



ARIZONA DEPARTMENT OF HEALTH SERVICES

PREPAREDNESS

RABIES POSTEXPOSURE MANAGEMENT

Rabies vaccine & human rabies immune globulin should be administered according to the most current recommendations from the [Advisory Committee on Immunizations Practices Human Rabies Prevention- United States, 2008](#) and [Advisory Committee on Immunization Practices \(ACIP\) Provisional Recommendations for Prevention of Rabies](#).

Treatment	Regimen <i>Day 0= day of initiation of treatment</i>
Wound Cleansing	All wounds should be washed immediately and thoroughly with soap and water for 10-15 minutes AND irrigated with a virucidal agent such as povidone iodine solution. Tetanus prophylaxis and measures to control bacterial infections should be used as indicated.
HRIG	Human rabies immune globulin (HRIG) is administered only once , at the beginning of anti-rabies prophylaxis, to previously unvaccinated persons. This will provide immediate antibodies until the body can respond to the vaccine by actively producing antibodies of its own. If possible, the full dose of HRIG should be thoroughly infiltrated in the area around and into the wounds. Any remaining volume should be injected intramuscularly at a site distant from vaccine administration. HRIG should never be administered in the same syringe or in the same anatomical site as the first vaccine dose. However, subsequent doses of vaccine in the four-dose series can be administered in the same anatomic location where the HRIG dose was administered. If HRIG was not administered when vaccination was begun, it can be administered up to seven days after the administration of the first dose of vaccine. Beyond the seventh day, HRIG is not recommended since an antibody response to the vaccine is presumed to have occurred. Because HRIG can partially suppress active production of antibody, no more than the recommended dose should be administered. The recommended dose of HRIG is 20 IU/kg body weight . This formula is applicable to all age groups, including children. For previously vaccinated/immunized individuals, HRIG should NOT be administered. Previously vaccinated persons are those who have received one of the recommended preexposure or postexposure regimens of HDCV, RVA, or PCECV, or those who received another vaccine and had a documented rabies antibody titer. RIG is unnecessary and should not be administered to these persons because an anamnestic response will follow the administration of a booster regardless of the pre-booster antibody titer.
Vaccine	A regimen of four 1-mL doses of HDCV or PCEC vaccines should be administered intramuscularly to previously unvaccinated persons. The first dose of the four-dose course should be administered as soon as possible after exposure. Additional doses should be administered on days 3, 7, and 14 after the first vaccination. For adults, the vaccination should always be administered intramuscularly in the deltoid area (arm). For children, the anterolateral aspect of the thigh is also acceptable. The gluteal area should never be used for rabies vaccine injections because observations suggest administration in this area results in lower neutralizing antibody titers. Dose: HDCV or PCECV 1.0 mL, IM (deltoid area), one each on days 0, 3, 7, and 14. For previously immunized/vaccinated individuals, vaccine should only be administered one each on days 0 and 3. For persons with immunosuppression, rabies vaccine should be administered using a 5-dose vaccine regimen (i.e., 1 dose of vaccine on days 0, 3, 7, 14, and 28).

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