

Procedure

CCHMC Emergency Services Procedure	<i>Procedure Number</i>	I-013
	<i>Effective Date</i>	4/27/16
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1.0 SCOPE

- 1.1. To define the initial and follow-up treatment and public health reporting requirements for patients exposed to Rabies

2.0 DEFINITIONS

- 2.1. None

3.0 PROCEDURES

- 3.1. Potential reservoirs for Rabies include bats, coyotes, foxes, raccoons, and skunks. May be found occasionally in unvaccinated domestic dogs, opossum, woodchucks, cats, and cattle. Extremely rare, and for practical reasons, not found in squirrels, rats, and rabbits. **(SEE CHART)**

U.S. VECTORS OF ANIMAL RABIES VIRUS

HIGH RISK [^]	LOW RISK ^{^^}	POTENTIAL RISK ^{**}	NONCARRIERS
Bats	Opossum	Vaccinated animals	Amphibians
Bears	Unvaccinated pets	Chipmunks	Fish
Beavers	Unvaccinated farm animals	Humans	Insects
Bobcats		Rabbits	Reptiles
Foxes		Rats/mice	Birds
Raccoons		Squirrels	
Skunks			
Wild dogs/cats			
Wolves			
Woodchucks			

[^]Frequently reported carriers of the Rabies virus

^{^^}Rarely reported carriers of Rabies virus, but with regional clustering outbreaks

^{**}Capable of harboring the Rabies virus, but species considered Rabies-free, and almost never requires treatment

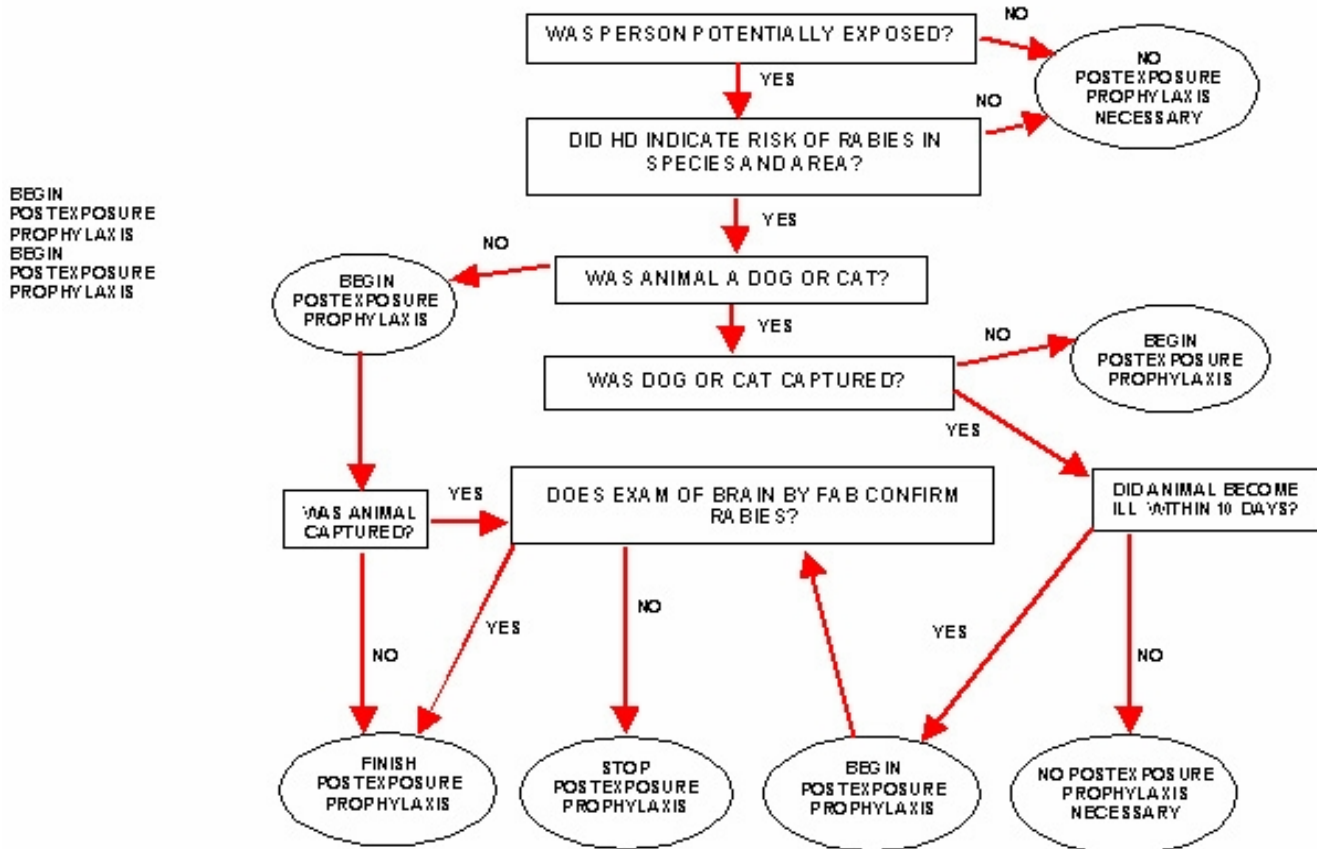
- 3.2. Incubation period: 9 days to several months (average - 2 months). Periods of more than a year have been reported in humans.
- 3.3. Diagnosis: If animal is domestic or captured, should be watched 10 days, and any illness should be reported immediately. "Suspected rabid animals may be sacrificed and subjected to immunofluorescent antibody examination of brain tissues
- 3.4. For **all** animal bites at the Burnet ED, call the Hamilton county Public Health Department (513-946-7800). This office will arrange for domestic animals to be put under surveillance and will handle the submission of wild animals for examination at their laboratories in Dayton. In Hamilton County, but outside the cities of Cincinnati, Norwood, Sharonville, Springdale, and St. Bernard, report the bite to the Hamilton County General Health District's Rabies Line at 513-946-7848. For all animal bites seen in the Liberty ED, call the Butler County Health Department at 513-887-5230.
- 3.5. Bats require special consideration for prophylaxis. A bat bite or scratch may be small or not evident. Prophylaxis should be given when circumstances surrounding the exposure to the bat cannot be confirmed. Examples are:
 - 3.5.1. A bat in the room of a sleeping person
 - 3.5.2. Unattended child
 - 3.5.3. Mentally disabled person
 - 3.5.4. Intoxicated person

