

Appendix – Information for the Public:

Rabies PEP Record and Information for Patients

Rabies infection is nearly always fatal, but it can be prevented by prompt medical treatment, including wound cleansing, after an animal bite or other rabies exposure. When a person is exposed to rabies, he or she needs **rabies post-exposure prophylaxis (PEP)** to prevent the disease. PEP involves several vaccinations over two to five weeks, depending on the person's previous vaccination history and immune status.

For people who have *never* been vaccinated against rabies, rabies PEP consists of one dose of human rabies immune globulin (HRIG) and four doses of rabies vaccine (5 doses if immune-compromised). People who have completed a pre-EP or PEP vaccine series previously or are receiving the *pre*-exposure vaccination series for rabies should receive only vaccine (not HRIG). The vaccine is given in a muscle, usually in the upper arm.

Adverse reactions to rabies vaccine and immune globulin are not common. Newer vaccines in use today cause fewer adverse reactions than previously available vaccines. Mild, local reactions to the rabies vaccine, such as pain, redness, swelling or itching at the injection site, have been reported. Rarely, symptoms such as headache, nausea, abdominal pain, muscle aches, and dizziness have been reported. Local pain and low-grade fever may follow injection of rabies immune globulin. Report any such symptoms to your doctor.

The vaccine should be given at the recommended intervals for best results. Talk to your with your doctor or state or local public health officials if you will not be able to get a shot at the recommended interval. Rabies prevention is a serious matter, and changes in the vaccination schedule should be avoided.

People cannot transmit rabies to other people unless they themselves have developed the disease. The prophylaxis you are receiving will protect you from developing rabies. You may continue to participate in your normal activities.

Please keep this record with you and have it updated at each treatment visit. Notify your healthcare provider or local health department immediately if you experience problems or if you can't keep a treatment appointment.

Doctor's name: _____ Phone: _____

Local Health Department: _____ Phone: _____

Patient PEP Record

Treatment	Day #	Date Due	Date Given	Lot #	Provider
HRIG	Day 0				
Vaccine	Day 0				
Vaccine	Day 3				
Vaccine	Day 7				
Vaccine	Day 14				
Vaccine*	Day 28*				

**Day 28 only if patient immunosuppressed.*