



Administration of Rabies Vaccine and Immunoglobulin

Rabies vaccine

- post exposure treatment (PET) vaccine is administered intramuscularly in the deltoid muscle
- the UK schedule for unimmunised individuals is 4 vaccines (+/- human rabies immunoglobulin, HRIG) at the following intervals: 0, 3, 7 and 21 days
- each sequential dose should be given in alternate arms
- day 0 is the day of the first vaccine NOT necessarily the day of exposure
- if a dose is missed, or timing has been compromised, the next vaccine should be given as soon as possible and considered as the missed dose, and subsequent intervals readjusted
- the 4th and final dose of rabies vaccine PET should not be given before day 21
- if there is difficulty in achieving the specified interval for PET, it is most important to deliver the first 3 vaccines within plus/minus one day. Further advice is given on the risk assessment letter which you should have received
- altered vaccine PET schedules for partially immune individuals may need to be discussed on an individual basis
- HRIG is given in addition to vaccine depending on risk assessment of the exposure to provide short term protection in the first 6 days post initiation of treatment



Human Rabies Immunoglobulin (HRIG)

- the total antibody induced by active vaccination (vaccine) is many orders of magnitude greater than can be provided by passive vaccination (HRIG). For this reason HRIG is not given after 7 days of starting the rabies PET vaccine schedule or to an individual who is already partially immunised
- HRIG is infiltrated intramuscularly around the site of the wound. If it is difficult to administer the full volume at the site, then the rest of the HRIG can be given in the anterolateral thigh
- vaccine and HRIG should **never** be given at the same anatomical site
- HRIG is manufactured from non-UK blood products. The final formulation is a liquid and the potency of the material is assessed in international units (IU/ml)
- the recommended dose is 20 IU/kg (all ages), which must not be exceeded. Too much HRIG may interfere with the ability to mount an antibody response to the vaccine

The quantity of HRIG on the packaging is the minimum content of the vial, and must NOT be used for calculating the dose

To calculate the volume you need to know the following:

- potency of the lot (given on the HRIG vial and not on the HRIG packaging)
- weight of patient (in kg)

The volume required for your patient should have already been provided to you on the risk assessment form. Do not give more than the calculated dose of HRIG. The full contents of each vial may not always need to be given. Any residual HRIG should be discarded

Further information on adverse reactions to vaccine and immunoglobulin including how these should be managed and reported, can be found at:

www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

#BeRabiesAware