	STEP 4 a: Administer RIG and Vaccine on appropriate dates, body sites and correct volume											
Recommendations for Administration of Rabies Post Exposure Prophylaxis (rPEP) Page 1 of 2												
simcoe muskoka DISTRICT HEALTH UNIT		<b>rPEP</b> includes <b>BOTH</b> Rabies Immune Globulin (RIG) and Rabies Vaccine <b>Video</b> on HOW to administer Rabies Immune Globulin and Rabies Vaccine <u>https://youtu.be/yCuTF3hVt-o</u> To speak with a VPD Nurse for assistance with the physical administration of Rabies PEP										
DIGIT	ICT HEALTT OWN	M-F 8:30-4:30 1-877-721-7520 ext. 8806										
	Administration of RABIES IMMUNE GLOBULIN (RIG) - HyperRab® / ImoGam® / KamRAB® Turn over for administration of Rabies VACCINE											
<ul> <li>Dose Calculation for Maximum RIG volume based on weight of client: NOTE: three different RIG products currently available: calculations will be based on product availability</li> <li>For 1ml vial (300 IU/ml product)= 20 IU/kg x (client weight in kg) ÷ 300 IU/ml= maximum volume (ml)</li> <li>For 2ml vial (150 IU/ml product)= 20 IU/kg x (client weight in kg) ÷ 150 IU/ml= maximum volume (ml)</li> <li>RIG is only administered on First Day (Day 0) of PEP schedule at same time as first dose of Rabies Vaccine</li> </ul>												
	Administration	Site			Max	Needle	e Size	Route				
*RIG should be administered as close to wound location as possible * RIG should never be administered in the same site as the vaccine.					Vol per Site	Length	Gauge					
Ideal Location	Multiple Wound Sites	Unknown wound location (bat in room)	Clie	ent Age	If it is necessary to use the same muscle to administer more than one injection, the distance separating the two injections should be 2.5 - 5 cm (1-2 inches)							
As much of the RIG as possible should be	Each wound location should be infiltrated with a portion of the	Multiple IM sites may be needed. When using multiple	Infant under 12 months	Ventrogluteal <sup>1</sup>	1 ml	7/8 "-1 "	25	IM				
infiltrated into the	RIG using a separate	e injection sites, a		Vastus lateralis	1 ml	7/8 "-1 "	25	10.4				
wound and surrounding area	needle and syringe.	separate needle and syringe should be	Children 1 yr. – 4 yrs.	Ventrogluteal <sup>1</sup>	1 ml	1"	22-25	IM				
(IM) if anatomically	* Imogam® and	used for each injection.		Vastus lateralis	2 ml	1"	22-25					
possible (up to	KamRAB® can be diluted twofold to			Deltoid <sup>2</sup>	1 ml	1 "	22-25	10.4				
the maximum RIG volume).	threefold in a sterile saline solution of	The decision regarding number of	Children 5 yrs. – 18	Ventrogluteal <sup>1</sup>	3 ml	1 "- 1½"	20-25	IM				
This is a clinical	0.9% sodium chloride		yrs.	Deltoid <sup>2</sup>	1 ml	1 " 1 " 11/"	22-25					
decision made at	if necessary	be administered at	Adulto	Vastus lateralis	3 ml	1 "- 1½" 1" - 1½"	20-25	IM				
the time according to size, depth and	* HyperRab® can be		Adults 19 yrs. +	Ventrogluteal <sup>1</sup>	4 ml		20-22	IIVI				
location of wound.	diluted with an equal volume of 5%	and assessed muscle		Deltoid <sup>2</sup>	2 ml	1" - 1½" 1" - 1½"	20-22					
Only the left over	dextrose (DSW).	mass of the individual.	Adapted from BC	Vastus lateralis C Centre for Disease Con	5 ml ntrol – Comm		20-22 ease Control	Manual				
RIG (if wound is small) should be given IM, using a new needle	(Up to the maximum RIG volume).		<ul><li>Chapter 2: Immunization – Part 4: Biological Products</li><li>1. The ventrogluteal muscle is the preferred site for administration of immune</li></ul>									
Hew noodion	* See product monograph.		<ul> <li>globulin for everyone 7 months of age and older when wound location is unknown.</li> <li>One deltoid should be reserved for the administration of rabies vaccine (only) The alternate deltoid may be used for RIG.</li> </ul>									
<ul> <li>Local ten</li> </ul>	ns to HyperRab® or	ImoGam® stiffness of the muscles a	2. One de The alt	eltoid should be reserved ternate deltoid may be us	sed for RIG.		abies <b>vaccir</b>	ie (or				

