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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: August 29, 2025.

On [August 22nd a Public Health Alert was issued](#) advising of the Rabies Vaccine and Rabies Immune Globulin (Rablg) – [Interim Sparing Guidelines](#) for Ontario 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.

Due to the continued shortage of rabies vaccine and rabies immunoglobulin (Rablg) SMDHU will be immediately and temporarily implementing measures to conserve the remaining supplies of each product.

These measures are being taken to ensure that rabies vaccine and Rablg are available for high-risk exposures, and to prolong our remaining stock until we receive adequate supply from the Ontario Ministry of Health (ministry). The ministry continues to work on providing us with a limited supply.

Effective immediately, the following measures will be implemented:

1. Measures to Conserve Rablg

- Rablg will only be supplied for the following exposures:
 - **Non- bat exposures:** Transdermal bites or scratches from the tooth of an animal, contamination of a mucous membrane or broken skin with saliva from an animal.
 - Bat exposures - **direct contact** with a bat where there is a known area (visible wound or if no wound, site of exposure (e.g. landed on hand) to inject Rablg.
 - Bat exposures where a child or adult is unable to give a reliable history or assessment of direct contact.
- **For Rablg, only a sufficient volume of Rablg is needed to infiltrate the wound(s) or site of bat exposure (please provide your best estimate of the necessary volume of Rablg when requesting rPEP). Because of the shortage of Rablg, it is not recommended at this time to inject Rablg distal to the wound based on the patient's weight, as studies have shown that there is little to no incremental benefit compared to just infiltrating the site of exposure. The**



World Health Organization in their 2018 [Rabies Position Paper](#) on page 216 no longer recommends Rablg distal to the wound to conserve Rablg.

- Returning travelers who have already started a course of rPEP before returning to Canada will not receive Rablg if more than 7 days have passed after receiving their first dose of rPEP or if they have already received Rablg or purified equine rabies immune globulin (ERIG)

2. Measures to Conserve rPEP (Vaccine)

Rabies vaccine will now, where possible, be [following an intradermal \(ID\) schedule](#) instead of the usual intramuscular (IM) schedule. The two-site ID regimen (given as 0.1mL per anatomical site (total of 0.2mL) is given on days 0, 3 and 7). [This should only be followed by health care providers who are trained in intradermal administration such as for a TB skin test](#). Given that Day 0 doses are often given in the ER setting, Day 0 can be given as per usual 1 ml IM. SMDHU will then arrange with the patients for days 3 and 7 intradermally either at SMDHU or community clinic in Barrie. Serology is recommended 7 days after completion of the rPEP series to ensure adequate immunity.

Previously Immunized

- For persons who are previously immunized against rabies, they will continue to receive 2 doses of rPEP vaccine on Days 0 and 3.

Measures to Conserve

Previously immunized persons will receive Days 0 and Day 3 vaccines with 0.1ml intradermal x 1 dose (1 site) only as per [WHO](#). Day 0 can be administered using the usual 1ml IM, Day 3 will use the ID route. Serology is recommended 7 days after completion to ensure adequate immunity.

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 or wounds (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.

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.