

IMPORTANT INFORMATION ABOUT POSTEXPOSURE (PEP) RABIES PROPHYLAXIS

Please read and be sure you understand and sign this form before beginning your postexposure rabies vaccination series. If you have any questions, ask your health care provider.

What is rabies?

Rabies is a viral disease that attacks the nervous system. Rabies is usually spread to humans through the bite of a rabid animal (direct exposure). Other potential exposures include getting saliva or other infectious material (such as brain tissue) from a rabid animal into an open wound or in the eyes, nose, or mouth (indirect exposure). Rabies among humans is rare in the United States. Once the symptoms develop (usually 3 - 8 weeks after exposure), no treatment can prevent the death of the patient. Rabies in animals is endemic in Maryland. The possibility of rabies must be considered each time certain animals bite a person. Animals most likely to get rabies are raccoons, cats, skunks, foxes, dogs, groundhogs, bats, and cattle.

What is an exposure to rabies?

Human exposure to rabies often results from the bite of a rabid animal. Any animal bite is a direct exposure. Indirect exposure (nonbite) is the saliva of a rabid animal coming into contact with an open wound or mucous membrane (such as the eye, nose or mouth).

Your health care provider has determined that you were exposed to rabies based upon information you provided, along with other available facts. How and where the exposure happened, the kind of animal, and the animal's availability for quarantine or laboratory testing are all important factors in the decision to treat.

What is postexposure rabies prophylaxis?

Postexposure rabies vaccination is a way to protect a person from getting rabies after they have been exposed to the virus. Postexposure vaccination uses 2 types of products at the same time: (1) Vaccine made from killed virus, that causes your body to begin to develop protection in about 7 days; and (2) Immune Globulin that gives instant protection but lasts only for 2 to 3 weeks.

Two (2) vaccines are licensed for postexposure vaccination. These vaccines are referred to as Human Diploid Cell Vaccine (HDCV) and Purified Chick Embryo Cell (PCEC). Rabies Vaccine Adsorbed (RVA) vaccine is not available in the United States. The vaccine is given in 4 doses injected into the muscle of the arm (deltoid). The first dose should be given as soon as possible after exposure to rabies. Additional doses are given on the 3rd, 7th, and 14th days after the first. The immune globulin is called Human Rabies Immune Globulin or HRIG. HRIG is given only once and usually at the same time as the first dose of the vaccine. If possible, the FULL dose of the HRIG should be put into and around the wound. If the full dose cannot be put into the wound, the rest of the dose should be put into a muscle above the bite site or in the muscle of the hip area (gluteal). HRIG and vaccine should **never** be given in or near the same place on the body.

Why is rabies prophylaxis necessary?

Rabies always causes death unless prevented. Once the symptoms of rabies appear in a person, there is no treatment that will help.

Postexposure prophylaxis is the only method available (along with a thorough cleansing of all wounds) that will keep exposed persons from getting rabies. It is important that every shot be given on the schedule and that no doses are skipped or missed. Today's vaccination series is much less painful with fewer shots than in the past. The PEP series has given very effective protection with only mild side effects. When the health care provider has decided that you have been exposed to rabies, you are strongly urged to begin PEP. So far, no person receiving the recommended PEP series has developed rabies.

Could there be side effects from the rabies treatment?

The postexposure vaccination series (HRIG and 4 shots) has been used since 1980 and is considered safe and effective. Minor local reactions, such as pain, itching, swelling, and redness at the site of the injection (shot) may occur within 24-48 hours. These reactions are usually gone in several days. A few people may experience systemic reactions such as headache, nausea, abdominal pain, muscle aches and dizziness. These systemic symptoms may occur up to 21 days following the injections. Most recover rapidly following treatment of systemic reactions. No deaths or permanent lasting effects have been reported. Serious systemic anaphylactic reactions (hives, swelling of the mouth and throat, difficulty breathing, low blood pressure or shock) have been reported with the rabies vaccine. No one has been permanently affected by these reactions. It is recommended that the PEP treatment series be completed with the same vaccine. There are no studies about changing rabies vaccines after a PEP series has started.

What health conditions may affect getting postexposure rabies vaccination?

There are NO health conditions that would stop you from getting the rabies PEP once your health care provider determines that you had an exposure to rabies.

A pregnant woman should receive postexposure prophylaxis if her health care provider determines that she has been exposed to rabies.

Persons having a history of hypersensitivity (allergy) to foods (such as eggs, processed bovine gelatin, chicken protein, neomycin, chlortetracycline and amphotericin B) should receive HDCV or RVA vaccine rather than PCEC rabies vaccination. Allergic persons will be treated with caution and antihistamines may be given. You may be asked to remain for a period of observation following each injection (shot). Report any reactions to the health care provider giving you the series. All reactions are reported to the local health department.

Immunosuppressed persons must have a blood test (titer) to measure protection after vaccination. Steroids, other immunosuppressive drugs, or treatments (antimalarials) and certain cancers or illnesses can prevent proper protection against rabies. Make sure your health care provider knows your health history and all the medications you are taking.