

Rabies Post-Exposure Management

Rabies vaccine & human rabies immune globulin (HRIG) should be administered according to the most current recommendations from the Advisory Committee on Immunization Practices; per *Human Rabies Prevention –United States, 1999. Centers for Disease Control and Prevention, MMWR 1999;48.*

Local Treatment of Wounds: Immediate & thorough washing of all bite wounds with soap & water for 10-15 minutes, AND irrigate with a virucidal agent such as povidone iodine solution. Tetanus prophylaxis and measures to control bacterial infections as indicated.

Immunization: The appropriate protocol for rabies post-exposure prophylaxis (PEP) depends on the exposed patient's previous rabies vaccination history

- Rabies vaccine: 1ml IM
- HRIG: 20 IU/kg body weight
- If anatomically feasible, the full dose of HRIG should be infiltrated around the wound(s). Any remaining HRIG should be administered IM at an anatomical site distant from a muscle used for rabies vaccine administration.

Treatment Regimen for Patient Not previously vaccinated against rabies

Day 0 = date of initiation of treatment

Day	0	3	7	14	28
HRIG	x				
Rabies Vaccine	x	x	x	x	x

If HRIG is not given on day 0, HRIG may be administered within 7 days after rabies vaccine is first administered

Treatment Regimen for Patient previously vaccinated* against rabies

Day 0 = date of initiation of treatment

Day	0	3	7	14	28
HRIG	NOT INDICATED				
Rabies Vaccine	x	x	no	no	no

* **Previously vaccinated** = person with history of a complete pre-vaccination (3 doses) with Human Diploid Cell Vaccine (Imovax), Purified Chick Embryo Cell Vaccine (RabAvert), or rabies vaccine adsorbed (RVA);

OR

person with prior vaccination with any other type of rabies vaccine (usually prior to c.1980) **with a prior** documented history of antibody response to rabies vaccination