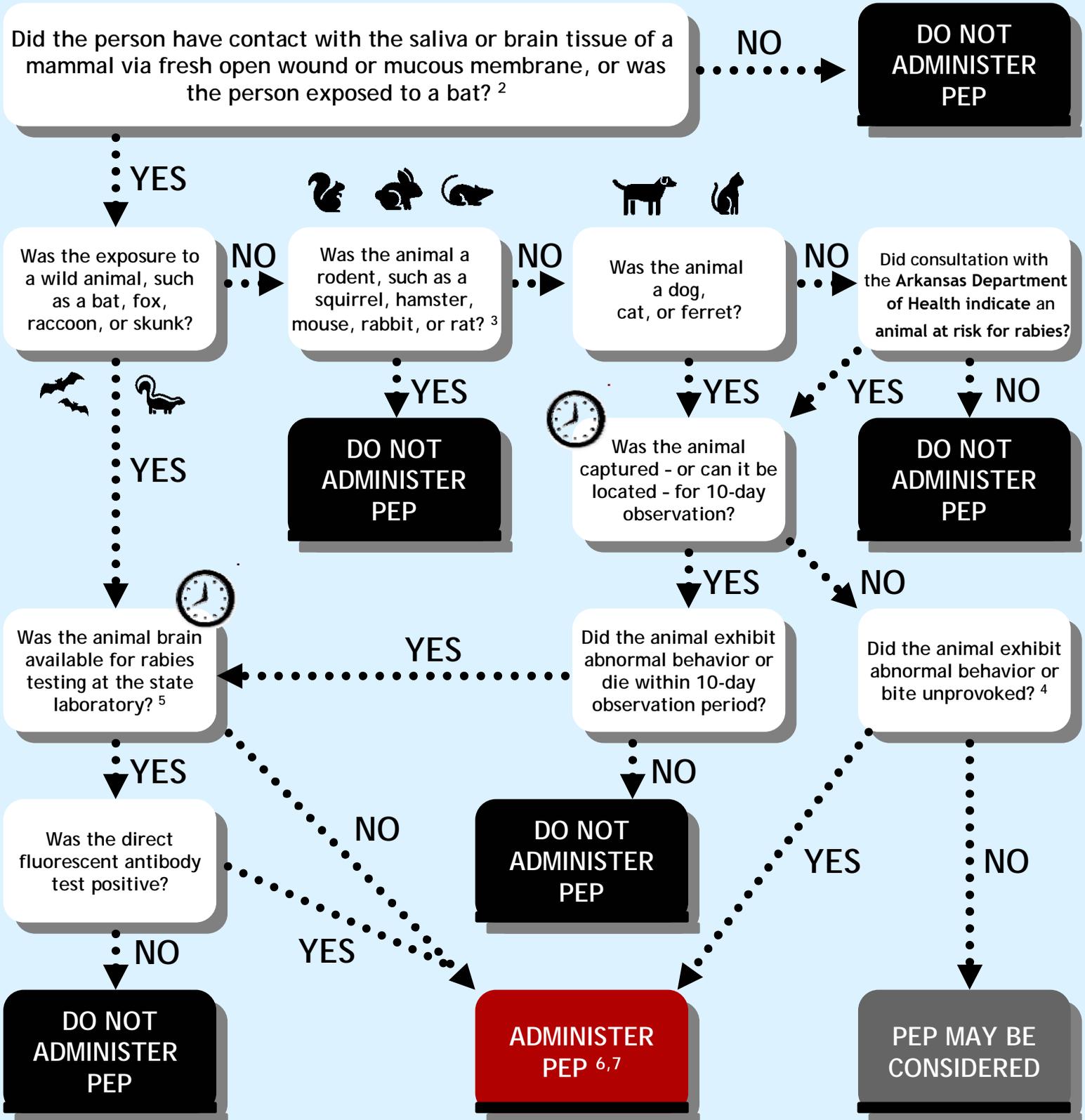


# HUMAN RABIES POST-EXPOSURE PROPHYLAXIS (PEP) PROTOCOL <sup>1</sup>



Consultation with the Arkansas Department of Health is NOT required. Questions can be sent to [adh.zoonotic@arkansas.gov](mailto:adh.zoonotic@arkansas.gov).

