

Discontinuation of Rabies Immunoglobulin Sparring Protocol

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: December 20, 2019

As you are aware, during the recent shortage period of rabies immunoglobulins during the summer of 2019, a Rablg-sparing protocol was implemented in Ontario as a public health measure to ensure product availability for all human exposures requiring rabies post-exposure prophylaxis (PEP). Given that the provincial supply of publicly funded rabies vaccine and rabies immunoglobulin (Rablg) for PEP is replenished and has remained stable since September 2019, the Ministry of Health recommends that the administration of Rablg should return to previous practices based on the current recommendations of the National Advisory Committee on Immunization (NACI) (i.e. if not anatomically feasible to infiltrate the entire dose of Rablg into the wound/contact site, then the remaining volume of Rablg should be injected, using a separate needle and syringe, intramuscularly at a site distant from the site of vaccine administration).

In 2020, NACI will be reviewing their rabies immunization guidelines, including PEP administration. The outcome of this review will inform any future recommendations regarding any potential permanent change to Rablg administration recommendations, even in times of adequate product supply.

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

Return to previous regular practices regarding Rabies Immunoglobulin administration

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

1. Contact Public Health for delivery of Rablg and Rabies Vaccine.
- 2a. Calculate the dose of Rablg (20 IU/kg body weight). 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 (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 Rablg using a separate needle and syringe. In such instances, Rablg can be diluted twofold to threefold in a solution of 0.9% sodium chloride in order to provide the full amount of Rablg required for thorough infiltration of all wounds.²



2b. If the entire calculated dose of RabIg cannot anatomically be infiltrated around the wound(s) or site of exposure, the remainder of the dose should be administered IM.

3. Administer Rabies Vaccine IM at site distant from the RabIg.

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

All hospital resources (Rabies Exposures/Animal Bites) and resources that are delivered along with requested rabies PEP have been updated to reflect this current recommendation as well as the physician resources on the health care portal at <http://www.simcoemuskokahealth.org/JFY/HPPortal/PCPCategories/InfectiousDiseases/Rabies.aspx>.

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).

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.