January 21, 2002

ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals
Holders of Immunization Program Manuals

Re: Revisions to Rabies Control Policy

Please note the following changes to the Rabies Control Policy:

(1) Section 2.0: Revised case definition, consistent with the national case definition. Also, a protective antibody titre for rabies is now expressed as a level of $\geq 0.5$ IU/ml.

(2) Section 4.1: Information has been added pertaining to different animal species and their likelihood of transmitting rabies. There is also additional information regarding the ways in which rabies is not transmitted.

(3) Section 4.6: Following an exposure, ferrets can be observed for a 10 day period for signs and symptoms of rabies (as with cats and dogs).

(4) Section 5.0: In most instances, the RPEP biologicals (vaccine and HRIG) will no longer be shipped from the central depot in the Lower Mainland. It is recommended that each Health Region designate a local depot from which the MHO/designate will have the products released. However, in some locations around the province, it may be more expedient to continue having the products released from the central depot. The decision rests with the local MHO/designate.

The local MHO/designate must still be consulted whenever RPEP is being considered. The MHO/designate should provide verbal and/or written instruction to the person who will be administering the RPEP biologicals. An instruction sheet is provided in the Appendix.
Page 61 (HRIG): It is recommended that ALL of the HRIG, or as much as possible, be infiltrated around the wound site(s). Also, if there are extensive wounds, where the calculated dose of HRIG (by weight) is **not** adequate in volume to infiltrate all wounds, the HRIG should be diluted 2-3 fold in normal saline to create an adequate volume to infiltrate all wounds.

Components of HRIG are listed.

Page 62 (Rabies vaccine): If the client has a history of anaphylaxis to a previous dose of rabies vaccine or to any of its components, immunization can still occur in the health unit. The recommendation that immunization occur in an acute care setting has been removed.

Please remove and destroy the following pages from the Communicable Disease Control Manual:

**Rabies Control**
- Pages 1 – 10 Dated May 1997

Insert the replacement pages:

**Rabies Control**
- Pages 1 – 10 Dated January 2002
- Appendix A Dated January 2002
- Appendix B, Pages 1 and 2 Dated January 2002
- Appendix C Dated January 2002
- Appendix D Dated January 2002

Please remove and destroy the following pages from the Immunization Program Manual:

- Page 61 Dated November 2000
- Page 62 Dated November 2000
- Page 62a Dated November 2000

Insert the replacement pages:

- Page 61 Dated January 2002
- Page 62 Dated January 2002
- Page 62a Dated January 2002
If you have any questions or concerns, please call Karen Pielak, Nurse Epidemiologist, at 604-660-3382.

Sincerely,

David M. Patrick
Director
Epidemiology Services
BC Centre for Disease Control Society

DMP/kka

pc: Dr. Perry Kendall  
    Provincial Health Officer  
    Ministry of Health Services

Dr. Bob Fisk  
Medical Consultant  
Non-Communicable Disease Services  
Ministry of Health Services

Dr. Shaun Peck  
Deputy Provincial Health Officer  
Ministry of Health Services

Lorna Storbakken  
Director  
Prevention Branch  
Prevention and Health Promotion Division  
Ministry of Health Services

Communicable Disease Public Health Nursing Consultant  
Prevention Branch  
Prevention and Health Promotion Division  
Ministry of Health Services