

Rabies Guidance for Health-Care Providers

Rabies Exposure: Exposure consists of the introduction of virus-laden saliva into the body through a bite wound that breaks the skin or contact of the virus-laden saliva or neural tissue with an open wound or mucous membranes (i.e., mouth, nose, eyes).

State or local public health officials should be consulted regarding all possible rabies exposures. Consultation is available by calling the North Dakota Department of Health Division of Disease Control and Forensic Pathology at 701. 328. 2378 or 800.472.2180. After hours emergency contact for Disease Control is 701.220.0819.

All Possible Rabies Exposures

- a. Determine if there was a true exposure (see the definition above).
- b. Implement proper wound management.
- c. Make sure the animal is available for observation or testing; enlist local officials to locate the animal if necessary.

Exposure to Domestic Dogs, Cats and Ferrets

- a. If the animal is available for testing/observation-in most cases *do not start rabies prophylaxis**.
- b. If the animal is not available for testing/observation-enlist local law enforcement to help locate the animal. Under normal circumstances* it is okay to wait to administer rabies prophylaxis for up to 10 days while the animal is being located.

Exposure to Bats

- a. If the bat is available for testing-in most cases *do not start rabies prophylaxis**. Live bats should be taken to a veterinarian to be euthanized.
- b. Any physical contact with a bat may lead to an exposure.
 - a. Bat bites may not cause deep wounds and may be difficult to identify.
 - b. If the person is reasonably certain he/she was not bitten by the bat during the physical contact, rabies prophylaxis is not needed.
- c. Possible bat exposures:
 - a. Just having a bat in the house is not considered a rabies exposure. However, these cases should be handled case by case. Generally, the following situations are considered exposures:
 - i. A person awakens to find the bat in the same room.
 - ii. A person witnesses a bat in the same room with a person who may not be able to provide a reliable history of exposure to the bat, such as a small child or a developmentally disabled person.

Exposure to Wild Animals

- a. If the animal is available for testing-in most cases *do not start rabies prophylaxis**.
- b. If a high-risk species or animal is not available for testing, consider starting rabies prophylaxis, especially for exposures to carnivores including skunks, raccoons, fox and coyotes.
- c. Because rodents and rabbits are rarely infected with rabies, rabies prophylaxis is not normally recommended.

Contact your local public health unit or the North Dakota Department of Health and Human Services at 701.328.2378 or 800.472.2180 for further consultation. For laboratory testing, call the North Dakota State University Veterinary Diagnostic Laboratory at 701.231.8307.

Table 1. Rabies Postexposure Prophylaxis (PEP) Schedule, MMWR March 19, 2010: Use of a Reduced (4-Dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies, Vol. 59, No. RR-2

Vaccination Status	Intervention	Regimen
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), 1 each on days 0 ² , 3, 7, and 14 ³ .
Previously vaccinated ⁴	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.
	HRIG	HRIG should not be administered.
	Vaccine	HDCV or PCECV 1.0 mL, IM (deltoid area ¹), 1 each on days 0 ² and 3.

¹The deltoid area is the only acceptable site of vaccination for adults and older children. For younger children, the outer aspect of the thighs may be used. Vaccine should never be administered in the gluteal area.

²Day 0 is the day dose 1 of vaccine is administered.

³For persons with immunosuppression, rabies PEP should be administered using all 5 doses of vaccine on days 0, 3, 7, 14, and 28.

⁴Any 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.

*A bite to the head and neck should receive PEP immediately. Non-normal circumstances include if the animal exhibits signs of rabies or the attack was vicious or unprovoked; PEP should be started immediately.

Programs for Uninsured and Underinsured Patients

Sanofi Pasteur's Patient Assistance Program (providing Imogam® IM) is administered through the Franklin Group. For more information about the program or to request an application, contact the Sanofi Pasteur, Inc. Patient Assistance Program (Franklin Group) at 866.801.5655.

Novartis' Patient Assistance Program (providing RabAvert®) is managed through RX for Hope and can be contacted at 800.589.0837.