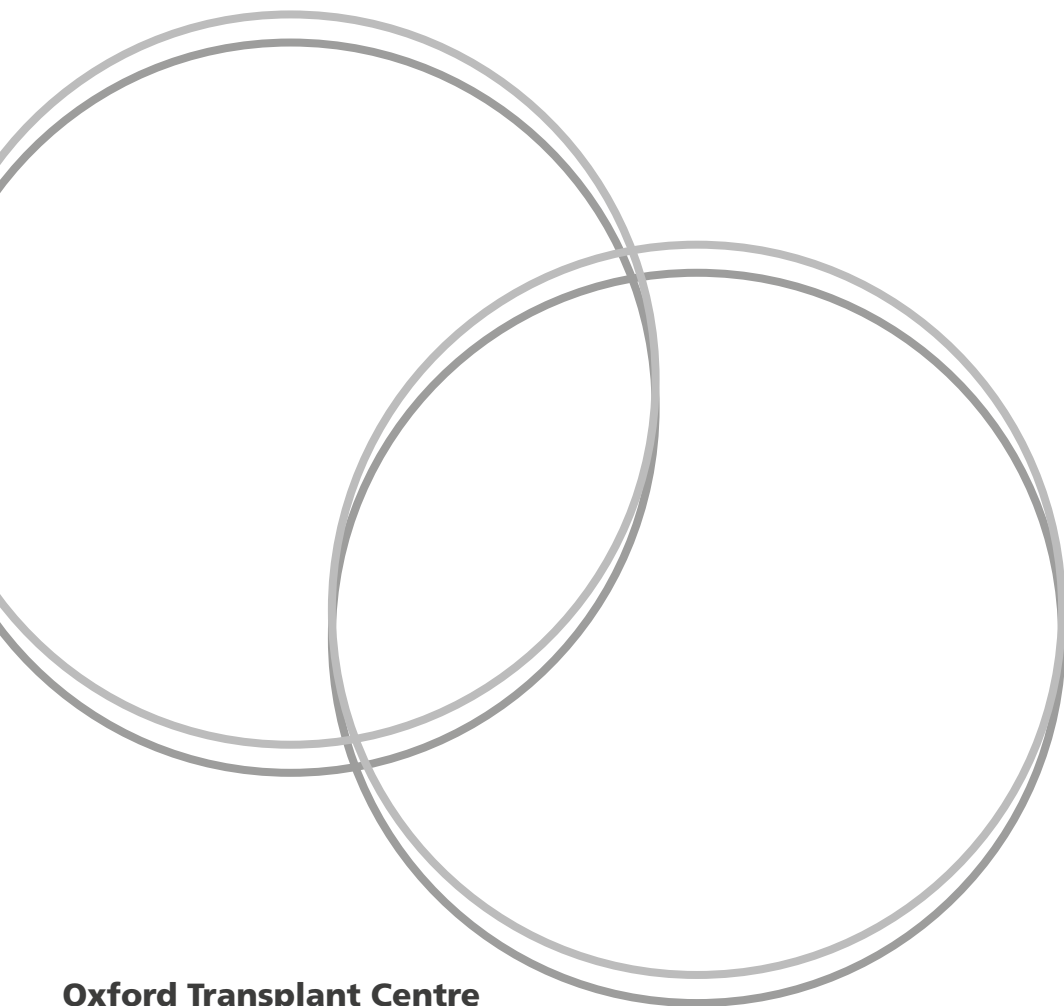




Oxford University Hospitals  
NHS Foundation Trust

# Having an Alemtuzumab (Campath) Injection

**Information for patients**



Sometimes transplant patients need an injection of alemtuzumab to prevent or treat rejection of the transplant.

Before you have any treatment, your full consent, or the consent of your advocate if appropriate, will be requested by a doctor.

No treatment will go ahead without this consent. The doctor will explain the reasons for the treatment, and the risks and benefits of it.

This leaflet will help you understand what Alemtuzumab is, what it is for and how it is given.

## What is Alemtuzumab?

Alemtuzumab (also called Campath) is an injection which suppresses the immune system. It is used to prevent or treat rejection of a transplant.

Medicines which suppress the immune system are called immunosuppressants. Alemtuzumab works by suppressing types of white blood cells called lymphocytes. Removing these cells will help to stop the rejection process.

A dose of alemtuzumab is not permanent, and your body will be able to make more white blood cells again.

Alemtuzumab can be given around the time of your transplant to prevent rejection (as 'induction' treatment), or after your transplant as treatment for rejection. It is used with other immunosuppressant medicines.

The effects of Alemtuzumab are long lasting and wear off over the course of 6 to 12 months. Because Alemtuzumab is an immunosuppressant medication, you may be more prone to developing infections during this time.

We recommend being especially cautious in the first 3 months.

At the time of writing this leaflet, Alemtuzumab does not have a UK product license for use in transplant patients, but it is licensed for other conditions. However, it is available for individual transplant patients. It is routinely used in many transplant centres in the UK and around the world, as there is good evidence and experience to show that it is safe and effective.

