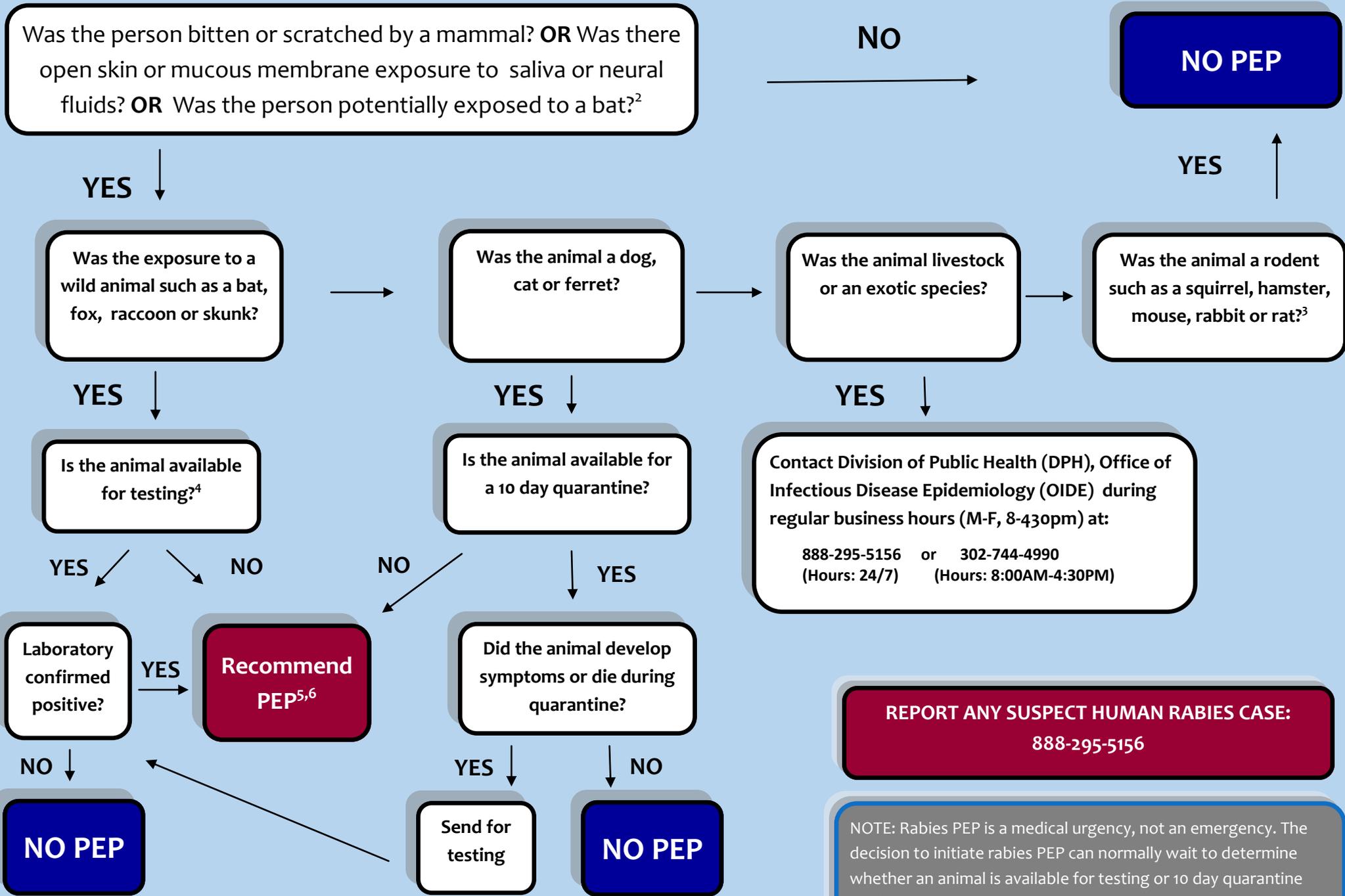


# HUMAN RABIES POST-EXPOSURE PROPHYLAXIS (PEP) PROTOCOL<sup>1</sup>



**REPORT ANY SUSPECT HUMAN RABIES CASE:  
888-295-5156**

NOTE: Rabies PEP is a medical urgency, not an emergency. The decision to initiate rabies PEP can normally wait to determine whether an animal is available for testing or 10 day quarantine and/or test results to become available.

**1.** Rabies risk assessment requires consideration of a number of criteria such as the species of the animal and the endemicity of rabies for that species in Delaware, the observed health and behavior of the animal and the circumstances of the bite. This algorithm only addresses rabies PEP. Other treatment such as wound care, antibiotics, and

**2.** In addition to obvious bites or mucous membrane exposures, the CDC suggests that PEP be considered in cases where there is reasonable probability that contact with a bat may have occurred (i.e., deep sleeper awakens to a bat in the room, an adult witnesses a bat in a room with a previously unattended child, mentally disabled person, individual uses sleep aids or intoxicated individual) and rabies cannot be ruled-out by testing of the bat. PEP would

**3.** In the absence of unusual circumstances, rodents and rabbits are not likely to carry rabies and bites from these species almost never require rabies PEP.

**4.** Rabies PEP is a medical urgency NOT an emergency. The severity and location of a wound (severe or obvious wounds near the head and neck should be given highest priority), and the expected interval between the time of the bite and receipt of rabies test results should be considered when making a decision to begin PEP while awaiting results. Potentially exposed persons can normally afford to wait for an animal to be located for quarantine or testing and/or rabies testing results. All testing must be approved by the OIDE ( 888-295-5156 ).

**5.** Unless the person previously received rabies immunoprophylaxis or is immunosuppressed, PEP consists of four (4) doses of vaccine (1.0 ml each administered IM in the deltoid region) on days 0, 3, 7 and 14, and one (1) dose of human rabies immune globulin (HRIG) administered on day 0. HRIG (dosage 20 IU/kg) should be infiltrated into and around the bite wound as much as anatomically feasible, with the remainder administered IM at a site distant from vaccine administration. HRIG should not be administered in the same syringe or at the same site as vaccine. Previously vaccinated persons should receive 2 vaccine doses (1.0 ml), the first dose immediately and the second dose 3 days later.

**6.** If the biting animal is captured and tests negative for rabies after PEP has begun, PEP may be discontinued.

References: Centers for Disease Control and Prevention; (CDC). Recommendations of the Advisory Committee on Immunization Practices (ACIP. MMWR 2010; 59 (RR02); 1-9. CDC. Compendium of Animal Rabies Prevention and Control, 2011: National Association of State Public Health Veterinarians, Inc. MMWR 2011; 60 (RR-6).

For more information, please visit: <http://www.dhss.delaware.gov/dhss/dph/dpc/rabies.html> or <http://www.cdc.gov/rabies/>

Delaware Division of Public Health, Office of Infectious Disease Epidemiology: 888-295-5156