# Summary of Rabies Post-Exposure Prophylaxis (PEP) Recommendations

West Virginia Department of HEALTH

## ANIMAL BITE EXPOSURE

Rabies PEP should be considered when there is direct contact (bite or scratch) from a vector species or there is an introduction of saliva or central nervous system (CNS) tissue from a vector species into an open, fresh wound or mucous membrane (i.e., eye, mouth, or nose) of a human being. For example, persons who awaken to find a bat in their bedroom, persons with mental impairment, or children who are found playing unsupervised with a bat can be considered for PEP.

## WOUND CLEANSING

All PEP should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as providone-iodine solution should be used to irrigate wounds.

## RABIES PEP FOR IMMUNOCOMPETENT PERSONS NOT PREVIOUSLY IMMUNIZED

| PRODUCT | ROUTE | SITE | EACH DOSE | # DOSES | SCHEDULE |
|---|---|---|---|---|---|
| Globulin* | Infiltrate around bite; excess IM | Wound; Gluteus or anterolateral thigh | 20 IU/kg (0.133mL/kg) | 1 | Day 0 |
| Vaccine** | IM | Deltoid (anterolateral thigh) | 1.0 mL | 4 | Days 0, 3, 7 and 14 |

***Globulin = Human Rabies Immune Globulin (HRIG, i.e., *Imogam, KEDRAB, or HyperRab*)**

- If anatomically feasible, the full dose of HRIG should be thoroughly infiltrated in the area around and into the wound. Any remaining volume should be injected intramuscularly at a site distant from the vaccine. HRIG should not be administered in the same syringe as the vaccine.
- HRIG is given at a dose of 20 IU/KG of body weight all on Day 0. Do not administer more than the recommended dose.
- HRIG is administered only once, at the beginning of prophylaxis, to a previously unvaccinated person to provide immediate antibodies until the patient responds to the vaccine by actively producing antibodies.
- If HRIG was not administered when vaccination was begun, it can be administered through the seventh day after the administration of the first dose of vaccine. Beyond the seventh day, HRIG is not indicated since an antibody response to the rabies vaccine is presumed to have occurred.

**** Vaccine = Human Vaccine (Human Diploid Cell Vaccine (HDCV) = *Imovax* and Purified chick embryo cell vaccine (PCECV) = *RabAvert***

- Give 1.0 ml IM in the deltoid on days 0, 3, 7, 14. Anterolateral thighs may be used in infants and young children.
- A fifth dose on day 28 may be recommended for immunocompromised persons. See recommendations for immunocompromised persons on page 2.
- Administer first vaccine dose in a separate syringe at a site distant from HRIG. Do not mix with HRIG. Subsequent doses (2-4) may be administered in the same location as RIG (e.g., deltoid, anterolateral thigh) if that is the preferred site for administration.
- This vaccine schedule is the only schedule recommended by the Centers for Disease Control and Prevention (CDC) shown to prevent human rabies. Should any variation from the above schedule occur, expert consultation must be obtained

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immediately. The CDC rabies calculator (https://www.cdc.gov/rabies/hcp/clinical-care/pep-calculator.html) is also available if the patient deviates from the recommended schedule.
- Appropriate completion of the vaccine series is the responsibility of the treating physician.

## RABIES PEP FOR PREVIOUSLY IMMUNIZED IMMUNOCOMPETENT PERSONS

- **Wound cleansing:** Immediately and thoroughly clean the wound as described above.
- **Previously immunized:** Any immunocompetent person with a history of a complete pre-exposure or postexposure vaccination regimen with HDCV, PCECV, previous vaccination with any other type of rabies vaccine, and a documented history of antibody response to the prior vaccination.
- **RIG:** Do not give RIG.
- **Vaccine:** HDCV or PCECV 1.0 mL, IM, one each on day 0 and day 3. The deltoid is recommended for older children and adults. The anterolateral thigh may be used in infants and young children <2 years.

