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Rabies Vaccine and Rabies Immune Globulin (Rablg) – Interim Sparing Guidelines for Ontario

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: August 22, 2025.

In follow-up to the August 15th memo re: Rabies Post Exposure Prophylaxis (PEP) Supply shortage provided by the Province, a Rabies Vaccine and Rabies Immune Globulin (Rablg) – [Interim Sparing Guidelines](#) for Ontario has been issued to address the current 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. The province has noted that discussions with federal partners as the situation is now at a national level.

The interim guidance outlines strategies for the judicious use of rabies vaccine and rabies immune globulin (Rablg) in situations where post-exposure prophylaxis (PEP) has been recommended. These approaches may support effective public health decision making, particularly in circumstances where supply is limited.

Health care providers (HCPs) are to thoroughly assess all cases where an exposure requiring rabies post-exposure prophylaxis is needed to verify that the case meets the current administration criteria outlined within the [Ministry of Health Management of Potential Rabies Exposures Guideline, 2020](#). **When contacting Public Health to request release of rabies post-exposure prophylaxis (PEP), we request that HCPs estimate the maximum volume in mls that can be injected into the wound. This will determine the number of anticipated Rablg vials needed to fully saturate the site of wound (up to the maximum dosage determined for the weight of the patient). If the entire calculated dose of Rablg cannot anatomically be infiltrated around the wound(s) or site of exposure, do NOT draw up any more vials to give the remainder of the dose IM distant to the site.**

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.



Ontario Rabies Vaccine-Sparing Strategies

Conduct a careful risk assessment before offering PEP. Take into account the type of exposure (e.g., bite vs. non-bite), the species involved, and the likelihood that the animal was infected with rabies at the time of the incident.

Consider deferring or withholding PEP for lower risk exposure incidents (e.g., no known direct contact, instances where the implicated animal can be located for observation, and where the implicated animal is available for testing and results are anticipated within 48 hours).

In addition intradermal (ID) site administration is also to be considered. See [linked protocol](#) for more details

Rablg-Sparing Strategies

In individuals who have not previously received rabies vaccines, ideally Rablg is administered at the initiation of the vaccine series (on day 0). However, Rablg can be administered up to and including day 7 after vaccine is initiated but not after that time. Consideration for this approach should not be made for higher risk exposures (such as facial bites).

General approaches to avoid Rablg wastage

1. Calculate the dose of Rablg (20 IU/kg body weight) and the maximum volume in mls that can be injected into the wound. Contact Public Health to calculate the number of vials required for this dose.
2. Retrieve from the refrigerator only the amount of Rablg that can be infiltrated into the wound. If any unopened vials are not used, return them immediately to the vaccine fridge. Once a vial is punctured it cannot be reused.
3. Infiltrate as much of the calculated dose as possible around the wound(s) or site of exposure (if a bite or scratch is not evident).

Note: Infiltration of wounds with Rablg in some anatomical sites (fingertips) must be carried out with care in order to avoid increased pressure in the tissue compartment. When more than one wound exists, each wound should be locally infiltrated with a portion of the Rablg using a separate needle and syringe.

4.. If the entire calculated dose of Rablg cannot anatomically be infiltrated around the wound(s) or site of exposure, do NOT draw up any more vials to give the remainder of the dose IM distant to the site. Contact and report to Public Health if you have any unopened vials in the refrigerator, as we may retrieve the unopened vials for use in other patients. Complete the SMDHU Rabies Post Exposure Prophylaxis Tracking Form and fax it to the health unit.

See the [linked protocol](#) for more details on the sparing strategies.

Storage & Handling of Rablg and Rabies Vaccine

It is important that the cold chain always be maintained with these products, so that in the event that we have to redistribute them due to the shortage, we can be confident that they maintain their potency and effectiveness.

Return any unopened, unused vials immediately back to the designated monitored vaccine fridge so they can be used for the next patient.

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 assessment and rPEP administration tools, please visit our [Health Professionals Portal](#) on the SMDHU website.