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

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General Medical, Specialty: 500c

May 2012

USAPHC

Evaluation & Treatment of Potential Deployment-Related Rabies Exposures (6MAR12)

IMPORTANT: THIS ALGORITHM SHOULD NOT BE USED TO EVALUATE ACUTE BITES OR EXPOSURES[1]

Did the patient have contact DURING THE LAST 18 MONTHS with a mammal capable of spreading rabies?[2]

NOTE: Providers who have questions or concerns regarding application of this algorithm should contact their local Rabies Advisory Board for assistance.

YES

Did the patient sustain a bite that broke the skin, a scratch that bled, or have wet animal saliva contact mucous membranes or broken skin or have a bat in sleeping quarters?

NO → **NO Rabies PEP Indicated**
Document the incident and clinical assessment in AHLTA.

YES/UNSURE

Was the animal a US/NATO military working dog?

YES → **NO Rabies PEP Indicated**
Document the incident and assessment in AHLTA. Code exposure[3] and use supplemental codes E906 for dog bite, or E906.5 for injuries due to monkey or other animal as appropriate.

NO/UNSURE

Was the animal directly observed for 10 days following the exposure and appeared healthy at day 10?

YES → **NO Rabies PEP Indicated**
Document the incident and assessment in AHLTA. Code exposure[3] and use supplemental E codes as appropriate.

NO/UNSURE

Is appropriate Rabies Post Exposure Prophylaxis (PEP) for this exposure documented in the medical record?[4]

YES → **NO Rabies PEP Indicated**
Document the incident and assessment in AHLTA. Code exposure[3] and use supplemental E codes as appropriate.

NO

Rabies PEP Indicated

- **Administer both Human Rabies Immunoglobulin (HRIG) and rabies vaccine regardless of time since incident unless patient has previously received rabies vaccine series. HRIG should not be given more than 7 days after first vaccine dose if the patient already received some rabies vaccine.**
- **Document exposure incident, assessment, and treatment in AHLTA. Use appropriate wound code and supplemental E codes, as well as code V04.5.[3] Document HRIG and rabies vaccines in Service immunization tracking system.**

→ **PEP Regimens[5]** (also see page 2)

Not previously vaccinated:

RIG: 20 IU/kg body wt at site of wound and any remaining volume distal to rabies vaccine site

Rabies Vaccine[6]: 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

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
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. Include code V04.5 for animal bite requiring rabies vaccination.
4. See protocols on page 2.
5. If the vaccine series was interrupted for more than a few days or not completed, providers should complete the series and then assess immune status by performing serologic testing 7–14 days after administration of the final dose in the series. If drawing a titer is not practical or feasible, restart the vaccine series (but do NOT administer HRIG).
6. 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.

Rabies postexposure prophylaxis (PEP) schedule — United States, 2010

Vaccination status	Intervention	Regimen*
Not previously vaccinated	Wound cleansing	All PEP should begin with immediate thorough cleansing of all wounds w available, a virucidal agent (e.g., povidine-iodine solution) should be use wounds.
	Human rabies immune globulin (HRIG)	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.
	Vaccine	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
Previously vaccinated**	Wound cleansing	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.
	HRIG	HRIG should not be administered.
	Vaccine	HDCV or PCECV 1.0 mL, IM (deltoid area†), 1 each on days 0§ and 3.

* 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