Toronto Public Health

PHYSICIAN INSTRUCTIONS FOR ADMINISTERING RABIES POST–EXPOSURE PROPHYLAXIS (PEP)

PATIENT INFORMATION **Toronto Public Health File No.**

Last name: _____ First name: _____

Date of birth: _____/_____/_____ Weight: _____ ☐ kg ☐ lbs
YYYY/ MM/ DD

PACKAGE CONTENTS

☐ # doses of rabies **VACCINE** ◯ ImoVAX® Rabies (HDCV) *or* ◯ RabAvert® (PCECV)	☐ # vials of rabies **IMMUNE GLOBULIN** ◯ ImoGAM® 150 IU/mL (2 mL) *or* ◯ HyperRAB® 150 IU/mL (2 mL) *or* ◯ HyperRAB® 300 IU/mL (1 mL) *or* ◯ KamRab® 150 IU/mL (2mL)

ADMINISTRATION SCHEDULE

☐ Patient **has not** previously been immunized against rabies	☐ Patient **has** previously completed a full course of rabies immunization
DAY 0: _____/_____/_____ YYYY/ MM/ DD ➢ **VACCINE:** Administer one dose (1mL) IM in the deltoid. ▪ In infants <12 months, VACCINE should be given IM in the anterolateral thigh. ➢ **IMMUNE GLOBULIN:** ▪ Rabies IMMUNE GLOBULIN is supplied in 150 IU/mL (2 mL) or 300 IU/mL (1 mL) vials (check vial label). Calculate the dose required: **For 150 IU/mL IMMUNE GLOBULIN in 2 mL vials:** *20 IU/kg x (client wt in **kg**) ÷ 150 IU/mL = dose in mL OR* *9.09 IU/lb x (client wt in **lb**) ÷ 150 IU/mL = dose in mL* **For 300 IU/mL IMMUNE GLOBULIN in 1 mL vials:** *20 IU/kg x (client wt in **kg**) ÷ 300 IU/mL = dose in mL OR* *9.09 IU/lb x (client wt in **lb**) ÷ 300 IU/mL = dose in mL* ▪ The calculated dose should not be exceeded. Discard the remainder. ▪ Using a different syringe and needle than for the VACCINE, infiltrate as much IMMUNE GLOBULIN as possible into and around the wound(s), similar to freezing a wound. If it is not possible to infiltrate the entire calculated dose into the wound, the remainder of the dose should be injected IM at one or more site(s) distant from the site of VACCINE administration (e.g., gluteal area, anterolateral thigh), using a new needle. ▪ If there are multiple or extensive wounds present, IMMUNE GLOBULIN can be diluted in a diluent permitted by the specific product labelling in order to provide the full amount of immune globulin required for thorough infiltration of all wounds.	**DAY 0**: _____/_____/_____ YYYY/ MM/ DD ➢ **VACCINE:** Administer one dose (1mL) IM in the deltoid. ▪ In infants <12 months, VACCINE should be given IM in the anterolateral thigh. ➢ Rabies IMMUNE GLOBULIN should not be given to persons who have previously received appropriate rabies immunization.
DAY 3: _____/_____/_____ YYYY/ MM/ DD ➢ **VACCINE**: Administer one dose IM in the deltoid.	**DAY 3**: _____/_____/_____ YYYY/ MM/ DD ➢ **VACCINE**: Administer one dose IM in the deltoid.
DAY 7: _____/_____/_____ YYYY/ MM/ DD ➢ **VACCINE**: Administer one dose IM in the deltoid.	No further doses of VACCINE are required for persons who previously completed a full course of rabies immunization.
DAY 14: _____/_____/_____ YYYY/ MM/ DD ➢ **VACCINE**: Administer one dose IM in the deltoid.	
A fifth dose of rabies VACCINE is required only if the patient is immunocompromised or taking immunosuppressant or antimalarial medication: **DAY 28**: _____/_____/_____ YYYY/ MM/ DD ➢ **VACCINE**: Administer one dose IM in the deltoid.	

Vaccine schedule deviations: Vaccination schedules for rabies PEP should be adhered to as closely as possible. It is essential that all doses be received. If a dose of vaccine is delayed, it should be given as soon as possible and the schedule resumed, maintaining the intervals between doses. If there has been a significant deviation from the recommended vaccination schedule, immunity can be assessed with serology testing 7 to 14 days after the last vaccine dose.

For more information or questions about rabies post-exposure prophylaxis:

- Canadian Immunization Guide: http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-rabi-rage-eng.php
- Call Toronto Public Health, Healthy Environments call 416-338-7600 (8:30 am-4:30 pm) or 311 (after hours)

Revised: September 2020