PREVENTION OF RABIES IN HUMANS

HUMAN DISEASE IS FATAL BUT IS PREVENTABLE BY POST EXPOSURE TREATMENT

ALL ANIMAL BITES SHOULD BE MANAGED AS A POTENTIAL RABIES RISK

HIGH RISK ATTACKS

- Stray animals
- Animal with abnormal behaviour - e.g. aggressive animal, wild animals may appear tame
- Unprovoked animal attack
- Animal that cannot be traced after the attack
- Category 2 and 3 exposures see below

NOTE

- All animal bites are notifiable
- Vaccination history of animal may be unreliable
- There is NO blood test to confirm or exclude rabies transmission from animal to human
- Do not delay post exposure treatment pending confirmation of rabies in animal
- Post exposure treatment is most effective if given immediately after the exposure
- Do not withhold post exposure treatment if there is a delay in the patient presenting to the health facility

MANAGEMENT OF PATIENT EXPOSED TO POTENTIALLY RABID ANIMAL

GENERAL WOUND MANAGEMENT IS CRITICAL IN ALL PATIENTS:

- Flush well with soap and water or water alone for 5 minutes then apply disinfectant e.g. 70% alcohol or iodine solution
- Avoid suturing
- Give antibiotics e.g. amoxycillin clavulanate
- Give tetanus booster

FURTHER SPECIFIC MANAGEMENT DEPENDS ON CATEGORY OF RABIES EXPOSURE:

- **Vaccine course in category 2 and 3 exposures***
- **Addition of rabies immunoglobulin in category 3 exposures is critical****

CATEGORIES OF RABIES EXPOSURE

Risk Category	Type of Exposure	Action
1	• Touching or feeding animal • Lick of intact skin	• No action if history is reliable • If history is not reliable treat as category 2
2	• Nibbling of uncovered skin • Superficial scratch without bleeding	• Manage the wound • Give full course rabies vaccine* • Do not give rabies immunoglobulin
3	• Bites or scratches that penetrate skin and draw blood • Lick of mucous membranes • Lick of broken skin	• Manage the wound • Give full course rabies vaccine* • **Give rabies immunoglobulin****

Rabies vaccine*

- Indication: CATEGORY 2 AND 3 BITES
- Course: day 0, 3, 7, 14, 28. Day 0 = day of first vaccination
- IMI deltoid muscle in adults, anterolateral thigh in children, (NEVER INTO GLUTEUS MAXIMUS)
- Dose: 1 amp per dose for adults and children
- Vaccine induces immune response in 7-10 days

Rabies immunoglobulin (RIG)** (300 IU in 2ml ampoule)

- Indication: CATEGORY 3 BITES
- Dose: 20 IU/kg infiltrated around wound, and remainder into deltoid in opposite arm to vaccine (NEVER INTO GLUTEUS MAXIMUS)
- If multiple wounds, dilute RIG in an equal volume of saline
- Give RIG immediately after vaccine administration
- RIG CAN BE GIVEN UP TO 7 DAYS AFTER 1st DOSE OF RABIES VACCINE
- Omit RIG if past vaccination can be confirmed
- Administration of rabies immunoglobulin is critical in category 3 bites

NICD Hotline for Clinical Advice: 082 883 9920

Inform state veterinarian of incident

Adapted from Rabies: Guide for medical, veterinary and allied professions, Department of Agriculture

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Department:
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