You can find out more about unlicensed medicines and what this means for you on the 'Medicines Information pages of the NHS website: [www.nhs.uk/conditions/medicines-information](http://www.nhs.uk/conditions/medicines-information)

## **How will I be given Alemtuzumab?**

The dose will be given as an injection just under your skin (a subcutaneous injection).

If you are having Alemtuzumab at the time of your kidney transplant to prevent rejection you will receive a dose in the operating theatre.

If you are having Alemtuzumab on the Renal Day Case Unit or on the Transplant ward, you will be given the following medications as an out-patient, 30 minutes before the injection. This is to help prevent any injection-related reactions:

- paracetamol 1g
- chlorphenamine (Piriton) 4mg (antihistamine)
- prednisolone 30mg (steroid).

You will need to be monitored for an hour after the injection, just in case you develop an allergic reaction. If you are having the injection as an out-patient, you may need to stay for up to 4 hours after the injection. This is usually because further blood tests are required or medication needs to be organised for you to take home.

You should be able to drive home after the injection, if you have no side effects. You can bring a friend or family member to keep you company or may prefer to have someone available to drive you home.

## **What should I tell my doctor before having Alemtuzumab?**

To make sure it is safe for you to have Alemtuzumab, please tell the doctor if you:

- have had a reaction to Alemtuzumab, or any other immunosuppressant injections before
- have an infection
- have active cancer
- are or could be pregnant, or you are breastfeeding.

## Are there any side effects?

You may experience some of the side effects described in the chart below in the first 24 hours after the injection. You may have some side effects or none at all.

Symptom: Rash or redness at the injection site	Happens in 1 in 5 people	If you are still on the ward, let your nurse know. If you are at home, you can take paracetamol or chlorphenamine (Piriton) (according to the package instructions), available from a local pharmacy.	Contact the transplant team if the rash does not clear up after 3 days or your symptoms are getting worse.
Symptom: Chills, shivering, fever, headache	Happens in around 1 in 10 people	If you are still on the ward, let your nurse know. If you are at home you can take paracetamol (according to the package instructions), available from a local pharmacy and other shops.	Contact the transplant team if you are still unwell after 3 days.
Symptom: Vomiting or feeling sick	Happens in around 1 in 10 people	If you are still on the ward, let your nurse know. They will be able to give you medication to help you stop feeling sick.	Contact the transplant team if you start vomiting when you are at home.
Symptom: Low blood pressure or feeling faint	Happens in around 1 in 100 people	If this happens while you are still in hospital, let your nurse know. You may need an intravenous infusion (drip) to give you more fluids.	Contact the transplant team if you feel faint or dizzy after going home.
Symptom: Shortness of breath or wheeze	Happens in around 1 in 100 people	If this happens while you are still in hospital, let your nurse know. We may need to give you extra oxygen.	Contact the transplant team if you start to feel short of breath after going home.

## **Who should I contact if I have a problem after going home?**

During working hours (8:00am to 4:00pm, Monday to Friday) you should contact the Transplant Nurse Practitioners (see page 7).

Outside these hours, you can contact the Transplant ward (see page 7).

If you become very unwell you can call 999 in an emergency.

## **Will I need to take any medications home after receiving alemtuzumab?**

The effects of alemtuzumab on the immune system last for a long time, so you are at increased risk of infection after the injection, particularly in the first 6 to 12 months.

We recommend being especially cautious with any infection risk for the first 3 months.

To reduce the chances of having certain infections, you may need to take an antibiotic medication (e.g. co-trimoxazole) for 6 to 12 months. You may also need an anti-viral medication for up to 3 to 6 months. Your doctor will explain how long you need to take this for.

## **What else do I need to know?**

Men and women of childbearing age should use effective and reliable contraception for at least 6 months following an injection of Alemtuzumab.

If you want to try for a baby after this time, please discuss this with your transplant or kidney doctor or transplant nurse, as your anti-rejection medicine may need to be changed.

Alemtuzumab is not known to interact with any other medicines.

Transplant patients must never be given 'live vaccinations' (e.g. before going on holiday) due to their immunosuppressant medication. This is the same for after Alemtuzumab.

Routine 'inactive' vaccinations (e.g. annual flu jab, covid jab) may need to be delayed following Alemtuzumab – please check with the transplant team first.

## **Contact telephone numbers**

If you have any questions or concerns about the Alemtuzumab injection, or any information in this leaflet, please contact us and we will be happy to help.

### **Transplant Nurse Practitioners**

Telephone: 01865 228 662  
(8:00am to 4:00pm, Monday to Friday)

### **Renal Pharmacy Team**

Telephone: 01865 226 105  
(9.00am to 5.00pm, Monday to Friday)

### **Transplant Ward**

Telephone: 01865 235 010  
(24 hours a day, 7 days a week)

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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