

Rabies Vaccine and Immune Globulin Information

Assessing Need for Post-exposure Prophylaxis (PEP)

The rabies virus is shed in the saliva of infected mammals and can be transmitted via a bite wound, open cuts in the skin, or mucous membranes. The following should be considered:

- **Domestic Animals:** In Canada, rabies is generally less likely. If a dog, cat or ferret is healthy and available for 10 day observation, PEP is not usually required. The exception is a bite to the head or neck region or a severe wound. Please consult Public Health for input on risk assessment in these cases.
- **Non-domestic Animals:** PEP should begin immediately following exposure to a wild terrestrial carnivore (such as a fox, skunk or raccoon) unless the animal is available for testing and rabies is not considered likely.
- **Bats:** When there is a known bat bite, scratch or saliva exposure to a wound or mucous membrane, rabies PEP should be initiated immediately. For suspect bat bites or scratches please consult Public Health.

Post-exposure Prophylaxis for Non-immunized Individuals

Treatment	Regimen
Wound Cleansing	Thorough cleaning and flushing the wound with soap and water is an important post-exposure measure.
Rabies Immune Globulin (RIG)	20 IU/kg body weight administered once on day 0. Each 2 mL vial contains 300 IU (150 IU/mL). If possible the full dose of RIG should be infiltrated into the wound(s) and surrounding area. With multiple wounds divide the RIG among the wounds. Any remaining volume of RIG should be injected IM at a muscle site proximal to the bite. If the wound site is unknown or in the head/neck the RIG can be given IM in large muscle groups. Do not exceed the RIG dose. Do not administer RIG in the same syringe as the vaccine or at the same site as the vaccine.
Rabies Vaccine	IMOVAX® or RabAvert® 1.0 mL, IM (deltoid area; anterolateral thigh in infants), one each on days 0, 3, 7 and 14. Never administer vaccine to the gluteal area. For immunocompromised persons and those taking antimalarials a fifth dose of vaccine should be given on day 28.

Post-exposure Prophylaxis for Immunized Individuals

Treatment	Regimen
Wound Cleansing	Thorough cleaning and flushing the wound with soap and water is an important post-exposure measure.
Rabies Vaccine	IMOVAX® or RabAvert® 1.0 mL, IM (deltoid area; anterolateral thigh in infants), one each on days 0 and 3. Never administer vaccine to the gluteal area.

Rabies Vaccines and Immunoglobulin Available in Canada

Rabies Vaccines: IMOVAX® Rabies, RabAvert®

Rabies Immune Globulins: Imogam® Rabies Pasteurized, HyperRAB® S/D

Store and transport vaccines and RIG between 2°C and 8°C; do not freeze.

Missed Doses

Patients should be encouraged to complete vaccine schedule as closely as possible and to receive all recommended doses. Minor variations from the schedule are not significant. **If a dose of vaccine is delayed, it should be given as soon as possible and the schedule resumed with the same interval between doses.** The prescribed vaccination schedule represents the minimum interval between doses.

If RIG is not administered as recommended at the initiation of the rabies vaccine series, RIG can be administered up to day 7 after vaccine is initiated.

Contraindications and Precautions

There are no definite contraindications to rabies vaccine after significant exposure to a proven rabid animal.

- **Pregnancy and lactation** are not contraindications to post-exposure rabies prophylaxis, but it is prudent to delay **pre**-exposure immunization of pregnant women unless there is a substantial risk of exposure.
- **Egg allergy:** IMOVAX® Rabies is the preferred vaccine for those with a severe hypersensitivity reaction to egg or egg products.
- **Interaction with other vaccines:** MMR or varicella vaccine effectiveness is affected if given either two weeks prior to or up to 4 months after receiving RIG.

Common and Local Adverse Events

For both rabies vaccines and RIG, the most common adverse events are local reactions at the injection site (pain, erythema, swelling and induration). With RIG, systemic reactions such as headache and low-grade fever are also common. Please consult Public Health for significant or unusual adverse events following immunization.

Contact Us

- 1-800-265-7293 (Inspection: ext. 4753 / Clinical Consultation: ext. 4744)
- After Hours / Emergency: 1-877-884-8653
- Fax: 1-855-934-5463