DEPARTMENT OF HEALTH,
P.O. BOX 5013,
WELLINGTON.

23 October 1964.

Clinical Services Letter No. 48

TO MEDICAL PRACTITIONERS:

Dear Doctor,

GAMMA GLOBULIN FOR PREGNANT RUBELLA CONTACTS

The standard dose of gamma globulin for women exposed to rubella in early pregnancy has recently been increased to 20 ml. This is in line with current Australian practice, based on the work of Krugman and Ward in America. Much smaller doses are still recommended in British standard publications and textbooks. (The latest editions of the British Pharmacopoeia and B.P.C. recommend the equivalent of about 5 ml of the preparation used in this country.)

Gamma globulin is given by deep intramuscular injection. *It must not be given intravenously.* When making the injection, care should be taken to withdraw the plunger slightly to ensure that the needle is not in a vein.

Period of Risk

Risk to the foetus appears to be limited to the first 16 weeks of pregnancy.

A recent review of the literature* states: "If the mother contracts rubella one to four weeks after the onset of the last menstrual period the chance of her having a deformed baby is nearly 60%; at five to eight weeks the chance is about 35%; at nine to twelve weeks it is 15%; and at thirteen to sixteen weeks 7%. The overall risk up to sixteen weeks is 21%."

There is no justification for using gamma globulin after the end of the sixteenth week.

Method of Supply

In future, supplies will be issued to medical practitioners by and on the authority of the haematologist, pathologist, or medical officer in charge of the transfusion services at hospitals maintaining blood banks, and not (as hitherto) through medical officers of health:

Conditions of Supply

Supplies will be issued free of charge only for patients believed to have been exposed to rubella during the first four months of pregnancy.

*Rendle-Short, J. (1964) *Lancet* ii, 373. (See also Liggins, G.C.; Phillips, L.I. (1963) *Brit. med. J.* i, 711.)

P.T.O.

TETANUS IMMUNISATION

The Department of Health is planning to encourage adults to seek immunisation against tetanus. It is anticipated that this will result in many doctors being approached by patients for these injections during the next few months.

We have been asked to remind you that manufacturers of adsorbed tetanus toxoid recommend that, in order to minimise local reaction, it should be given *intramuscularly*. Deep subcutaneous injection is an alternative, but this increases the possibility of a local reaction.

Yours faithfully,

R. W. S. Thompson. T. L. Hayes

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CORRECTION: Clinical Services Letter No. 47. Topical Corticosteroids: *For* 1 November *read* 15 November.

R. E. OWEN, GOVERNMENT PRINTER, WELLINGTON, NEW ZEALAND—1964

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