Rabies Outreach Program: Evaluation and Treatment of Potential Deployment-Related Rabies Exposure

Approved for public release, distribution unlimited
General Medical, Specialty: 500c

December 2012
Evaluation & Treatment of Potential Deployment-Related Rabies Exposures (SEP2012.v2)

NOTE: Applies to deployments to countries with Intermediate or High Rabies Risk as assessed by NCMI

IMPORTANT: THIS ALGORITHM SHOULD NOT BE USED TO EVALUATE ACUTE BITES OR EXPOSURES

1. For acute bites and exposures, refer to http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm and http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm. These guidelines apply to the US. Do not apply them too strictly to persons who sustain exposures in countries with higher rabies risk.

2. Dogs, cats, bats, raccoons, skunks, ferrets, and wild terrestrial carnivores. Rodents are not reservoirs of rabies virus. Small rodents (e.g., squirrels, chipmunks, rats, mice, hamsters, guinea pigs, and gerbils) and lagomorphs (including rabbits and hares) are rarely infected with rabies and have not been known to transmit rabies to humans.

3. Use codes 870.0-897.7 (wound, open) or 910-919 (superficial injury codes) with the appropriate supplemental code: E906 for dog bite, or E906.5 for injuries due to monkey or other animal as appropriate.

4. Code exposure and use supplemental E codes as appropriate.

5. Purified Chick Embryo Cell Vaccine (PCECV) should not be given to individuals with egg allergies. Human Diploid Cell Vaccine (HDCV) is safe in egg-allergic individuals.

PEP Regimens (also see next page)

Not previously vaccinated:
RIG: 20 IU/kg body wt at site of wound and any remaining volume distal to rabies vaccine site
Rabies Vaccine: 1ml IM days 0, 3, 7, and 14 (Also day 28 if immunosuppressed or on antimalarials)

Previous vaccine series or titer documented:
HRIG should not be used.
Rabies vaccine only: 1ml IM days 0 and 3
Rabies postexposure prophylaxis (PEP) schedule — United States, 2010

<table>
<thead>
<tr>
<th>Vaccination status</th>
<th>Intervention</th>
<th>Regimen*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not previously vaccinated</td>
<td>Wound cleansing</td>
<td>All PEP should begin with immediate thorough cleansing of all wounds available, a virucidal agent (e.g., povidine-iodine solution) should be used wounds.</td>
</tr>
<tr>
<td></td>
<td>Human rabies immune globulin (HRIG)</td>
<td>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.</td>
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<tr>
<td></td>
<td>Vaccine</td>
<td>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. A fifth dose on Day 28 is required if patient is immunosuppressed or on antimalarials</td>
</tr>
<tr>
<td>Previously vaccinated**</td>
<td>Wound cleansing</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>HRIG</td>
<td>HRIG should not be administered.</td>
</tr>
<tr>
<td></td>
<td>Vaccine</td>
<td>HDCV or PCECV 1.0 mL, IM (deltoid area†), 1 each on days 0§ and 3.</td>
</tr>
</tbody>
</table>

* 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.
** 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.

Source: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm)