KENT COUNTY HEALTH DEPARTMENT

RABIES VACCINE ADMINISTRATION SCHEDULE
Updated 8/3/09

The following guidelines have been adapted in part, from the Centers for Disease Control – Morbidity and Mortality Weekly Report: Human Rabies Prevention, United States, 1999. (January 8, 1999/Vol. 48/ No. RR-1). The guidelines were updated in August 2009 to reflect the change from a 5 dose schedule to a 4 dose schedule for healthy individuals as recommended by the Advisory Committee on Immunization Practices (ACIP) (*ACIP Provisional Recommendations for the Prevention of Human Rabies* (July 10, 2009) http://www.cdc.gov/vaccines/recs/provisional/downloads/rabies-July2009-508.pdf. It is advised that the physician or other health care provider consult these references for further information and rationale regarding these guidelines.

NOTE: There have been no controlled studies conducted to determine the effectiveness of an altered vaccine schedule. Therefore, alterations are not advisable. However, if a schedule alteration occurs, evaluations regarding follow-up should be conducted on a case-by-case basis. Please contact the Health Department Communicable Disease Unit at (616) 632-7228 if a patient's vaccine schedule is altered for advisement.

VACCINATION STATUS	TREATMENT	REGIMEN✳
Not previously vaccinated	Wound Cleansing	All postexposure treatment should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as a povidone-iodine solution should be used to irrigate the wounds.
	RIG	Administer 20 IU/kg body weight. If anatomically feasible, **the full dose** should be infiltrated around the wound(s) and any remaining volume should be administered IM at an anatomical site distant from vaccine administration. Also RIG should not be administered in the same syringe as vaccine. Because RIG might partially suppress active production of antibody, no more than the recommended dose should be given.
	Vaccine	HDCV or PCEC 1.0 mL, IM (deltoid area†), one each on days 0◆, 3, 7, and 14. **See July 2009 ACIP recommendations regarding this schedule** ***(elimination of the dose at day 28 for healthy individuals.)***
Previously vaccinated¶	Wound Cleansing	All postexposure treatment should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as povidone-iodine solution should be used to irrigate the wounds.
	RIG	RIG should **not** be administered.
	Vaccine	HDCV or PCEC 1.0 mL, IM (deltoid area†), one each on days 0◆ and 3.

HDCV=human diploid cell vaccine; PCEC=purified chick embryo cell vaccine; RIG=rabies immune globulin; IM=intramuscular
✳These regimens are applicable for 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 the first dose of vaccine is administered.
¶Any person with a history of pre-exposure vaccination with HDCV, RVA or PCEC; prior postexposure prophylaxis with HDCV, RVA, or PCEC; or previous vaccination with any other type of rabies vaccine and a documented history of antibody response to the prior vaccination.

RABIES IMMUNE GLOBULIN USE: RIG is administered only once (i.e., at the beginning of antirabies prophylaxis) to previously unvaccinated persons to provide immediate protection until the patient responds to HDCV, RVA, or PCEC. If RIG was not administered when vaccination was begun, it can be administered through the 7th day after the administration of the first dose of vaccine. In addition, it has been suggested that the RIG injection site be avoided for the use of Rabies Vaccine administration for the entire vaccine series. Therefore, always record the site of each injection so that subsequent vaccine injections can be planned accordingly.