

Rabies Exposure Client Resource

Rabies is a fatal disease. Rabies cannot be treated once symptoms appear. It must be *prevented*

People get rabies from the bite or scratch of an infected animal through its saliva. It cannot be cured after symptoms appear. Any warm-blooded animal can spread rabies, but it happens most often in skunks, raccoons, foxes, bats, livestock, dogs and cats.

Important: Seek medical attention right away

Your health care provider is required by law to report the incident to the health unit for rabies investigation. You may be asked to complete a form called a Rabies and Animal Exposure Incident Report with information about the bite/exposure. The Health Unit will conduct a rabies investigation to help your health care provider determine if you need treatment to protect you from getting rabies.

Next: A rabies investigation

Over the next 10 days, a public health inspector (PHI) will use the information that you provided on the Rabies and Animal Exposure Incident Report to follow up with you, and the animal owner if applicable, to determine if you have been exposed to the Rabies Virus.

If the bite or scratch was from a pet (i.e. dog or cat), the PHI will contact the animal owner to make sure that the animal does not have rabies.

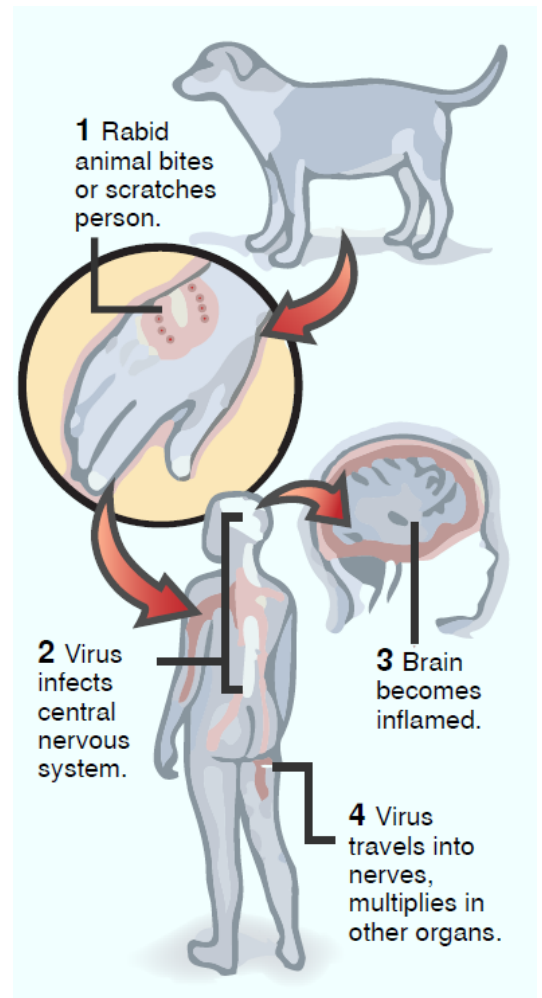
- This is usually done by *working with the animal owner* to keep the animal healthy and alive at the owner's home for at least 10 days from the date of the bite/scratch.
- Healthy animals are **not** taken away from owners.
- This observation period is usually very easy for all parties involved and timely cooperation with the health unit is essential.

Next: Protection

It is generally safe to wait until the PHI's rabies investigation is finished to determine if you require rabies treatment. In some cases, treatment needs to be earlier. If that's the case, your health care provider and the PHI will discuss this with you. They will give you medical recommendations in writing.

Rabies treatment will be recommended if the animal can't be found, or it tests positive for rabies. If your health care provider determines that rabies treatment is required, you will receive some needles over 2-4 weeks to protect you from getting rabies. **See other side.**

You should get a response from the health unit within 10 days from the date of the initial exposure with an outcome and recommendations from the investigation. If you don't, you should re-discuss your potential rabies exposure with your physician.



If you need protection against rabies

Protection against rabies is called **Rabies Post Exposure Prophylaxis (PEP)**. Rabies PEP is given through a series of vaccinations, which you will need to complete according to the recommended schedule. Rabies PEP includes two different products given over 2-4 weeks.

Rabies Immune Globulin (RIG)

- Provides immediate short-term protection against the rabies virus and is administered on the first day of treatment (not necessarily the same day as exposure). The amount of RIG given depends on the client's weight.

Rabies Vaccine

- Helps a person develop their own natural antibodies against the virus. In most cases this will be administered on 4 separate dates over a 2 week period. However, individual schedules may vary from 2 doses (over 3 days) to 5 doses (over 28 days). The physician initiating the first dose will determine the right schedule for you.

It is important to follow the recommended vaccination schedule.

Use this guide to help you stay on track.

	What	Date/Location
Rabies Immune Globulin (RIG) ¹ + Rabies Vaccine	First Day of PEP "Day 0" (this is <i>not necessarily</i> the date of the exposure)	
Rabies Vaccine	Three days after the first dose "Day 3"	
Rabies Vaccine ¹	Seven days after the first dose "Day 7"	
Rabies Vaccine ¹	Fourteen days after the first dose "Day 14"	
Rabies Vaccine ¹	Twenty eight days after the first dose "Day 28"	

1. The physician will determine if RIG, Day 7, 14 and/or Day 28 are necessary

If you miss a scheduled dose, speak to your doctor as soon as possible.

