

Rabies Vaccine and Immunoglobulin Shortages and Change to Rabies Immunoglobulin (Rablg) Vial Format and Formulation

Attention: Physicians, Emergency Departments, Nurse Practitioners, Infection Control Practitioners, Occupational Health Professionals, Walk-In Clinics/Urgent Care Clinics, Family Health Teams, Pharmacies, Central LHIN, NSM LHIN

Date: August 2, 2019

We have received notice from the Ministry of Health that there is a provincial supply shortage of publicly funded rabies vaccine and rabies immunoglobulin for post-exposure prophylaxis (PEP) in the management of potential human exposures to the rabies virus. Based on information provided, it is anticipated that the current provincial supply will not be replenished before November 2019 (Memo attached).

At this time, following the recent media reporting of a human rabies death in British Columbia, we have also experienced a substantial increase in reported animal bite exposures. With these challenges, we are requesting a thorough risk assessment be conducted for all reported exposures, and a consultation with public health for any instance where rabies vaccination may be indicated.

When determining the need for post exposure rabies immunization, the current [Ministry of Health and Long-Term Care \(MOHLTC\) Management of Potential Rabies Exposures Guideline, 2019](#) is recommended as a resource.

For **rabies vaccine and immunoglobulin**, please contact the Rabies Coordinator at ext. **8894** or after hours at **1-888-225-7851**.

What should health care practitioners do when a patient presents with a bat, wildlife or domestic animal exposure?

1. Please complete the **Rabies and Animal Exposure Incident Report Form** (below) to assist with the collection of required reporting information. All reported incidents will be investigated by a Public Health Inspector (PHI). All animal exposure incidents may be reported by faxing a copy of the completed *Rabies and Animal Exposure Incident Report Form* (page 3 of this document) through our **Designated Rabies Fax line** at 705-725-8132.

Note: **Facial, neck or head bites from mammals** are higher risk for transmission (with potential for a shorter incubation period) and **direct contact with bats** is also high risk. Such incidents should also be verbally reported at **705-721-7520** or **1-877-721-7520** ext. **8811** (Monday – Friday 8:30am – 4:30pm) or after hours at **1-888-225-7851** (evenings, weekends or holidays).

2. In instances where there is a bat exposure, please ask the patient if they have the bat available for testing. If so, please provide information about the status and location of the bat in question when reporting to the health unit. If



possible, bats should be safely captured (or retrieved if dead) and tested for rabies when there has been a human exposure. Such testing can help to avoid or reduce rabies vaccination for exposed patients. Extreme care should always be taken to ensure that there is no further exposure when captured or handled. In the event that a bat is captured, it should be submitted for rabies testing; SMDHU staff are available to facilitate such testing.

Unless exposure from a bat is to the head or neck region, rabies vaccine and immunoglobulin administration can be delayed for up to 48 hours until the rabies test result on the bat is obtained. If vaccination is initiated, it can be discontinued if the bat test is later found to be negative for rabies. Results are usually available within 48 hours, however, result times can occasionally take longer because of collection schedules, courier limitations and delays on weekends.

Change to Rabies Immunoglobulin (RabIg) Vial Format and Formulation

The Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) has provided notice to all Public Health Units that a new Rabies Immunoglobulin (RabIg) product will be distributed in the near future. The new product will be a new **1mL vial format of HyperRAB®** (manufactured by Grifols Therapeutics LLC).

It is important to note that the formulation for the 1mL vial format is different than the 2mL vial format that may be currently in your local stock. The new formulation will be distributed once stocks are depleted:

2 mL vials contain 150 IU/mL formulation

1 mL vials contain 300 IU/mL formulation ** new formulation

Both vial formats contain 300 IU, but the 1 mL format requires less volume to achieve the same dose.

Please use the following formula to determine the dose required: (See attached Dosage Schedule)

For 150 IU/mL RabIg in 2 mL vials:

$$20 \text{ IU/kg} \times (\text{patient wt in kg}) \div 150 \text{ IU/mL} = \text{dose in mL}$$

OR

$$9.09 \text{ IU/lb} \times (\text{patient wt in lb}) \div 150 \text{ IU/mL} = \text{dose in mL}$$

For 300 IU/mL RabIg in 1 mL vials:

$$20 \text{ IU/kg} \times (\text{patient wt in kg}) \div 300 \text{ IU/mL} = \text{dose in mL}$$

OR

$$9.09 \text{ IU/lb} \times (\text{patient wt in lb}) \div 300 \text{ IU/mL} = \text{dose in mL}$$

If you have any questions, please contact please contact Rabies Coordinator at **705-721-7520** or **1-877-721-7520** ext. **8894** (Monday – Friday 8:30am – 4:30pm) or after hours at **1-888-225-7851** (evenings, weekends or holidays).

