Rabies Post-Exposure Prophylaxis (PEP) Guidance

BASED ON ACIP RECOMMENDATIONS

When patient has never been vaccinated against rabies:

Recommended to begin PEP within 10 days of exposure (but can start any time):



Day of exposure:
- ✓ Wound care
- ✓ Human rabies immune globulin (HRIG)
- ✓ Vaccine #1

Vaccine #2

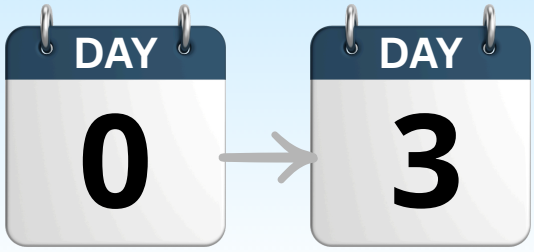
Vaccine #3

Vaccine #4

Immunocompromised ONLY: Vaccine #5

When patient has previously been vaccinated against rabies:

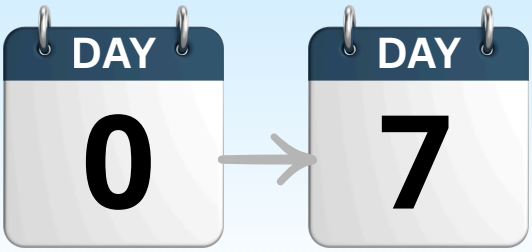
Administer two doses:



Vaccine #1 **Vaccine #2**

When patient requires preventative vaccine (pre-exposure prophylaxis):

Administer two doses:



Vaccine #1 **Vaccine #2**

Recommend regular titer checks or booster shots based on patient's risk level.

Common DOs and DON'Ts

Do give HRIG if indicated, regardless of time since exposure.
Do infiltrate HRIG into and around all identifiable wounds.
Do administer HRIG even if there is no identifiable wound. Administer it intramuscularly at a site far from the vaccine.
Do use the correct rabies vaccine schedule.

Do not administer rabies vaccine in the gluteal area.
Do not administer HRIG and vaccine in the same syringe or anatomical site.
Do not administer HRIG if patient has been previously vaccinated against rabies.
Do not misclassify vaccination history or immune status.
Do not unnecessarily restart the rabies vaccine series after a schedule deviation.

What if there are deviations from the vaccine schedule?

Minor deviations of a few days from the recommended vaccine schedule are generally not of concern. However, longer delays should be discussed with public health to determine the appropriate course of action.

PEP Schedule Calculator:
bit.ly/pep-calculator

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We can assist with risk assessments.