Rannán na nOspidéil Ghéarmhíochaine
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Cill Mhaighneann, Baile Átha Cliath 8

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MEMO

TO:	Hospital Group CEOs
CC:	Prof Colm Bergin, Clinical Lead for Infectious Diseases. Dr Mary Keogan, Clinical Lead, National Clinical Programme for Pathology. Dr Michael Power, Clinical Lead, National Clinical Programme for Critical Care. Chief Pharmacists, HSE Acute Hospitals
FROM:	Dr Vida Hamilton, National Clinical Advisor and Group Lead, Acute Operations.
RE:	Updated HSE Interim Position Statement on the Use of Human Normal Intravenous Immunoglobulin (IVIg) in the Management of COVID-19
DATE:	

Dear Colleagues,

The *HSE Interim Position Statement on the Use of Human Normal Intravenous Immunoglobulin (IVIg) in the Management of COVID-19* has been updated in response to the latest COVID-19 Evidence Review Group (ERG) Rapid Evidence Review for *Clinical evidence for the use of intravenous immunoglobulin in the treatment of COVID-19.*

Adult Patients

There is no change to the current interim position statement for adults; IVIg is not recommended at this time for the management of COVID-19 infection due to a lack of evidence. In light of emerging evidence of micro-emboli in the COVID-19 disease process, consideration must be made of the risk benefit ratio of the potential pro-thrombotic effect of IVIg.

Widespread use in the management of COVID-19 may introduce a risk to the national supply of IVIg for the management of conditions where there is sufficient clinical evidence to support a medicinal product licensed for use.

Available stocks of IVIg are not known to contain specific anti-SARS-CoV2 antibodies as they would have been collected prior to widespread exposure to the infection by donors. Any potential effects in the treatment of COVID-19 would be non-specific.

- The published literature, to date, does not provide a rationale for use of IVIg in the treatment of COVID-19.
- No clinical guidelines identified by the COVID-19 ERG, to date, have included IVIg as a treatment option for COVID-19.
- A number of guidelines explicitly advise against its use due to a lack of evidence of benefit.
- Potential adverse reactions to IVIg treatment, including possible pro-thrombotic effects and renal toxicity, may also be a cause for concern in the management of severe COVID-19 where patients may present with significantly elevated D-dimers and/or renal impairment.

Paediatric Patients

Reports of Paediatric Inflammatory Multisystem Syndrome Temporally associated with SARS-CoV2 (PIMS-TS) began to emerge in May 2020; characteristics similar to Kawasaki disease have been reported in some cases. All cases of suspected PIMS-TS should be discussed with the Paediatric Infectious Disease team in Children's Health Ireland at Crumlin/Temple Street.

Use in conditions other than COVID-19

This interim position statement does not apply to the use of IVIg in the management of conditions other than COVID-19. Patients being treated with IVIg for conditions where clinical benefit is established should continue to receive IVIg therapy regardless of COVID-19 status, if clinically appropriate to do so. These conditions include immunodeficiencies (primary and secondary) and autoimmune diseases (e.g. neuroinflammatory diseases).

Regards

Dr. Vida Hamilton

National Clinical Advisor and Group Lead – Acute Hospitals