STEP 3a. Determine Appropriate Dose/Schedule

If PEP is warranted immediately, and/or physician has decided to proceed with rabies PEP, choose appropriate does based on the following schedule

Rabies Post Exposure Prophylaxis (PEP) Dose Schedule

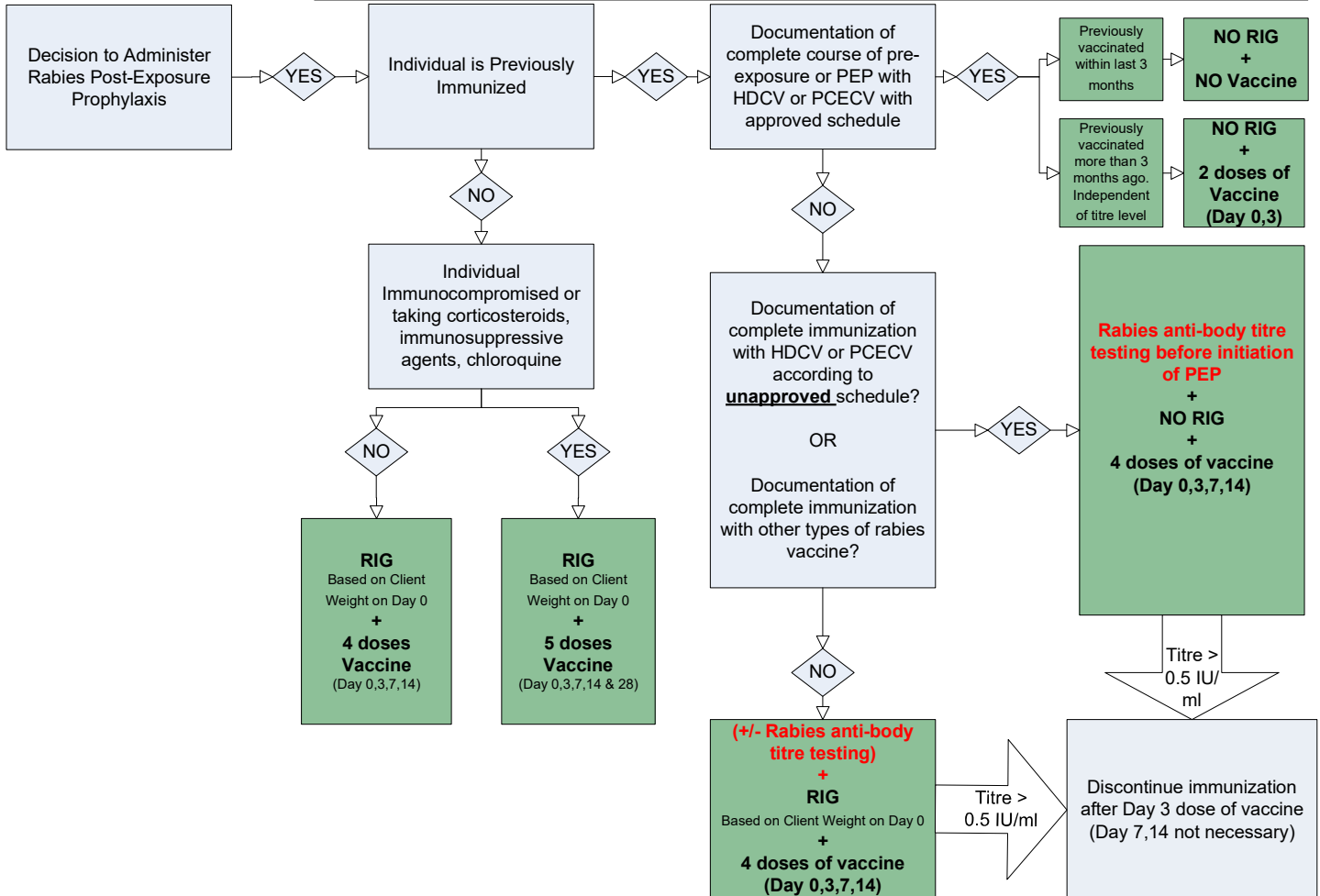


PRIOR to using ANY PEP from hospital inventory OR to request PEP delivery, you MUST speak to a SMDHU Public Health Inspector:

M-F 8:30-4:30

1-877-721-7520 ext. 8894

After Hours: 1-888-225-7851



If PEP is warranted, administration should be initiated within 24 hours of physician decision to administer PEP. Prophylaxis for bites to head and neck region should begin immediately and not be delayed. PEP could be delayed not more than 48 hours if the animal involved is available for testing (does not apply to head/neck bites) or in the case of a captured dog, cat or ferret, may be delayed 10 days while the animal is being observed by public health.

