



Physician's ALERT.....

May 15, 2023

Rabies Postexposure Prophylaxis (rPEP) Recommendations

As the summer recreation season is upon us and the potential for human interactions with animals increases, it is important that providers remain vigilant for potential bite and non-bite exposures for which rabies postexposure prophylaxis (rPEP) would be recommended. Rabies is a rare disease in humans; however, one or more fatal human cases do occur almost every year in the United States. While bat exposures are the most frequent reason rPEP is recommended, other animal interactions could also warrant rPEP, making it vitally important for medical providers and emergency departments to be familiar with rabies prevention and control protocols. While essentially **100% fatal**, human rabies is also nearly always preventable. The following guidelines, based on the Centers for Disease Control and Prevention (CDC) recommendations, should be followed for postexposure prophylaxis.

This is a reprint of the latest human rabies post-exposure prophylaxis:

Rabies postexposure prophylaxis (PEP) schedule --- United States, 2010		
Not previously vaccinated	Wound cleansing	All PEP should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent (e.g., povidine-iodine solution) should be used to irrigate the wounds.
	Human rabies immune globulin (HRIG)	Administer 20 IU/kg body weight. If anatomically feasible, the full dose should be infiltrated around and into the wound(s), and any remaining volume should be administered at an anatomical site (intramuscular [IM]) distant from vaccine administration. Also, HRIG should not be administered in the same syringe as vaccine. Because RIG might partially suppress active production of rabies virus antibody, no more than the recommended dose should be administered.
	Vaccine	Human diploid cell vaccine (HDCV) or purified chick embryo cell vaccine (PCECV) 1.0 mL, IM (deltoid area [†]), 1 each on days 0, [§] 3, 7 and 14. [¶]
Previously vaccinated**	Wound cleansing	All PEP 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.
	HRIG	HRIG should not be administered.
	Vaccine	HDCV or PCECV 1.0 mL, IM (deltoid area [†]), 1 each on days 0 [§] and 3.
<p>* These regimens are applicable for persons in all age groups, including children. [†] The deltoid area is the only acceptable site of vaccination for adults and older children. For younger children, the outer aspect of the thigh may be used. Vaccine should never be administered in the gluteal area. [§] Day 0 is the day dose 1 of vaccine is administered. [¶] For persons with immunosuppression, rabies PEP should be administered using all 5 doses of vaccine on days 0, 3, 7, 14, and 28. ** Any person with a history of pre-exposure vaccination with HDCV, PCECV, or rabies vaccine adsorbed (RVA); prior PEP with HDCV, PCECV or RVA; or previous vaccination with any other type of rabies vaccine and a documented history of antibody response to the prior vaccination.</p>		

***If you have questions or need further information,
please contact Mike Larson or Anna Olson at (208) 799-3100.***