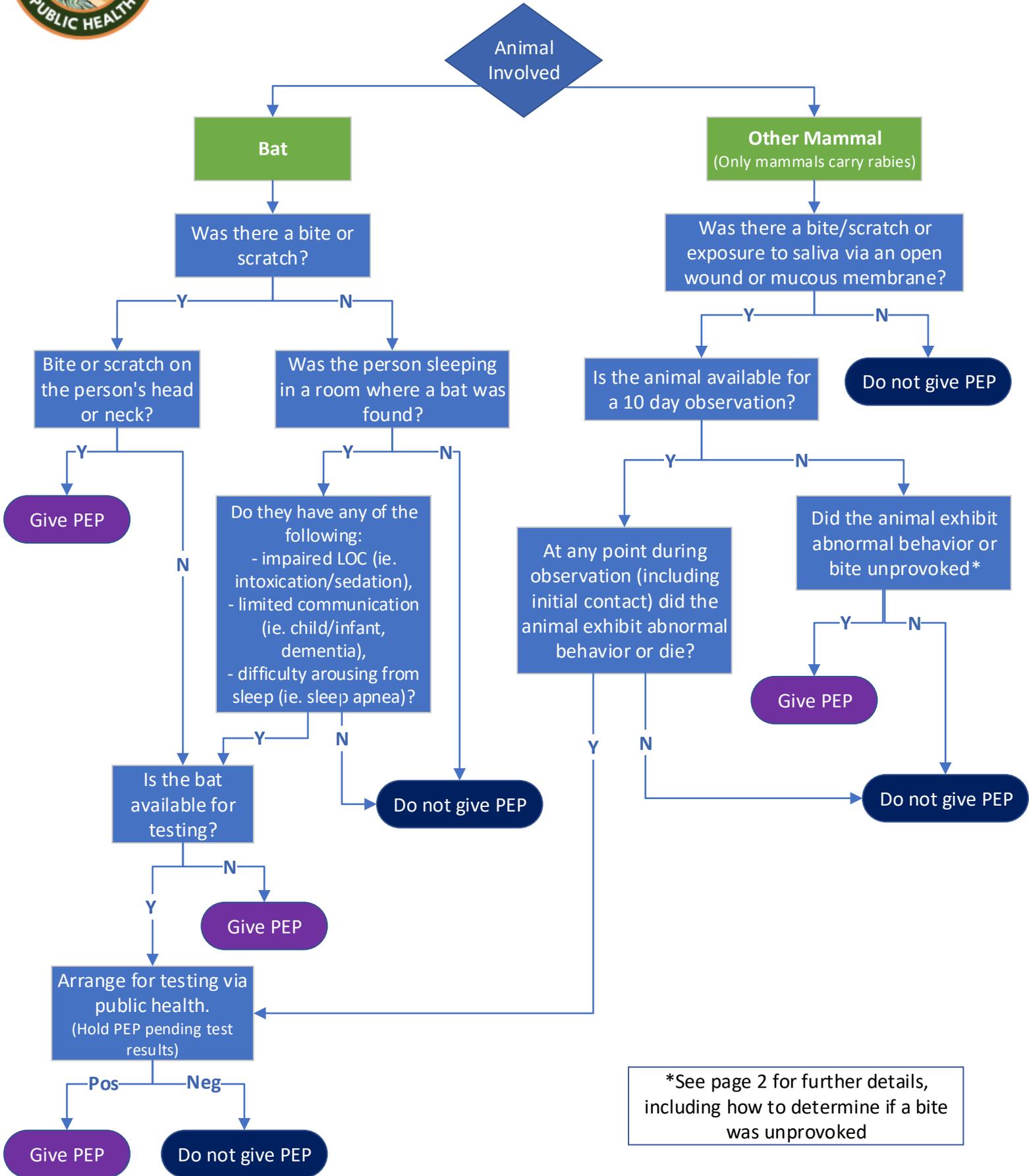




Rabies PEP Algorithm

For human exposures to potentially rabid animals



*See page 2 for further details, including how to determine if a bite was unprovoked

Important Information



1. This form is designed to be used for PEP decisions related to potential human exposures to rabies. Cases where an animal alone has been exposed should be referred to their veterinarian, with public health consultation as needed.

2. Rabies exposure risk assessment requires balancing a number of criteria: the species of animal and the endemicity of rabies for that species, the observed health and behavior of the animal, and the circumstances of the bite. The primary species carrying rabies in Washington is bats, though rare other mammalian cases have been documented. For exposures involving animals from out of state, contact public health for assistance. This algorithm only addresses rabies post-exposure prophylaxis. Other treatment such as wound care, antibiotics, and tetanus immunization may be indicated.

3. **Unprovoked exposures** are rare and typically require an animal to cross neutral space and attack.

Provoked exposures may include:

- attempting to feed an animal
- having contact with an injured animal
- entering an animal's territory
- handling an animal
- breaking up a fight between animals
- walking, running or riding a bicycle past an animal

The medical provider should attempt to get the patient to describe the scenario in order to establish the true nature or the circumstances surrounding the biting incident - do not simply ask if the bite was provoked. Additional abnormal behavior that may suggest rabies includes: attacking inanimate objects, approaching people (wild animals only), making unusual sounds, stumbling or appearing weak, showing muscle tremors, seizures, or difficulty swallowing, appearing afraid of water, large amounts of drool/foaming at the mouth, or blank stares.

4. Rabies PEP is a medical urgency, not in most cases, a medical emergency. The severity and location of a wound (wounds near the head and neck should be given highest priority) and the expected interval between the time of the bite and receipt of rabies test results should be considered when making a decision to begin PEP. Outside of head and neck exposures, potentially exposed persons can normally afford to wait for 1) an animal to be located for quarantine, or 2) animal rabies testing results to be obtained. Testing is available at the Washington State Public Health Laboratory 7 days per week; turnaround time for testing and results is usually 24-48 hours.

5. Unless the person previously received the rabies vaccine series, or is immunosuppressed, PEP consists of 4 doses of vaccine (1 mL each administered IM in the deltoid region) on days 0, 3, 7, and 14, and 1 dose of human rabies immune globulin (HRIG) 20 IU/kg administered on day 0.

- A previously vaccinated patient receives: no HRIG, and 2 doses of vaccine on days 0 & 3
- An immunosuppressed patient receives: HRIG and a 5 dose series of vaccine (days 0, 3, 7, 14, 28).

6. If the exposing animal is captured and tests negative for rabies after PEP has begun, PEP may be discontinued.