For copies of the Rabies PEP fact sheets or to speak with a public health inspector, please visit smdhu.org or call 1-877-721-7520.



Rabies Vaccine (RabAvert®, Imovax®)

Who should get this vaccine?

Anyone that has possibly come into contact with the rabies virus through a bite, scratch or other contact with a potentially infected animal should get this vaccine. The vaccine is publicly funded (free) when Public Health recommends it based on a risk assessment of the situation. Rabies vaccine may also be recommended for people at high risk of close contact with rabid animals or the rabies virus due to work or travel. Pre-exposure vaccination is not publicly funded. People would have to pay for the vaccine in these cases.

How well does this vaccine work?

When used in combination with rabies immune globulin (Rablg), Rabies vaccine is highly effective at preventing rabies in those who have been exposed. No cases of post-exposure rabies have occurred in Canada or the US when the vaccine and rabies immune globulin are given as the recommended. It is very important that people receive all of the doses needed and on the schedule that is recommended for them.

Is there an alternative to this vaccine?

At this time there are no other ways to prevent this disease.

Is this vaccine safe?

The risk of a serious reaction or side effect from this vaccine is much less than the risk of rabies. If you experience any side effect worse than what is listed below, please seek medical advice and notify the health unit.

Common side effects of Rabies vaccine:	Less common side effects of Rabies vaccine:
<ul style="list-style-type: none"> • Pain where needle was given • Redness • Swelling • Hard lump • Itching 	<ul style="list-style-type: none"> • Headache • Abdominal pain • Dizziness • Fever • Joint pain • Nausea • Muscle aches • Feeling unwell • Muscle pain

Who should not receive this vaccine?

There is no contraindication to receiving this vaccine, when it is indicated for post-exposure prophylaxis. If someone has an allergy to a vaccine component or has an allergic reaction to a dose of Rabies vaccine, they should receive the remaining doses in the series in their local hospital emergency department.

Other Considerations

When anyone has been bitten/scratched by an animal, it is also recommended to ensure their Tetanus shots are up to date. Those who have not had a Tetanus shot in the last 5-10 years should receive one. A tetanus shot can be given at the same visit when Rabies vaccine is given.

What is in this vaccine?

RabAvert®	Imovax® Rabies	Also found in...
Amphotericin B Chlortetracycline Neomycin	Neomycin	Antibiotics
Gelatin		Jello
Egg protein		Eggs
Human serum albumin	Human serum albumin	Other vaccines
	Phenol red	Other vaccines and medications



Rabies Immune Globulin (Imogam, HyperRab S/D)

Who should get Rabies Immune Globulin (Rablg)?

Anyone that has possibly come into contact with the rabies virus through a bite, scratch or other contact with a potentially infected animal should get Rablg and Rabies vaccine as soon as possible following the exposure. If someone has been previously immunized for Rabies, they may not need to receive Rablg. This will be determined during the risk assessment completed by Public Health following the exposure.

How well does Rablg work?

Rablg provides immediate protection to people, which protects them until their body mounts an immune response to the Rabies vaccine. This will provide them with long term protection. No post exposure rabies disease has occurred in Canada or the United States when the Rablg and the vaccine are given as recommended.

Is Rablg safe?

The risk of a serious reaction or side effects from Rablg is much less than the risk of rabies. If you experience any side effects worse than what is listed below, please seek medical advice and notify the health unit.

Common side effects of Rablg:	Less common side effects of Rablg:
<ul style="list-style-type: none"> • Local injection site pain • Redness • Hard bump • Headache • Low grade fever 	<ul style="list-style-type: none"> • Serious adverse events are rare following immunization

Who should not receive Rablg?

There are no contraindications to the use of Rablg when it is indicated for post-exposure prophylaxis. If someone has an allergy to a Rablg component, they should receive the Rablg in their local hospital emergency department.

Other Considerations

If Measles, Mumps & Rubella (MMR) vaccine, Varicella (chickenpox) vaccine or MMRV vaccine was given less than 14 days before a person receives Rablg, the vaccine should be repeated at least 4 months later. If a person is due to receive a dose of MMR/Var/MMRV vaccine following when they receive Rablg, they should wait at least 4 months to receive the vaccine. Rablg should never be delayed as it is critically important in protecting the person immediately following potential rabies exposures. The vaccine doses can always be repeated. Rablg is unlikely to interfere with other live vaccines (Herpes Zoster, Yellow Fever, Rotavirus or Live Attenuated Flu vaccine) so they can be administered as indicated and don't need to be repeated if received recently.

References

1. Canadian Immunization Guide. Part 4-Active Vaccines. Ottawa: Public Health Agency of Canada; 2019.
2. Canadian Immunization Guide. Part 1-Key Immunization Information. Table 1: Blood products, human immune globulin and timing of immunization