• Fever, skin reactions, chills, nausea, vomiting, headache, malaise may occur

Adverse Reactions to KamRAB®

- Pain at the site of injection, headache, muscle pain, upper respiratory tract infection
- Fever, chills, dark urine, joint pain, dizziness, fatigue, abdominal pain, nausea, feeling faint, bruising, sunburn may occur
- Serious allergic reactions/anaphylaxis is rare

SOURCES <u>http://www.bccdc.ca/ www.phac-aspc.gc.ca</u> <u>www.novartis.ca</u> <u>www.sanofipasteur.ca</u> <u>www.fda.gov</u> <u>www.valneva.ca</u> STEP 4 b: Administer RIG and Vaccine on appropriate dates, body sites and correct volume

#### Recommendations for Administration of Rabies Post Exposure Prophylaxis (rPEP) Page 2 of 2

# Administration of RABIES VACCINE - RabAvert® OR ImoVax®

Turn over for Administration of Rabies Immune Globulin

**Dose/Schedule:** 

# Immunocompetent people:

Four doses of 1.0 mL of Rabies vaccine, the first dose (on day 0) as soon as possible after exposure and additional doses on each of days 3, 7, and 14 after the first dose. (Day 0, 3, 7 and 14)

- **Immunocompromised people**: (includes those taking corticosteroids or other immunosuppressive agents, those with immunosuppressive illnesses) and those taking chloroquine and other antimalarial drugs: <u>Five</u> doses of 1.0 mL of Rabies vaccine. (**Day 0, 3, 7, 14 and 28**)
- Previously Immunized Individual: <u>Two</u> doses of 1.0 mL of Rabies vaccine. (Day 0 and 3)

## **RabAvert**®

- Using longer of 2 needles provided, withdraw diluent
- Inject into vaccine mix avoid foaming
- White, freeze dried vaccine dissolves to clear or slightly opaque
- After reconstitution unscrew syringe briefly to disconnect and then immediately reconnect to release pressure
- Withdraw total amount into syringe and then change needle to appropriately sized safety engineered needle

#### Imovax®:

Use only the supplied diluent – withdraw entire volume into the syringe, inject all the contents into the vial
of lyophilized vaccine and gently swirl the contents until completely dissolved.
(Refer to syringe size on opposite side of page)

Administration Sites / Needle Size										
Client Age	Needle	Size	Route	Max Vol	Site					
	Length	(gauge)		per Site	*Never administer into gluteal region					
					* Vaccine should never be administered in the same site as the RIG.					
Infant under 1 month	5/8"	25	IM	1ml	Vastus lateralis					
old					(Anterolateral thigh)					
Infant 1 month to 12	7/8 "– 1 "	25	IM	1 ml	Vastus lateralis					
months					(Anterolateral thigh)					
Children 1 yr 18 yrs.	1 ″	25	IM	1 ml	Deltoid					
Adults 19 yrs.+	1" – 1½"	25	IM	2 ml	Deltoid					

# Administration Sites / Needle Size

## Contraindications

• There is no contraindication to the use of rabies vaccine or RIG if indicated following exposure to a possibly rabid animal. Consultation should be sought regarding the administration of vaccine and immunoglobulin to individuals with a history of an allergy to any of the constituents.

# Adverse Reactions to the Rabies Vaccine RabAvert®:

- Very Common ≥10%: injection site pain and reaction
- Common >1 to <10%: dizziness, headache, malaise, arthralgia, fever, asthenia, fatigue, ILI, rash, myalgia, GI symptoms, IS erythema, lymphadenopathy
- Rare, less than 1 / 10,000 individuals: anaphylaxis

# ImoVax® Rabies:

- Very Common ≥10%: headache, nausea, myalgia, malaise, injection site pain, erythema, induration and hematoma
- Common >1 to <10%: dizziness, abdominal pain, vomiting, diarrhea, arthralgia, fever, chills, allergic type reaction, IS pruritus, adenopathy