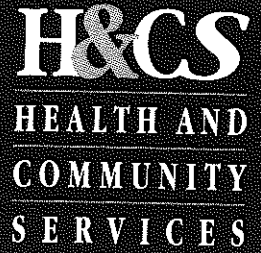


*Acute Health Services Division*

***Hospital Circular***



**Distribution:** Public Hospitals  
Private Hospitals

**Subject:** Acute shortage of Anti-D Immunoglobulin

**Purpose:** To advise you of the shortage and action being taken.

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Due to changes in production and a decrease in donors, it is expected that Australia will run out of locally produced anti-D immunoglobulin used for Rhesus negative women. The current shortage is on an international scale, and Australia's ability to secure adequate supply from overseas will be affected by global demand.

The Commonwealth has advised that it has arranged the purchase through CSL of anti-D immunoglobulin (RhoGAM) from the USA as an interim measure. Even so, supply will not be sufficient to satisfy normal level of demand.

We have therefore been advised that reduced usage of anti-D immunoglobulin will be necessary, and note that the Royal Australian College of Obstetricians and Gynaecologists has recently issued the attached statement (21/3/'95) recommending modified administration of anti-D.

Please bring this urgent matter to the attention of all relevant hospital personnel.

A handwritten signature in black ink, appearing to be 'C W Brook', written over a horizontal line.

**DR C W BROOK**  
DIRECTOR, PUBLIC HEALTH

A handwritten signature in black ink, appearing to be 'Michael Walsh', written over a horizontal line.

**DR MICHAEL WALSH**  
DIRECTOR ACUTE HEALTH SERVICES

att.



PATRONS:  
The Rt. Hon. Sir Ninian Stephen  
and Lady Stephen

# THE ROYAL AUSTRALIAN COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

A C N 005 474 733

College House, 254 Albert Street, East Melbourne, Victoria 3002

Telephone (03) 417 1699 Facsimile (03) 419 0672

21 March, 1995

Dear Doctor,

Due to the changes in production and a decrease in donor availability, it is likely that Australia will run out of locally produced anti-D immunoglobulin within the week.

As an interim measure to maintain supply, 9000 units of anti-D immunoglobulin (RhoGAM) will be imported from the US with CSL as the distributor. This supply is for three months, i.e. 3000 units per month use. The current use in Australia is 5700 units per month.

Therefore, we have to reduce our use of anti-D immunoglobulin by 50% as an immediate measure.

At the end of that period, supplies of the local product should once again be available though it is likely that the availability will remain reduced to about the 3000 units/month level.

It is clear that usage of anti-D immunoglobulin will have to be urgently modified to cope with this situation both in the short and long term.

**As an interim measure, the RACOG recommends that the administration of anti-D immunoglobulin to Rhesus negative women be limited to the following circumstances.**

**1. Use after delivery**

**Rh(D) negative women who have no Rhesus antibodies if the baby is Rh(D) positive. Dose requirements should be assessed on the basis of a Kleihauer count.**

**2. Miscarriage**

**3. Termination of pregnancy**

**4. Genetic studies where transplacental access is needed or puncture of fetal blood vessels is performed.**

**5. Trauma and APH on the basis of Kleihauer count.**

It should be noted that the use of anti-D immunoglobulin is currently used in a number of situations which are now not recommended:

1. External cephalic versions, unless indicated by a Kleihauer count
2. Ectopic pregnancy
3. Threatened miscarriage
4. Prophylactic use of anti-D during pregnancy.

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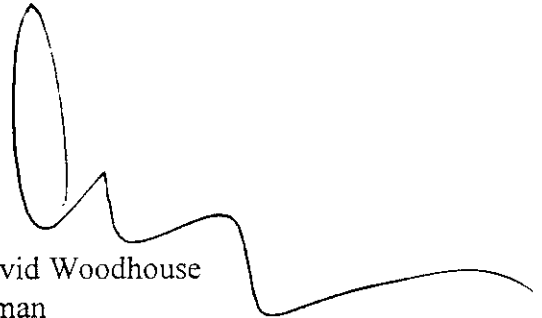
**It should be understood that these are interim recommendations only, to cope with an emergency situation in which the use of anti-D immunoglobulin has to be reduced by 50%.**

The RACOG will be working with representatives of Government and Health Departments in the immediate future to produce firm guidelines for use of anti-D on the basis of continuing limited supply of this valuable resource for the foreseeable future.

Doctors will be required to obtain signed consent on the form supplied by the distributor before patients are given RhoGAM. We found this a rather threatening form which patients may find difficult to understand so we have enclosed a Patient Information sheet which may be of help to you.



Dr Heather M. Munro  
President



Dr David Woodhouse  
Chairman  
Health Care Committee



## THE ROYAL AUSTRALIAN COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS

### PATIENT INFORMATION SHEET

#### RhoGAM TM

You have been advised to have an injection of anti-D immunoglobulin. Currently this is not readily available in Australia. The Government has therefore enabled this product, called RhoGAM TM, to be imported from the USA where it has been used widely for many years.

Because it is an essential treatment for women with your condition the Australian Government has exempted this product from the stringent process of testing and evaluation which normally applies regardless of the country from which it comes. RhoGAM TM of course has been tested thoroughly in the United States.

With all medical products prepared from human blood and plasma there is a possibility of the transmission of infectious diseases. This is controlled as far as possible by strict regulations on who can donate blood and testing of donated blood products. The manufacturing process of this product does not include a specific step to ensure viruses such as HIV, or Hepatitis A, B or C are inactivated (neither does the Australian product), however there have been no recorded cases of transmission of these diseases from this product and over 10 million doses have been administered overseas since 1968.

Anti-D is recommended when there is a risk of blood group incompatibility causing problems for the baby in the current or future pregnancies.