

Interim Guidelines to Only Inject Rabies Immune Globulin (Rablg) into Site of Exposure Because of a Shortage of Supply

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 19, 2019

The available supply of rabies immune globulin (Rablg) is currently in short supply in Ontario. This is due to a significant increase in the use of rabies immune globulin (Rablg) since the recent human case in BC.

The interim Ontario Rablg-sparing protocol indicates only injecting Rablg into the site of exposure. Since 2018, the World Health Organization (WHO) no longer recommends injecting the remainder of the Rablg dose IM at a site distant from the site of exposure, as Rablg is of limited effectiveness when injected away from the site of exposure.¹

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's Management of Potential Rabies Exposures Guideline, 2019](#). **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).**

For example, if the site of wound involves a bite to the finger, or another anatomical location where an entire calculated dose of Rablg likely cannot be infiltrated around and within the wound, the number of vials needed to thoroughly infiltrate the site of the wound should be estimated. This will enable public health to dispense only the number of vials of Rablg required in accordance with the new protocol and to save potentially unused Rablg for other patients

Ontario Rablg-Sparing Protocol

This protocol relates to the use of Rablg. Treatment of any wounds (thorough cleaning, flushing, antibiotics, analgesics, tetanus vaccination etc.) and the administration of rabies vaccines should follow normal protocols.²

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 RabIg in some anatomical sites (finger tips) 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 RabIg using a separate needle and syringe. In such instances, RabIg can be diluted twofold to threefold in a solution of 0.9% sodium chloride in order to provide the full amount of RabIg required for thorough infiltration of all wounds.²

4. If the entire calculated dose of RabIg 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.

5. Recommendations for the use of rabies vaccine have not changed and should follow the usual Ontario guidelines².

Storage & Handling of RabIg 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.

Questions regarding rabies **vaccine and immunoglobulin should be directed to** the 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).

¹Weekly Epidemiological Record, 20 April 2018, vol. 93, 16 (pp. 201–220) Rabies vaccines: WHO position paper – April 2018. WHO Strategic Advisory Group of Experts (SAGE) on immunization. Available from: <https://www.who.int/wer/2018/wer9316/en/>.

²Ontario Public Health Standards: Protocols and Guidelines. *Management of Potential Rabies Exposures Guidelines, 2019*. Available at: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/protocolsguidelines.aspx.