



# County of Santa Cruz

## HEALTH SERVICES AGENCY

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COMMUNICABLE DISEASE UNIT

### PUBLIC HEALTH ADVISORY

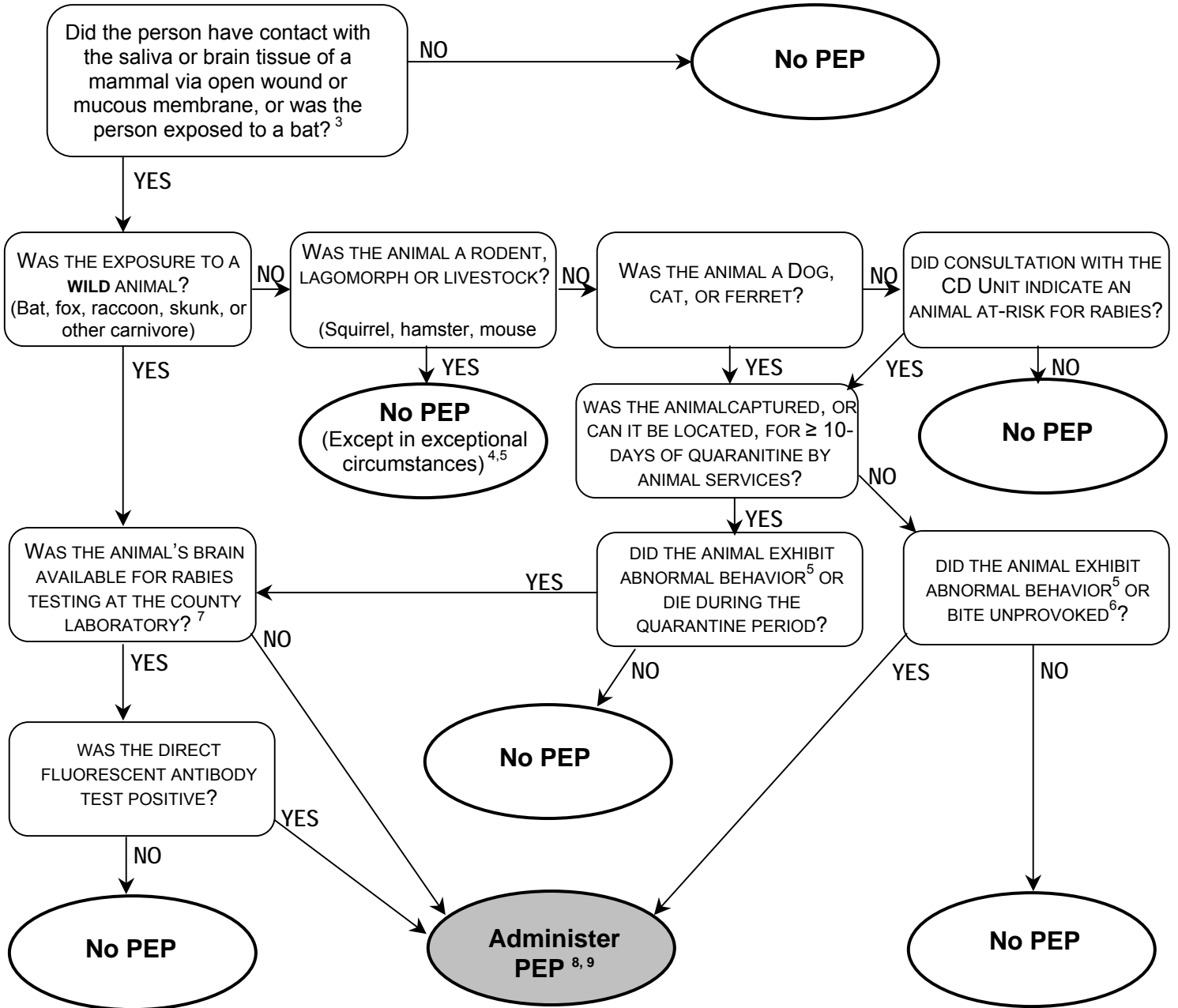
<b>To:</b>	Health Care Providers
<b>From:</b>	Poki Stewart Namkung, MD, MPH
<b>Date:</b>	September 19, 2008
<b>Subject:</b>	<b>Scarcity of Rabies Vaccine</b>

