

# Rabies

## Post-exposure Prophylaxis



**Always administer post-exposure prophylaxis (PEP) if a patient was bitten or otherwise exposed<sup>1</sup> to:**

- A rabies-positive animal.
- A rabies vector species<sup>2</sup> that is unavailable for testing.

**Consider PEP if a patient was bitten or otherwise exposed to a dog or cat that is unavailable for observation. Do not start PEP** if the patient was bitten by a dog or cat that is healthy and can be observed for 10 days.<sup>3</sup>

**Raccoons and bats** are the most commonly reported rabid animals in New York City (NYC). Other animals that have tested positive include skunks, cats and opossums. For the most recent rabies statistics, visit [nyc.gov/health/rabies](https://nyc.gov/health/rabies).

Report bites to the NYC Department of Health and Mental Hygiene (Health Department) at 646-364-1799. Once the bite is reported, the Health Department will contact and provide guidance to the animal owner and patient.

Steps for Vaccination	Never Vaccinated The patient has never received a complete regimen of either rabies pre-exposure prophylaxis (PrEP) or rabies PEP.	Previously Vaccinated The patient has received either rabies PEP for a previous exposure or rabies pre-exposure vaccination.
<b>1. Clean the wounds.</b> Thoroughly irrigate with water or a dilute water povidone-iodine solution.	<b>Always.</b>	<b>Always.</b>
<b>2. Administer 20 international units per kilogram of human rabies immune globulin (HRIG).</b> Thoroughly infiltrate the area in and around the wounds with a full dose of HRIG, if possible.  Otherwise, inject the remaining volume intramuscularly in a site distant from the vaccine.	<b>Always.</b>	<b>Never.</b>
<b>3. Vaccinate.</b> Intramuscular vaccination in the deltoid or, for children, in the deltoid or anterolateral thigh.	<b>Always</b> on days 0, 3, 7 and 14. Patients who are immunocompromised should receive an additional dose on Day 28.	<b>Always</b> on days 0 and 3 only.

### Do Not

- ✗ Inject HRIG and vaccine at the same site.
- ✗ Inject vaccine or HRIG in the gluteus.
- ✗ Give HRIG to patients who have already received a complete regimen of PEP or rabies PrEP.

### Do

- ✓ Infiltrate all wounds with HRIG, unless the patient was previously vaccinated.
- ✓ Inject rabies vaccine in the deltoid. In children, the anterolateral thigh may also be used.
- ✓ Give a tetanus booster, if appropriate.

### Call the Health Department’s Provider Access Line at 866-692-3641 if:

- HRIG was administered but not at the bite site.
- HRIG was indicated but not administered on Day 0. If given more than seven days after the first rabies vaccine, HRIG can interfere with the immune response.
- There are significant deviations in the vaccination schedule. Rabies PEP should be given on days 0, 3, 7 and 14. Deviations of a few days are not a great concern, and the patient should resume the series. Maintain the recommended spacing between doses.
- PEP was initiated overseas.
- You are not sure if PEP is indicated.

<sup>1</sup> Rabies virus is most commonly and efficiently transmitted through the bite of a rabid animal. While rare, the virus may also be transmitted through exposure of infectious saliva or neural tissue to a mucous membrane or open wound. Always consider the possibility of an unrecognized exposure if a bat was found near someone who may have been unaware or unable to communicate if an exposure occurred.

<sup>2</sup> Rabies vector species in the U.S. include raccoons, bats, skunks, foxes, coyotes and mongooses (in Puerto Rico).

<sup>3</sup> If the animal remains healthy during the observation period, the patient does not need PEP. If the dog or cat is unavailable for observation or testing, the need for PEP should be assessed on a case-by-case basis.