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3.6. Prophylaxis: For unprovoked bites by non-domestic and stray animals, and bites by animals listed in the first part of the high risk column in the table above. Do **NOT** give prophylaxis for squirrel, rat, rabbit and hare bites, or immunized domestic animal bites.

ALGORITHM FOR POSTEXPOSURE



3.7. Treatment:

3.7.1. Supportive

- 3.7.1.1. Wash thoroughly with soap and water (for ~15 minutes), debride, avoid occlusive dressings, avoid suturing when possible
- 3.7.1.2. Assess Tetanus status and update as needed
- 3.7.1.3. Consider antibiotics

3.7.2. Active Immunization – Rabies Virus Vaccine (not previously immunized)

- 3.7.2.1. 1 mL Human Diploid Cell Vaccine (Imovax or RabAvert) IM on day of the bite, followed by
- 3.7.2.2. 1 mL Human Diploid Cell Vaccine IM on each of Days 3, 7, and 14 (deltoids, avoid gluteal region; for infants and small children, the outer aspect of the thigh may be used)
- 3.7.2.3. Note: For immunosuppressed patients, give 5th dose on Day 28 (see ACIP website for latest recommendations) and inform patient of need for rabies antibody testing following last dose of HDCV
- 3.7.2.4. Side effects: Local reactions 60-90%, fever and nausea 7-56%

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Plus

3.7.3. Passive Immunization:

3.7.3.1. (Human) Rabies Immune Globulin (HRIG)

3.7.3.1.1. Total dose – 20 units/kg (150 units/mL): Calculate dose based on actual body weight. No maximum dose.

3.7.3.1.2. Administration - Infiltrate half of the dose (or as much as possible) around the wound and give remaining immune globulin IM at another site or sites, if the volume exceeds the maximum amount for a single IM injection.

3.7.3.1.3. If HRIG is not available, obtain horse anti-rabies serum and administer with caution as per directions.

3.7.4. General administration guidelines that apply to both active and passive immunization:

3.7.4.1.1. Do not use the same syringe for the immune globulin and the vaccine.

3.7.4.1.2. Give the vaccine and the immune globulin at separate anatomical sites.

3.7.4.1.3. Pregnancy is not considered a contraindication to postexposure prophylaxis.

3.7.5. If treatment is delayed:

3.7.5.1.1. Always administer HRIG at same time as 1st dose of Rabies Virus Vaccine.

3.7.5.1.2. If vaccine series is initiated with active immunization (Rabies Virus Vaccine), but without passive immunization (HRIG), only start passive immunization (HRIG) within 7 days of when the first dose of active immunization (Rabies Virus Vaccine) was administered.

4.0 LIST OF ATTACHED FORMS

4.1. None

5.0 REFERENCES

5.1. None

6.0 APPROVALS

6.1. The Emergency Services Leadership and appropriate content experts will periodically review and update this policy as appropriate. Policies will be reviewed at least every 3 years. Questions regarding this policy shall be directed to, and authority over this policy shall vest with, the Patient Services Clinical Director, Emergency Services and the Emergency Medicine Clinical Operations Director.

REVISION HISTORY	
Original Date	
7/1/84	
Revision Date	
6/10/10, 6/01/2013,	
Review Date	
4/27/2016	