#### Rabies vaccine is in VERY short supply.

*This situation is likely to continue for quite a while.*

- Post exposure prophylaxis (PEP) is available from Sanofi-Pasteur (Imovax), however a password must be released to the provider/pharmacy by the Public Health Department in order to obtain PEP. The password changes weekly.
- Administration of rabies PEP is of **medical urgency, not a medical emergency**, so there is ample time for assessment and implementation of other human rabies control measures, when indicated.
- **The password will only be released between 8am and 5pm, seven days a week, and only after you have completed the mandatory risk assessment with your local health department.** This measure is required to help slow the usage rate and minimize inappropriate PEP.
- Pre-exposure prophylaxis requests are not being filled at this time.
- Please refer to [www.cdc.gov/rabies](http://www.cdc.gov/rabies) for the latest rabies vaccine supply update.
- In order to complete the risk assessment and receive the password, contact the Health Officer, or her designee at the Public Health Department at 454-4114 during business hours, or at 471-1180 between 8am and 5pm on weekends.

# Rabies Post-Exposure Prophylaxis (PEP) Guide <sup>1,2</sup>



**FOR MORE INFORMATION**

**Communicable Disease (CD) Unit**

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## NOTES

1. Rabies risk assessment requires balancing a number of criteria: the species of animal and the endemicity of rabies for the species where the bite occurred, the observed health and behavior of the animal, and the circumstances of the bite.
2. This algorithm only addresses rabies post-exposure prophylaxis. Other treatment such as wound care, antibiotics, and tetanus immunization may be indicated.
3. In addition to obvious bites or mucous membrane exposures, the CDC suggests that PEP be considered in cases where there is a reasonable probability that contact with a bat may have occurred (i.e. a sleeping person awakens to find a bat in the same room, an adult witnesses a bat in a room with a previously unattended child, mentally disabled person, or intoxicated individual) and rabies cannot be ruled out by testing of the bat. PEP would not be warranted for other household members.
4. Barring unusual circumstances, rodents and lagomorphs are not considered at-risk species. In questionable or unusual circumstances involving rodent, lagomorph, and livestock bites, consult the health department.
5. Symptoms of rabies may include any one or more of the following: excitability, vicious attacks, biting, agitation, restlessness, aggressiveness, lack of fear, excessive salivation, aversion to water, inability to swallow or drink, muscular dysfunction, coordination or gait irregularities, paralysis, convulsions, avoidance of contact with humans or other animals, lethargy, and loss of appetite.
6. Provoked exposures may include attempting to feed an animal, entering an animal's territory, petting or playing with an animal, handling an animal, attempting to break up a fight between animals, having contact with an injured animal, and walking, running, or riding a bicycle past an animal. Unprovoked exposures are rare and typically require an animal to cross neutral space and attack. The physician 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 or unprovoked.
7. The severity and location of a wound (severe wounds or obvious 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 while awaiting test results.
8. Unless the person previously received rabies immunoprophylaxis, PEP consists of five (5) doses of vaccine (1.0 ml each administered IM in the deltoid region) on days 0, 3, 7, 14, and 28, and one (1) dose of human rabies immune globulin (HRIG) administered on day 0, infiltrated into and around the bite wound as much as anatomically feasible, with the remainder administered IM at an anatomical site distant from vaccine administration. HRIG should not be administered in the same syringe or at the same site as vaccine. HRIG dosage is based on the weight of the patient, 20 IU/kg, and should not be given in more than the recommended dose, as it may suppress active production of antibody. For previously vaccinated person, please refer to the MMWR article at <http://www.cdc.gov/mmwr/PDF/rr/rr4801.pdf> or consult the Communicable Disease (CD) Unit at (831) 454 - 4114.
9. If the biting animal is captured and tests negative for rabies after PEP has begun, PEP may be discontinued.

*Modified from:* Michigan Department of Community Health. Division of Communicable Disease and Immunization. Rabies Post-Exposure Prophylaxis (PEP) Protocol for People Exposed to Mammals. April 2001.

*Reference:* Centers for Disease Control and Prevention. Human Rabies Prevention – United States, 1999: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1999; 48(No.RR-1).