, IgCP, chief operations officer at Nufactor, a specialty infusion company, the risk of VCJD or CJD from a hyperimmune product or albumin is very low, but the language on the package insert is required. In fact, researchers performed a 21-year examination on transmission from plasma products and found none: pubmed.ncbi.nlm.nih.gov/28444687.

**Do IVIG Treatments and Other Medications Need to Be Discontinued While on Vyvgart?**

I am currently receiving monthly intravenous immune globulin (IVIG) treatments for generalized myasthenia gravis (gMG) and am searching for information about Vyvgart, another medication I am prescribed to treat gMG. I was told I should discontinue IVIG treatments while on Vyvgart. However, what about the other drugs I am taking to help control my symptoms such as mestinon, prednisone and imuran? Representatives at Vyvgart are unable to help me with this question.

**Abbie:** I spoke with Todd Levine, MD, director of the Corinthian Research Labs, a neurologist at Phoenix Neurological Associates and assistant professor of clinical neurology at the University of Arizona regarding your question. He said your neurologist would likely assess how you are responding to Vyvgart before making any medication changes. If you have a good response, it is possible your doses may be reduced, and possibly some of the other medications will be discontinued entirely. Please check with your neurologist before making any changes to your current medications.

**Have a question?** Email us at editor@IGLiving.com. Your information will remain confidential unless permission is given.

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