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

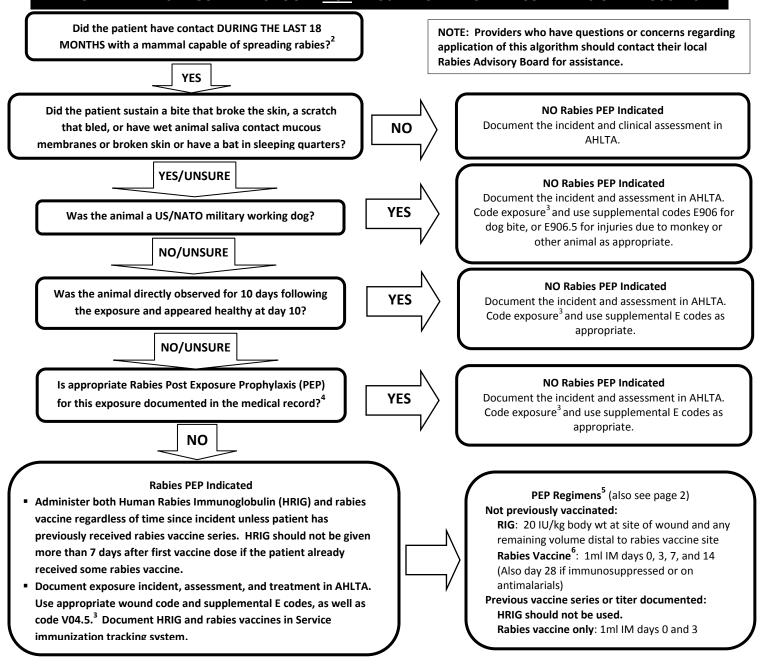
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Evaluation & Treatment of Potential Deployment-Related Rabies Exposures (6MAR12)

IMPORTANT: THIS ALGORITHM SHOULD NOT BE USED TO EVALUATE ACUTE BITES OR EXPOSURES¹



- 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 v 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 $_1$), 1 each on days 0, \S 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.

Source: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm

[†] 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.