

Management of People After POSSIBLE EXPOSURE TO RABIES

Immediately washing and flushing of the wound with soap and water is imperative and is probably the most effective procedure in the prevention of rabies. Suturing the wound should be avoided if possible. Tetanus prophylaxis and antibacterial drugs should be given as required. The recommendations in the following table are intended as a guide and may need to be modified in accordance with the specific circumstances of the exposure.



Post-Exposure Prophylaxis for Persons Not Previously Immunized							
Animal species	Condition of animal at time of exposure	Management of exposed person					
Dog, cat or ferret.	Healthy and available for 10 days observation.	Local treatment of wound. At first sign of rabies in animal, give Rablg (local and intramuscular) and start HDCV or PCECV, unless bite wound to the head or neck (begin immediately).					
	Rabid or suspected to be rabid*. Unknown or escaped.	Local treatment of wound. Rablg (local and intramuscular) and HDVC or PCECV.					
Skunk, fox, coyote, raccoon, and other carnivores.	Regard as rabid* unless geographic area is known to be rabies free.	 Local treatment of wound. Rablg (local and intramuscular) and HDCV or PCECV. 					
Bats	PEP is recommended only when a bat bite or scratch has occurred OR when there is direct contact¹ with a bat and either of the following cannot be eliminated: • a bat bite or scratch² OR • saliva from a live bat entered an open wound or mucous membranes² 1. Direct contact means that the bat should be observed to touch or land on the person. 2. An exception to administering PEP would be if the bat lands on the clothing of a person who can be sure that a bite or scratch did not occur and that the bat's saliva did not contact an open wound or mucous membranes.						
	Extreme care should be taken to ensure that there is no further exposure to the bat if it is captured or handled. In the event that the bat is captured, it should be submitted for rabies testing. Unless exposure from the bat is to the head or neck region, PEP can be delayed for up to 48 hours until the rabies test result on the bat is obtained. If PEP was initiated, it can be discontinued if the bat tests negative for rabies. Please note that spelunker exposure in caves will require special consideration.						
Livestock, rodents or lagomorphs (hares and rabbits)	Consider individually. Consult appropriate public health and CFIA officials. Bites of squirrels, chipmunks, rats, mice, hamsters, gerbils, other rodents, rabbits, and hares may warrant post-exposure rabies prophylaxis if the behaviour of the biting animal was highly unusual.						

Post-Exposure Prophylaxis of Previously Unimmunized Individuals

For healthy immunocompetent individuals, four doses of 1.0 mL of HDCV or PCECV should be given, the first dose (on day 0) as soon as possible after exposure and additional doses on each of days 3, 7 and 14 after the first. For immunocompromised patients (see current immunization guidelines), a fifth dose of HDCV or PCECV on day 28 is given. Preferably, the full dose of Rablg should be thoroughly infiltrated into the wound and surrounding area. If not anatomically feasible, any remaining volume should be injected intramuscularly at a site distant from vaccine administration. When more than one wound exists, each should be locally infiltrated with a portion of the Rablg using a separate needle and syringe if possible.

Rablg is supplied in 2 ml vials containing 150 IU/ml.

Use the following formula to calculate the dose required and use the table to determine how many vials to order:

20 $IU/kg \ x$ (client wt in kg) \div 150 IU/mL = dose in mL 9.09 $IU/lb \ x$ (client wt in lb) \div 150 IU/mL = dose in mL

Total Weight # of vials **Total Weight** # of vials 166 – 198 lbs 75 - 90 KgTo 33 lbs To 15 Kg 1 6 90 - 105 Kg34 - 66 lbs 15 - 30 Kg2 199 – 231 lbs 7 232 – 264 lbs 67 - 99 lbs 30 - 45 Kg3 105 - 120 Kg8 100 – 132 lbs 133 – 165 lbs 265 – 297 lbs 298 – 330 lbs 45 -60 Kg 4 120 -- 135 Kg 9 135 – 150 Kg 60 – 75 Kg 10

Post-Exposure Prophylaxis Previously Immunized Individuals

Post-exposure prophylaxis for people who have previously received rabies vaccine differs according to which preparation of vaccine was received.

- 1. Two doses of HDCV or PCECV, one injected immediately and the other 3 days later, without Rablg, are recommended for exposed individuals with the following rabies immunization history:
 - Completion of an approved course of pre or postexposure prophylaxis with HDCV or PCECV.
 - Completion of immunization with other types of rabies vaccine or with HDCV or PCECV according to unapproved schedules as long as neutralizing rabies antibody has been demonstrated in serum.
- 2. A complete course of HDCV or PCECV plus Rablg is recommended for those who may have received rabies vaccines in the past but do not fulfil the criteria listed in #1. A serum sample may be collected before vaccine is given, and if protective antibody (>0.5 IU/ml) is demonstrated the course may be discontinued, provided at least two doses of vaccine have been given. If in doubt, consultation with an infectious disease or public health physician is recommended.

Route of administration

Rablg is always given intramuscularly and preferably directly into the edges surrounding the wound. Rabies vaccine for post-exposure prophylaxis must be administered intramuscularly. Both HDCV and PCECV are approved in Canada for intramuscular (IM) use.

Rabig	=	(human,) rabies	ımmune	globulin
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HDCV = human diploid cell vaccine (Imovax)

PCECV = purified chick embryo cell culture vaccine (RabAvert)

If possible, the animal should be humanely killed and the brain tested for rabies as soon as possible; holding for observation is not recommended. Discontinue vaccine if fluorescent antibody test of animal brain is negative.