North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch

RABIES POST-EXPOSURE PROPHYLAXIS TREATMENT SHEET

Patient name: _____ Date of Birth: _____

1. For **persons not previously vaccinated**, post-exposure prophylaxis (PEP) consists of administration of both antibody (Human Rabies Immune Globulin, or HRIG) and human rabies vaccine (Imovax® or RabAvert®). **Persons who have previously received a complete rabies pre-EP or PEP series** require post-exposure treatment with a series of human rabies vaccine only (no HRIG).
2. The **dose of HRIG** is 20 I.U./kg body weight. Most HRIG contains 150 I.U./ml. However, there is one product, HyperRab®, that contains 300 I.U./ml. HRIG should be given as soon as possible after the incident but not more than 7 days after the first dose (Day 0) of human rabies vaccine. As much HRIG as is anatomically feasible should be infiltrated into and around the wound or bite areas. The remainder (if any) should be given by intramuscular injection at an anatomical site distant from the rabies vaccine administration site (usually the deltoid or anterolateral thigh muscle on the same side as the wound infiltration). HRIG should not be given in the gluteal areas.

$$\underset{\text{Patient weight}}{\_\_\_\_\_}\ \text{lbs} \times \frac{0.454\ \text{kg}}{1\ \text{lb}} \times \frac{20\ \text{I.U.}}{1\ \text{kg}} \times \frac{1\ \text{ml}}{150\ \text{I.U.}} = \underset{\text{Volume HRIG}}{\_\_\_\_\_}\ \text{ml}$$

OR (for HyperRab® 300 I.U./ml)

$$\underset{\text{Patient weight}}{\_\_\_\_\_}\ \text{lbs} \times \frac{0.454\ \text{kg}}{1\ \text{lb}} \times \frac{20\ \text{I.U.}}{1\ \text{kg}} \times \frac{1\ \text{ml}}{300\ \text{I.U.}} = \underset{\text{Volume HRIG}}{\_\_\_\_\_}\ \text{ml}$$

3. **Immune-competent persons** who have never received a complete rabies vaccine series (pre-EP or post-EP) should receive one dose of HRIG and four (4) doses of vaccine (1.0 ml each), given intramuscularly in the deltoid region (or anterolateral thigh for infants and small children). The first dose (Day 0) should be given as soon as possible after the exposure. Additional doses should be given on days 3, 7, and 14 to complete the series. ***Human rabies vaccine and HRIG must never be given in the gluteal area***; studies show this may result in lower neutralizing antibody titers.
4. For **persons previously immunized** (*i.e.*, history of a 3-dose pre-exposure series or a complete post-exposure series), only human rabies vaccine should be given and only on days 0 and 3 (no HRIG).
5. Immunosuppressive agents should not be administered during PEP unless essential for the treatment of other conditions. When PEP is administered to an **immune-suppressed person, a 5th dose of vaccine is required** on day 28. Blood should be drawn for a rabies neutralizing antibody titer (Rapid Fluorescent Focus Inhibition Test, or RFFIT) after the series is completed to ensure that an acceptable immune response has developed.
6. **It is critical that each dose of human rabies vaccine be given as scheduled** Health care providers must make certain that patients are not lost to follow-up. For consultation on dose schedule or RFFIT, contact the Communicable Disease Branch Medical Consultation Unit at 919-733-3419 (24/7).

Treatment	Day #	Lot #	**Date Due**	Date Given	Injection Site	Dosage (mL)	Provider	Date **VIS**** given	Date on VIS**
HRIG	Day 0								
Vaccine	Day 0								
Vaccine	Day 3								
Vaccine	Day 7								
Vaccine	Day 14								
Vaccine*	Day 28*								

**Day 28 only if patient immunosuppressed*

***Vaccine Information Statement** (https://www.cdc.gov/vaccines/hcp/vis/vis-statements/rabies.html)*