RIG Volume Based on Weight of Client

Dose Calculation: 2 different products available:

1ml Vial 300 IU/ml:

$20 \text{ IU/kg} \times (\text{client wt in kg}) \div 300 \text{ IU/ml} = \text{dose in ml}$

OR

2ml Vial 150 IU/ml:

$20 \text{ IU/kg} \times (\text{client wt in kg}) \div 150 \text{ IU/ml} = \text{dose in ml}$

Administered **ALL RIG** on first day of initiation of therapy (Day 0)

Infiltrate into wound and surrounding area (If anatomically feasible)

Remaining volume IM at site distant from site of vaccine administration.

DO NOT MIX RIG and Vaccine

Weight of Client

of RIG vials required (or portion)

≤ 15 kg (≤ 33lbs)	1
> 15-30 kg (33-66 lbs)	2
> 30-45 kg (66-99 lbs)	3
> 45-60 kg (99-132 lbs)	4
> 60-75 kg (132-165 lbs)	5
> 75-90 kg (165-198 lbs)	6
> 90-105 kg (198-231 lbs)	7
> 105-120 kg (231-264 lbs)	8
> 120-135 kg (264-297 lbs)	9

Vaccine

Administer 1 ml (1 vial) on each day of dosing schedule

Administer IM into deltoid muscle in older children and adults and into vastus lateralis (anterolateral thigh) in infants

NEVER administer into gluteal region

Administer at different anatomical site from RIG.

PEP=Post Exposure Prophylaxis (Rabies) may include Rabies Immune Globulin (RIG) and Rabies Vaccine.

Preparations available for use in Canada: RIG: IMOGAM® and HYPERRAB® S/D and Vaccine: IMOVAX® (HDCV) and RabAvert® (PCECV)

HDCV= human diploid cell vaccine (Imovax®)

PCECV= purified chick embryo cell culture vaccine (RabAvert®)

Rabies and Animal Exposure Incident Report

IMMEDIATELY FAX all animal exposure incidents to the Simcoe Muskoka District Health Unit:

FAX: 705-725-8132

For suspicious animal exposures, and head, face, neck exposures: Phone: (705) or (877) 721-7520 ext. 8811

For the physician inquiries and release of rabies post-exposure prophylaxis: Phone: (705) or (877) 721-7520 ext. 8894

AFTER HOURS, WEEKENDS AND HOLIDAYS: 1-888-225-7851

A REPORT/INTAKE

Date Reported to SMDHU: YYYY/MMM/DD Reporting Location (*Name of Hospital/Office/Police*): _____
Contact Person and phone number at Reporting Location for additional file information: _____ Ext: _____

B PATIENT/VICTIM INFORMATION

Name: _____ Legal Sex Male ☐ Female ☐ X ☐
As found on health card

Parent Guardian Name (*if patient is under 16yrs of age*): _____

Date of Birth: YYYY/MMM/DD Phone: _____ (Other) _____

Permanent Address: _____
911# _____ Street Name _____ Apt/Unit# _____ City _____

Temporary Address: _____ Dates Effective: _____
911# _____ Street Name _____ City _____

C INCIDENT DETAILS

Date of Incident: YYYY/MMM/DD

Details of Incident: _____

Body area affected: _____ Bite ☐ Scratch ☐ Saliva ☐ Handling ☐ Other ☐ : _____

Skin broken: Yes ☐ No ☐

Family Physician: _____ Phone or other contact info: _____

D ANIMAL OWNER INFORMATION (or person with custody of animal):

Owner: _____ Phone: _____ (Other) _____

Address of Owner: _____
911# _____ Street Name _____ Apt/Unit# _____ City _____

Current Location of Animal: Same as Owner: ☐ Other ☐ : _____
911# _____ Street Name _____ Apt/Unit# _____ City _____

Animal Species: Dog ☐ Cat ☐ Bat ☐ Other ☐ : _____

Breed and Full Description: _____

Domestic Animals must be kept alive and available for Health Unit surveillance for 10 days to rule out risk of rabies.
Do **NOT** euthanize animal involved unless authorized by Health Unit Public Health Inspector.
The Health Unit does not remove healthy domestic animal from their owners.