



**TO: West Virginia Healthcare Providers, Hospitals and Other Healthcare Facilities**

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West Virginia Department of Health and Human Resources, Bureau for Public Health**

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**LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors and other applicable partners.**

**OTHER RECIPIENTS: Please distribute to association members, staff, etc.**

Human rabies is a preventable viral infection often transmitted following a rabid animal bite. The infection is almost always fatal once symptoms develop, so prevention is critical.

There are measures to prevent rabies infection in humans including vaccination of targeted animals, use of personal protective equipment (PPE), avoid aggravation of high-risk mammals, and administration of rabies post-exposure prophylaxis (PEP) following potential rabies exposure.

While most people are at low risk for rabies, there are individuals (who work directly with rabies competent animals and/or travelers to areas where rabies is common) who are at higher risk for rabies. Rabies preexposure prophylaxis (PrEP) is recommended for these high-risk individuals. PrEP is a series of rabies vaccine doses administered to high-risk individuals before an exposure occurs. PrEP does not eliminate the need for PEP, but it does decrease the number of rabies vaccine doses needed and eliminates the need for rabies immunoglobulin.

In May 2022, the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP) updated the recommendations to prevent human rabies. For more information, see [Use of a Modified Preexposure Prophylaxis Vaccination Schedule to Prevent Human Rabies: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022](#). Below is a summary of these recommendations:

1. The 3-dose rabies PrEP has been replaced by 2-dose PrEP.
2. There are 5 risk groups, each with specific recommendations (see table).
3. The minimum acceptable laboratory value (antibody titer) to determine rabies vaccine booster doses was revised.
4. Many people for whom serial titers were recommended every 2 years now require only a one-time titer (and booster if below the acceptable rabies antibody titer) OR a one-time booster.
5. There is clinical guidance for administering PrEP to people with weakened immune systems or people who deviate from the PrEP administration recommendations.

## **Risk Categories and PrEP Recommendations**

For detailed information about these recommendations, please refer to the [Use of a Modified Preexposure Prophylaxis Vaccination Schedule to Prevent Human Rabies: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022](#)

<b>Risk Category</b>	<b>Who this typically* affects</b>	<b>Recommendations</b>
<b>Risk Category 1 (highest risk)</b>	People who work with live or concentrated rabies virus in laboratories.	2 doses, days 0 and 7 and check titer every 6 months
<b>Risk Category 2</b>	People who frequently do at least one of the following: handle bats, have contact with bats, enter high density bat environments like caves or perform animal necropsies.	2 doses, days 0 and 7 and check titer every 2 years
<b>Risk Category 3</b>	<p>People who interact with, or are at higher risk to interact, with mammals other than bats that could be rabid, for period longer than three years after they receive PrEP.</p> <p>This group includes:</p> <ul style="list-style-type: none"> <li>• Most veterinarians, veterinary technicians, animal control officers, wildlife biologists, rehabilitators, trappers, and spelunkers (cave explorers)</li> <li>• Certain travelers to regions outside of the United States where rabies is commonly found</li> </ul>	<p>2 doses, days 0 and 7, plus:</p> <p>Either a one-time titer check after 1 year and up to 3 years following the first 2-dose vaccination OR 1-dose booster between 3 weeks and 3 years following the first vaccine and 2-dose vaccination</p>
<b>Risk Category 4</b>	Same population as Risk Category 3, but at a higher risk for ≤ three years after they receive PrEP.	2 doses, days 0 and 7
<b>Risk Category 5 (lowest risk)</b>	General population	None

\*The typical characteristics described may not include the characteristics of all activities that fall within the described group.

For questions about this Health Advisory, contact the Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology at (304) 558-5358 ext. 2 or toll-free at 1 (800) 423-1271 ext. 2.