## RABIES PEP FOR IMMUNOCOMPROMISED PERSONS

- **Wound cleansing:** Immediately and thoroughly clean the wound as described above.
- **Immunosuppression:** Corticosteroids, other immunosuppressive agents, antimalarials, and immunosuppressive illness might reduce immune responses to rabies vaccines.
- **RIG:** Administer RIG as above.
- **Vaccine (previously unvaccinated persons):** HDCV or PCECV 1.0 mL, IM, one each on day 0, 3, 7, 14 and 28. The deltoid is recommended for older children and adults. The anterolateral thigh is recommended for infants and young children. Post vaccination serologic testing is necessary to assure full protection.
- **Vaccine (previously vaccinated persons with documented immunity):** Handle on a case-by case-basis guided by post vaccination serologic testing. The two-dose series may be an option for some persons in this category.

## POST-VACCINATION SEROLOGIC TESTING

- **Immunocompetent persons:** Not indicated unless ongoing exposure (e.g. occupational risk) is anticipated.
- **Immunocompromised persons:** Obtain a serologic specimen one to two weeks after vaccination series is completed. The specimen should completely neutralize the challenge virus at at least a 1:5 serum dilution by the rapid fluorescent focus inhibition test (RFFIT). Commercial tests not approved by the U.S Food and Drug Administration (FDA) are not appropriate substitutes for RFFIT.
    - The CDC can provide serologic testing with a turn around time of less than one week. Contact the Office of Epidemiology and Prevention Services to coordinate testing. (800)-423-1271

## PEP FOR NONRESPONSIVE IMMUNOCOMPROMISED PERSONS

If an immune response did not develop (<0.1 IU/mL), consider administering a booster vaccination. These options include:

- Withhold immunosuppressive medication (if safe to do so)

**AND**

- Two additional IM dose boosters (days 0, 3) and titer on day 10 (7 days after the second dose)

**OR**

- Consider WHO, off-label WHO intradermal vaccination* approach, and titer on day 10 (7 days after the second dose) - considered most effective by CDC based on experience

Visit WHO Guidance for Rabies PEP for more information.

## OTHER CONSIDERATIONS

- **Tetanus Vaccination:** Should be brought up to date.
- **Antimicrobial prophylaxis:** Should be considered for some bite wounds.

## INFORMATION AND RECOMMENDATIONS

- CDC recommendations are available at https://www.cdc.gov/rabies/hcp/clinical-care/index.html.
- Rabies biologics: https://www.cdc.gov/rabies/hcp/clinical-care/biologics.html.
- **Vaccine Information Statement (VIS):** The CDC VIS should be given to each patient receiving vaccine: Rabies Vaccine Information Statement | CDC.
- **Package insert:** As always, refer to the package insert for additional considerations. Although the new Advisory Committee on Immunization Practices (ACIP) recommendations for the four-dose series have been published, vaccine package inserts are not expected to reflect this new guidance currently..

## VACCINE AND RIG ORDERING - PEP MEDICATION THROUGH PATIENT'S EXPENSE (OR INSURANCE)

**IMOVAX; IMOGAM:** Sanofi Pasteur 1-800- VACCINE (1-800-822-2463) www.vaccineshoppe.com.
**RABAVERT:** Novartis Vaccines and Diagnostics (1-800-244-7668) https://www.rabavert.com.
**HYPERRAB**: Grifols (1-800-243-4153) https://www.hyperrab.com/en/hcp/ordering-info.
**KEDRAB:** Kedrion Biopharma and Kamada Ltd (1-855-751-7951) https://kedrab.com/.

## PEP FOR INDIGENT PATIENTS

- For *Imogam* (human rabies immune globulin) and *Imovax* (human rabies vaccine), contact Sanofi Pasteur (administered through the Franklin Group) at 800-VACCINE or 866-801-5655.
- For *HyperRAB* (human rabies immune globulin), call 1-833-504-9983.
- *KEDRAB* human rabies immune globulin is administered through Medmonk, contact 1-866-234-3732.
- For details, see https://www.cdc.gov/rabies/medical_care/programs.html.

## RABIES IN WEST VIRGINIA

Rabies information and surveillance data: https://oeps.wv.gov/animal-bites-and-rabies.
Local Health Department contact information: https://bph.wv.gov/media/56/download?inline
Bureau for Public Health/ Office of Epidemiology and Prevention Services: (800)-423-1271.