

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

TPH File No.: _____ Public Health Inspector Name: _____

Date: _____

PATIENT INFORMATION	
Last name: _____	First Name: _____
Date of birth: _____ <small>YYYY / MM / DD</small>	Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lbs

PACKAGE CONTENTS	
_____ doses of rabies VACCINE	_____ vials of rabies IMMUNE GLOBULIN
<input type="checkbox"/> ImoVAX® Rabies (HDCV) <i>or</i>	<input type="checkbox"/> ImoGAM® 150 IU/mL (2 mL) <i>or</i>
<input type="checkbox"/> RabAvert® (PCECV)	<input type="checkbox"/> HyperRAB® 150 IU/mL (2 mL) <i>or</i>
	<input type="checkbox"/> HyperRAB® 300 IU/mL (1 mL) <i>or</i>
	<input type="checkbox"/> KamRAB® 150 IU/mL (2 mL)

ADMINISTRATION SCHEDULE					
Patient is	Day 0 <small>YYYY / MM / DD</small>	Day 3 <small>YYYY / MM / DD</small>	Day 7 <small>YYYY / MM / DD</small>	Day 14 <small>YYYY / MM / DD</small>	Day 28 <small>YYYY / MM / DD</small>
<input type="checkbox"/> Not previously immunized against rabies AND immunocompetent	Rabies Vaccine AND Rabies IMMUNE GLOBULIN	Rabies VACCINE	Rabies VACCINE	Rabies VACCINE	NO FURTHER ACTION
<input type="checkbox"/> Not previously immunized against rabies AND immunocompromised or on antimalarial drugs*	Rabies VACCINE AND Rabies IMMUNE GLOBULIN	Rabies VACCINE	Rabies VACCINE	Rabies VACCINE	Rabies VACCINE
<input type="checkbox"/> Previously immunized with a documented complete course of rabies vaccine (HDCV/PCECV) [▲]	Rabies VACCINE	Rabies VACCINE	NO FURTHER ACTION	NO FURTHER ACTION	NO FURTHER ACTION
<input type="checkbox"/> Previously immunized with a complete course of rabies vaccine without documentation *	Serology prior to administering: Rabies VACCINE AND Rabies IMMUNE GLOBULIN	Rabies VACCINE	If an acceptable antibody concentration (0.5 IU/mL or greater) is demonstrated, the vaccine course may be discontinued, provided that at least two doses of vaccine have been given. Otherwise, administer the complete series based on patient immune status (as set out above).		

▲Documentation of complete immunization with other types of rabies vaccine, or with unapproved schedules of HDCV/PCECV rabies vaccine, with demonstration of acceptable serology requires AMOH consult.

Administering Rabies VACCINE	Administering Rabies IMMUNE GLOBULIN (Rablg)
<p>➤ VACCINE: Administer one dose (1mL) IM in the deltoid.</p> <ul style="list-style-type: none"> In infants <12 months, VACCINE should be given IM in the anterolateral thigh. 	<p>➤ IMMUNE GLOBULIN:</p> <ul style="list-style-type: none"> 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: $20 \text{ IU/kg} \times (\text{client wt in kg}) \div 150 \text{ IU/mL} = \text{dose in mL OR}$ $9.09 \text{ IU/lb} \times (\text{client wt in lb}) \div 150 \text{ IU/mL} = \text{dose in mL}$ For 300 IU/mL IMMUNE GLOBULIN in 1 mL vials: $20 \text{ IU/kg} \times (\text{client wt in kg}) \div 300 \text{ IU/mL} = \text{dose in mL OR}$ $9.09 \text{ IU/lb} \times (\text{client wt in lb}) \div 300 \text{ IU/mL} = \text{dose in mL}$ 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.

*SEROLOGY RECOMMENDED	Vaccine schedule deviations
<ol style="list-style-type: none"> Prior to initiating Day 0: for persons who may have previously completed a full course of rabies immunization (undocumented) Seven (7) to fourteen (14) days after last dose: <ul style="list-style-type: none"> For persons vaccinated using vaccines other than HDCV / PCECV or by the intra-dermal route. For persons who are immunocompromised or are taking immunosuppressive agents (e.g., anti-malarial chloroquine) For persons who had substantial deviation in their vaccine course (e.g., by several days or more). 	<p>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. Vaccine doses should not be given earlier than the scheduled date because of the theoretical risk that the immune response will be insufficient.</p>

For more information or questions about rabies post-exposure prophylaxis, refer to the [Canadian Immunization Guide](#) or call Toronto Public Health, Healthy Environments; call 416-338-7600 (8:30 am-4:30 pm) or 311 (after hours).