



Arizona Department of Health Services

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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 Immunizations Practices; per *Human Rabies Prevention- United States, 2008. Centers for Disease Control and Prevention, MMWR 2008; 57 (No. RR-3), and ACIP Provisional Recommendations for Prevention of Rabies.*

Local Treatment of Wounds

All bite wounds should be immediately and thoroughly washed 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.

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 Patients NOT previously vaccinated against rabies

Day 0= date of initiation of treatment

Treatment	Regimen
Wound cleansing	All post-exposure prophylaxis should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as povidine-iodine solution should be used to irrigate the wounds.
RIG	If possible, the full dose should be infiltrated around any wound(s) and any remaining volume should be administered IM at an anatomical site distant from vaccine administration. Also, RIG should not be administered in the same syringe as vaccine. Because RIG might partially suppress active production of antibody, no more than the recommended dose should be given.
Vaccine	HDCV or PCECV 1.0 mL, IM (deltoid area †), one each on days 0, 3, 7, and 14. If the patient is immunocompromised, 5 doses of vaccine should be given on days 0, 3, 7, 14, and 28.

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

Treatment	Regimen
Wound cleansing	All post-exposure prophylaxis should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as povidine-iodine solution should be used to irrigate the wounds.
RIG	RIG should not be administered.
Vaccine	HDCV or PCECV 1.0 mL, IM (deltoid area), one each on days 0 and 3.

*Previously vaccinated= person with history of a complete pre-vaccination series (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.

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