Rabies post-exposure vaccine and immunoglobulin

Supply procedure from Pharmacy


Indication:
- **First dose** of post-exposure prophylaxis to rabies or other lyssaviruses including ABLV (Australian Bat Lyssavirus) where exposure is defined as any bite or scratch from, or mucous membrane/broken skin contact with the saliva or neural tissues of, a bat in Australia or elsewhere in the world, or a wild or domestic terrestrial mammal in a rabies-enzootic country (includes Bali).
- **Subsequent doses** are to be obtained through the patient’s community doctor.

Dosage:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dosage</th>
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</thead>
<tbody>
<tr>
<td>Immunocompetent people</td>
<td>Four doses of rabies vaccine 1mL by IM injection on days 0, 3, 7, and 14.</td>
</tr>
<tr>
<td>Where applicable, a single dose of HRIG (human rabies immunoglobulin) should also be given, in a dose of 20 IU/kg infiltrated in and around the wound. Any HRIG not able to be infiltrated around wound, should be given IM at a separate site to where rabies vaccine is given.</td>
<td></td>
</tr>
<tr>
<td>Immunocompromised people (disease or treatment with immune-suppressive agents)</td>
<td>Five doses of vaccine IM on days 0, 3, 7, 14 and 28 and should be assessed for need for further doses by an infectious disease specialist.</td>
</tr>
</tbody>
</table>

**Procedure for supply:**

1. Doctor prescribes Rabies Immunoglobulin and Vaccine on RCH Medication Chart (MR690/A).
3. Obtain Rabies Vaccine and Immunoglobulin (if applicable) from the Emergency Department fridge
4. Completed form MUST be forwarded to RCH Pharmacy by internal mail as soon as vaccine or immunoglobulin is removed from the fridge
5. Supplies of Rabies Immunoglobulin and Vaccine will ONLY be replenished UPON RECEIPT OF A COMPLETED FORM
6. The vaccine order form should be completed for the FIRST dose of vaccine and rabies immunoglobulin (if applicable).
7. Pharmacy Purchasing Officer will then fax it off to the Department of Health, and order replenishment stock.
8. Doctor also needs to complete a Patient Held Record – (attached, also available at [link](http://docs.health.vic.gov.au/docs/doc/Rabies-vaccine-patient-held-record)) for the patient to take to their GP. The patient’s parents or carers should be instructed to attend their GP as soon as practical after the initial dose to arrange further immunisations.

**Products available at RCH:**
- Rabies vaccine – *Merieux* inactivated rabies vaccine 1mL for intramuscular injection
- Rabies human immunoglobulin (HRIG) – *Imogam Rabies* 300 units/2mL vial

**References:**
Send to: Immunisation Program
Fax: 1300 768 088 Ph:1300 882 008

Post Exposure Rabies / Lyssavirus Treatment Request Form

Doctor / Centre / Hospital name and delivery address: DH Account No.:

*Registration No.: Expiry:

Date: Phone: Fax:

<table>
<thead>
<tr>
<th>Description of Request</th>
<th>No. units in stock</th>
<th>No. Units required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inactivated Rabies Vaccine</td>
<td></td>
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</tr>
<tr>
<td>Human Rabies Immunoglobulin (RIG) 2ml Vial</td>
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</tbody>
</table>

Case Details

Name _______________________________________ Fax__________________________
Address ________________________________________________________________________
Suburb __________________________ State ______________ Postcode ____________
Sex M F Date of birth __/__/____ Indigenous status ____________________

Exposure Details

Date of exposure __/__/____
Type of wound Bite Scratch Lick Other __________________________
Site of Wound __________________________ Depth/Severity_________________________
Animal (if bat: fruit bat or flying fox?) __________________________
Did the animal appear unwell? Yes No Unknown
Country ________________________________________________________________________

Case History

Did the case receive the wound as part of everyday activity? Yes No Unknown
Did the case spend more than a month in a rabies endemic area? Yes No Unknown
Was the case working with mammals in a rabies endemic area? Yes No Unknown
Did the case work with live lyssavirus in a laboratory? Yes No Unknown
Is the case immunocompromised? Yes No Unknown
If yes, detail __________________________________________________________

Treatment Details

Date wound assessed __/__/____
Who assessed the wound? GP Hospital Other __________________________
RIG Date administered __/__/____ Weight of case ____ kg amount used ______
Previous rabies vaccination? Yes - Number of Doses ________ No
Have any previous doses been administered in Australia? Yes No
Date of first dose __/__/____ Date of last dose __/__/____

February 2010
Patient name:

Take this record to each visit for treatment for rabies / Australian bat lyssavirus (ABL).

Rabies is a serious infection that if contracted results in death. You must complete the treatment plan below to be sure of protection against rabies infection. The side effects of rabies vaccine are: sore arm (15–25% very common), headache (5–8% common), malaise, nausea or both (2–5% common), and allergic oedema (0.1% uncommon). Severe allergic reaction (anaphylaxis) is rare at approximately 1 episode per 10,000 vaccinations).

It is important that you nominate and contact, as soon as possible, your chosen immunisation provider that you will be attending to complete your post exposure rabies vaccine course. Your immunisation provider will then need to order the rabies vaccine on your behalf. If you miss an immunisation appointment, make every effort to attend your nominated provider as soon as possible to complete all doses.

Rabies vaccine treatment

You need a five dose schedule (given on days 0, 3, 7, 14 and 28–30) if you fit at least one of the following criteria:
- you have low immunity due to disease or treatment
- you were exposed to ABL

For all other cases, treatment is a four dose schedule (given on days 0, 3, 7 and 14).

The table is to be completed by the immunisation provider after each dose.

<table>
<thead>
<tr>
<th>Human rabies immunoglobulin given (circle):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rabies vaccine Day and dose due</strong></td>
<td>Vaccine batch no.</td>
<td>Date given</td>
</tr>
<tr>
<td>Dose 1 Day 0 (first day of treatment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose 2 (Day 3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose 3 (Day 7)</td>
<td></td>
<td></td>
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<tr>
<td>Dose 4 (Day 14)</td>
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</tbody>
</table>

Only complete below if immune impaired through disease or treatment or were exposed to ABL

| Dose 5 (Day 28–30) | | | |