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## Discontinuation of Rabies Vaccine and Rabies Immune Globulin (Rablg)- Temporary Conservation Strategy

**Attention:** Physicians, Hospitals, CNE, ER Manager, ER Physician, Community Health Centres, Walk-In Urgent Care Clinics, Nurse and Nurse Practitioners, Ontario Health, Ontario Health Teams, Family Health Teams, Indigenous Healthcare & Community, Corrections, Ontario Health Central

**Date:** September 26, 2025

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On August 29<sup>th</sup> a [Public Health Alert](#) was issued advising of the Rabies Vaccine and Rabies Immune Globulin (Rablg) conservation strategy being employed within our region and the [Interim Sparing Guidelines](#) for Ontario to address the continued shortage for rabies vaccines (i.e., Imovax-Rabies and Rabavert) and rabies immunoglobulins (i.e., HyperRAB and KamRAB) within our region and across the province.

At this time, local supply is now adequate to meet our local demands. Therefore, we are returning to previous practices for Rablg and vaccine administration based on the National Advisory Committee on Immunization (NACI).

The ministry continues to work on its strategies to stabilize the provincial supply. Despite the return to previous practices related to rPEP (Vaccine + Rablg), the supply chain is still vulnerable. Therefore, continued strong risk assessment with Health care providers (HCPs) and their consultation with Public Health prior to rPEP administration will allow our local supply to remain stable while serving those requiring rabies post-exposure prophylaxis

At this time, we remind all health care providers to continue to report all potential rabies exposures to the health unit and to ensure the use of rabies post-exposure prophylaxis meets the current administration criteria outlined within the [Ministry of Health Management of Potential Rabies Exposures Guideline, 2020](#).

### **Return to previous regular practices regarding Rabies Immunoglobulin and Vaccine Administration**

In cases where PEP is indicated, please proceed with the following:

1. Contact Public Health for risk assessment and delivery of Rablg and Rabies Vaccine.
2. Calculate the dose of Rablg (20 IU/kg body weight). Infiltrate as much of the calculated dose as possible into the wound(s) or site of exposure (if a bite or scratch is not evident). If the entire calculated dose of Rablg cannot anatomically be infiltrated around the wound(s) or site of exposure, the remainder of the dose should be administered Intramuscular (IM).
3. Administer Rabies Vaccine Intramuscularly (IM) at site distant from the Rablg administration site.

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View all current Public Health Alerts by visiting the Health Professional Resources page at:  
[www.smdhu.org/PHA](http://www.smdhu.org/PHA)

Receive urgent public health updates by email (such as Public Health Alert) by subscribing at: [www.smdhu.org/PHAlert](http://www.smdhu.org/PHAlert)

4. Complete the SMDHU Rabies Post Exposure Prophylaxis Tracking Form and fax it to the health unit.

In all cases of potential rabies exposure, treatment of any wounds (thorough cleaning, flushing, antibiotics, analgesics, tetanus vaccination, etc.) should follow normal protocols as outlined in the Rabies vaccines: [Canadian Immunization Guide](#). Please refer to [Vaccine Storage and Handling Protocol](#) for additional guidance on best practices for maintaining cold chain and reducing vaccine and immunoglobulin wastage.

For **rabies vaccine and immunoglobulin releases**, or to consult with public health, please contact the Rabies Coordinator at **1-877-721-7520** ext. **8894** during business hours or after hours at **1-888-225-7851**. Additional physician and client resources related to rabies, including previous Public Health Alerts, assessment and rPEP administration tools, please visit our [Health Professionals Portal](#) on the SMDHU website.

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