Rabies Exposure Protocol Summary

Determination for Post-exposure Treatment with Rabies Biologics is made based on the following:

A. Assessment of exposure, including whether or not there has been a bite, scratch or other saliva exposure (e.g. handling the animal with cuts on hands, without gloves).

B. High Risk Animals (e.g., raccoons, bats, foxes, skunks, coyotes and groundhogs)

   1. If the high risk animal is available, it should be tested immediately for rabies. Post-exposure rabies immunization may be delayed until the test result is available, usually within 24 hours. If the wild animal is not available for testing, the entire post-exposure prophylaxis (PEP), including Human Rabies Immune Globulin (HRIG) and Human Diploid Cell Vaccine (HDCV), is indicated.

The Federal Centers for Disease Control and Prevention (CDC) approved rabies post-exposure protocol is:


2. Human Diploid Cell Vaccine (HDCV) a series of four (4) intramuscular (IM) injections given on days 0 - 3 - 7 and day 14.

2. Rabies post-exposure prophylaxis is recommended for all persons with bite, scratch, or mucous membrane exposure to a BAT, unless the BAT is available for testing and is found to be negative for rabies. Post-exposure prophylaxis may be appropriate even in the absence of demonstrable bite, scratch or mucous membrane exposure, in situations in which there is reasonable probability that such exposure may have occurred.
C. **DOMESTIC ANIMALS** (e.g., DOGS, CATS or FERRETS)

1. If the domestic animal is healthy and available, it may be observed for ten (10) days from the date of the bite. If the animal remains healthy for the observation period, prophylaxis with rabies vaccine is not necessary.

2. If the domestic animal is sickly, or unusually aggressive, it should be euthanized and tested for rabies. Decision to give rabies vaccine may be delayed until the test result is available, usually within 24 hours.

3. **IF A STRAY ANIMAL CANNOT BE LOCATED AND CAPTURED WITHIN 48 HOURS FROM THE TIME OF THE EXPOSURE, (12 HOURS IN THE CASE OF A HEAD OR NECK EXPOSURE), RABIES PROPHYLAXIS SHOULD BEGIN IMMEDIATELY AND CONTINUE FOR THE FULL COURSE UNLESS THE ANIMAL IS FOUND, TESTED, AND DETERMINED TO BE NEGATIVE FOR RABIES.**

D. **LOW RISK ANIMALS** (e.g., HAMSTERS, GERBILS, GUINEA PIGS, CHIPMUNKS, SQUIRRELS, RATS, MICE and RABBITS), are rarely found to be infected with rabies. These animals are not known to cause human rabies infections in the United States. Their bites or scratches almost never call for anti-rabies treatment.

Upon validating an exposure, the ACHD refers the victim to his/her physician/hospital emergency room for treatment of the wound, possible tetanus booster, and post-exposure rabies vaccination. ACHD infectious diseases staff is available for consultation on a 24 hour basis, during business hours at (412) 578-8062 and on evenings, weekends and holidays, at (412)687-ACHD (2243).