

**RABIES POST-EXPOSURE PROPHYLAXIS: Change in route and dose for rabies vaccine**

Due to the increase in demand for rabies post-exposure prophylaxis (RPEP), new provincial recommendations have been released to manage the provincial supply of rabies vaccine. At this time, preferred administration of the rabies vaccine is now via the intradermal route (ID) as opposed to the intramuscular (IM) route. The ID route is a safe and effective schedule that has been approved by the World Health Organization (WHO). This schedule allows for dose-sparing in two ways: (1) The ID schedule requires three doses instead of four; and (2) The ID schedule requires one-fifth the volume of vaccine in comparison with the IM schedule.

The ID schedule for immunocompetent individuals without prior rabies vaccination involves the administration of 0.1mL of rabies vaccine to each deltoid on days 0, 3 and 7. Vaccine remaining in the vial must be stored in a refrigerator between 2-8 degrees celsius and should be used within six hours of reconstitution. As before, please continue to consult with a Medical Health Officer before beginning an RPEP series.

RPEP for high-risk rabies exposures (i.e. direct bat contact either to the hands or face, or with an obvious bite/scratch) should be initiated without delay in the emergency department or urgent care setting following consultation with a Medical Health Officer. Whenever possible, we are requesting that all new vaccine starts be given via the ID route. The remaining doses in the series can be provided by Public Health.

Low-risk rabies exposures (i.e. unclear/indirect contact with a bat; or contact in the absence of a bite/scratch) can be referred to Public Health via the Medical Health Officer for initiation of RPEP at a Public Health clinic. This is to allow for batched dosing at Public Health rabies vaccine clinics to maximize the use of vaccine and reduce wastage.

Recommendations for rabies immunoglobulin (RIG) have also recently changed. Please see the link below to the BCCDC's interim guidelines. We are advising that any wound be infiltrated, if possible, and that no additional RIG be given via the IM route as this has been shown to be of limited effectiveness.

We appreciate that these changes may be less convenient for patients; however, we need to manage vaccine supply efficiently to be able to continue the timely provision of RPEP when indicated.

Please do not hesitate to call a Medical Health Officer for consultation or referral at anytime, 24 hours a day. The Medical Health Officer for Communicable Diseases can be reached during daytime hours (M-F, 0830-1700) at 604-675-3900; and after-hours and on weekends at 604-527-4893.

Interim Guidelines for the use of RIG in BC: [http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/Interim\\_RIG\\_Guidelines.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/Interim_RIG_Guidelines.pdf)

You can reach a Medical Health Officer in Vancouver at 604.675.3900 Toll free at 1.855.675.3900  
For public health emergencies after hours contact the Medical Health Officer on call at 604.527.4893

Vancouver Medical Health Officers  
Dr. Patricia Daly (Chief Medical Health Officer)  
Dr. Réka Gustafson, Dr. John Harding, Dr. James Lu, Dr. Althea Hayden

To receive Physicians' Updates by email please contact us at: [vchregistrationcdc@vch.ca](mailto:vchregistrationcdc@vch.ca)

WHO Expert Consultation on Rabies Third report

## Administering rabies vaccine intradermally

### Step 1

Aseptically reconstitute the vaccine immediately before administration with the appropriate volume of diluent provided by the manufacturer. Do not use a different diluent or a different amount of diluent.

Draw enough vaccine into the syringe to inject a single patient, using appropriate sterile precautions. Carefully remove any air bubbles.



Disinfect the injection site with antiseptic, then stretch the surface of the skin and insert the tip of the needle (bevelled edge facing upwards) into the upper layer of the skin (dermis), ensuring that the needle and syringe are almost parallel to the skin surface.

### Step 2

Begin injecting the vaccine. If the needle is in the correct position, there is considerable resistance.

A raised papule, which looks like orange peel, will appear immediately, measuring 6-8 mm in diameter.

If the vaccine is injected easily, or if the papule does not appear, it has been given subcutaneously, i.e. too deeply. In such cases, the correct injection should be repeated.



### Step 3

Once all doses of 0.1 mL of vaccine have been injected into the same patient, discard the needle and the syringe.

Reconstituted vaccine can be used for more than one patient; however, a sterile syringe and needle must be used to draw up vaccine for each patient.

The reconstituted vaccine must be stored in a refrigerator at 2-8 °C and used within 6 h.



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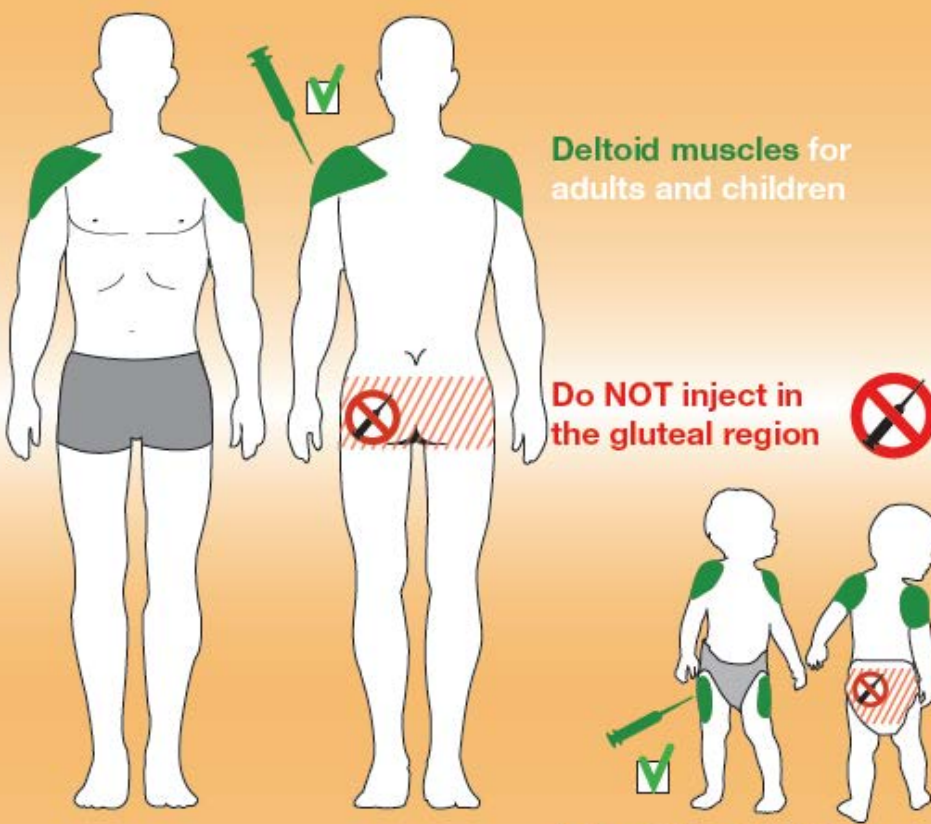
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**Intramuscular and intradermal  
human rabies vaccine administration**




**Deltoid muscles** for adults and children

**Do NOT inject** in the gluteal region

**Anterolateral thigh** for infants and small children

**REMINDER**

**Bite wounds:**  **15 minutes** Wash immediately for 15 minutes, with soap, water and disinfectant

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