Arkansas law requires that all animal bites (not just rabies PEP) be reported to the Arkansas Department of Health for follow-up. Reporting can be completed at: [www.healthy.arkansas.gov/programs-services/topics/rabies](http://www.healthy.arkansas.gov/programs-services/topics/rabies)



Rabies PEP is a medical urgency, not an emergency. The decision to initiate rabies PEP can normally wait 48-72 hours to determine whether an animal is available for testing or observation, and for test results to become available.

SEE IMPORTANT INFORMATION ON REVERSE SIDE

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# IMPORTANT INFORMATION

**\*\*The AR Department of Health does not pay for or administer rabies vaccine as was once done in the past.\*\***

**1. Rabies** risk assessment requires balancing a number of criteria: the species of animal and the endemicity of rabies for that species for Arkansas, the observed health and behavior of the animal, and the circumstances of the bite. This algorithm only addresses rabies post-exposure prophylaxis. Other treatment such as wound care, antibiotics, and tetanus immunization may be indicated.

**2. In** addition to obvious bites or mucous membrane exposures, the CDC suggests that PEP be considered in cases where there is a reasonable probability that contact with a bat may have occurred (i.e. a deeply sleeping person awakens to find a bat in the same room, an adult witnesses a bat in a room with a previously unattended child, mentally disabled person, or intoxicated individual) **and rabies cannot be ruled out by testing of the bat.** PEP would not be warranted for other household members. Consult your state health department for questions regarding uncommon incidents.

**3. Barring** unusual circumstances, rodents and rabbits are not likely to carry rabies, and bites from these species almost never require rabies PEP. In questionable or unusual circumstances involving rodent or rabbit bites, consult your state health department.

**4. Unprovoked** exposures are rare and typically require an animal to cross neutral space and attack. *Provoked* exposures may include:

- attempting to feed an animal
- having contact with an injured animal
- entering an animal's territory
- petting or playing with an animal
- handling an animal
- attempting to break up a fight between animals
- walking, running, or riding a bicycle past an animal

The medical provider should attempt to get the patient to describe the scenario in order to establish the true nature or the circumstances surrounding the biting incident - **DO NOT** simply ask if the bite was provoked or unprovoked.

**5. Rabies PEP** is a medical urgency NOT an emergency. Immediate PEP administration is usually not necessary. The severity and location of a wound (severe wounds or obvious wounds near the head and neck should be given highest priority), and the expected interval between the time of the bite and receipt of rabies test results should be considered when making a decision to begin PEP while awaiting test results. Potentially exposed persons can normally afford to wait **48-72 hours or longer** for 1) an animal to be located for quarantine or testing, or 2) animal rabies testing results. Testing is available at the ADH public health laboratory.

**6. Unless** the person previously received rabies immunoprophylaxis<sup>1</sup> or is immunosuppressed<sup>2</sup>, PEP consists of four (4) doses of vaccine (1.0 ml each administered IM in the deltoid region) on days 0, 3, 7, and 14, and one (1) dose of human rabies immune globulin (HRIG) administered on day 0.

- Rabies vaccine should never be given in the gluteal area.
- HRIG (dosage 20 IU/kg) should be infiltrated into and around the bite wound as much as anatomically feasible, with the remainder administered IM at a site distant from vaccine administration.
- HRIG should not be administered in the same syringe or at the same site as vaccine.

<sup>1</sup>*Previously vaccinated patient: No HRIG, and only two (2) doses of vaccine on days 0 and 3.*

<sup>2</sup>*Immunosuppressed patient: HRIG and a five (5) dose series of vaccine (days 0, 3, 7, 14, 28). Serum should be tested for rabies neutralizing antibody 1-2 weeks following completion of series.*

Consult your state health department if deviations from the PEP schedule occur.

**7. If** the biting animal is captured and tests negative for rabies after PEP has begun, PEP may be discontinued.

#### References:

CDC. *Use of a Reduced (4-Dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies: Recommendations of the Advisory Committee on Immunization Practices (ACIP).* MMWR 2010;59(No. RR-2):1-12

CDC. *Release of National Association of State Public Health Veterinarians' 2016 Compendium of Animal Rabies Prevention and Control.* MMWR Morb Mortal Wkly Rep 2017;66:148. DOI: <http://dx.doi.org/10.15585/mmwr.mm6605a>



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