

Philadelphia Department of Public Health  
Division of Disease Control

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## Recommended Post-Exposure Prophylaxis for Bites from Potentially Rabid Animals

### 1. Local Wound Care

This is the first and perhaps most important step in preventing rabies.

- Thoroughly clean the wound with soap and water.
- Irrigate with a virucidal agent such as povidone-iodine solution.
- Debride the wound, if appropriate.
- If clinically indicated, administer tetanus immunization and measures to prevent or control bacterial infections.
- The decision to suture large wounds should take into account cosmetic factors and the potential for bacterial infection.

### 2. Rabies Immune Globulin (RIG)

Rabies Immune Globulin (RIG, passive immunization) is recommended because it provides immediate antibodies that inactivate the virus. RIG should not be given to a patient who has previously completed a series of rabies vaccinations.

- Administer RIG along with the first dose of vaccine regardless of the time interval between exposure and initiation of treatment.
- The recommended RIG dose for all age groups is 20 IU per kg of body weight.
  - ◊ If anatomically feasible, thoroughly infiltrate the entire dose into and around the wound(s).
  - ◊ Administer any remaining volume intramuscularly at a site distant from the vaccine inoculation (e.g., gluteal region).
- If RIG is not immediately available, it may be administered up to 7 days following the first dose of vaccine.

### 3. Human Rabies Vaccine

Rabies vaccines (active immunization) stimulate the immune system to produce antibodies to inactivate the virus. With the current vaccine schedule, protective antibodies are not seen until about the seventh day after beginning the regimen. Therefore, it is necessary to administer passive immunization with RIG initially to provide protection during this interval. The first vaccine dose and RIG can be administered at the same time but never with the same syringe or in the same anatomic location.

- Administer a series of five 1ml doses intramuscularly in the deltoid region (or the anterolateral aspect of the thigh is acceptable in children). Vaccine failures have been reported when administered in the gluteal region.
- Give the first dose as soon as possible after exposure (unless animal rabies testing is pending). Give the other 4 doses on days 3, 7, 14 and 28 after the first dose. The first dose counts as day 0.
- The exception to this protocol is for those individuals who previously completed a series of rabies immunizations. In these cases RIG is not required and vaccine is administered only on days 0 and 3.

The combined approach of local wound care, RIG, and vaccine is essentially 100% effective prophylaxis against rabies. Routine post-vaccination serologic testing is not recommended unless warranted by individual circumstances (e.g., immunosuppressed patients).

### Rabies biologics: Unites States, 2007

	Product Name	Manufacturer
Human Rabies Vaccine	Imovax® Rabies Human Diploid Cell Vaccine (HDCV)	Sanofi Pasteur Phone: (800) 822-2463 <a href="http://www.vaccineplace.com/products/">http://www.vaccineplace.com/products/</a>
	RabAvert® Purified Chick Embryo Cell (PCEC)	Chiron Corporation Phone: (800) 244-7668 <a href="http://www.rabavert.com">www.rabavert.com</a>
Rabies Immune Globulin (RIG)	Imogam® Rabies-HT	Sanofi Pasteur Phone: (800) 822-2463 <a href="http://www.vaccineplace.com/products/">http://www.vaccineplace.com/products/</a>
	BayRab™	Bayer Corporation Phone: (800) 288-8370 <a href="http://www.bayerbiologicalusa.com">www.bayerbiologicalusa.com</a>