Date: May 8, 2013

ATTN: Medical Health Officers and Branch Offices
Directors of Health Protection
Communicable Disease Environmental Health Officers
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

Re: Revisions to Communicable Disease Control Manual:
Chapter 1 – Management of Specific Diseases, Rabies
Chapter 2 – Immunization Program, Rabies Immune Globulin and Vaccine

Numerous updates were made throughout Chapter 1– Management of Specific Diseases, Rabies to update the references, make the guidelines consistent with 2012 NACI Canadian Immunization Guide, Part 4, Active Vaccines, Rabies Chapter and make it easier to read. Two important content area changes were made:

Page 9, Chapter 1 – Management of Specific Diseases, Rabies, Section 4.2, “Rabies Post-Exposure Prophylaxis (RPEP)"
Individuals taking chloroquine should receive 5 doses of vaccine given on days 0, 3, 7, 14 and 28.

Page 12, Chapter 1 – Management of Specific Diseases, Rabies, Section 4.3 “RPEP in Persons Previously Immunized Against Rabies”
If a person has completed a course of rabies pre/post-exposure prophylaxis using a non-WHO approved vaccine or schedule, give RabIg and four doses of rabies vaccine. Rabies titres are not available in a timely enough manner to assist in decision-making.

The recommendation that individuals previously shown to have adequate titres of anti-rabies antibody titre receive two doses of vaccine post exposure is unchanged, but the requirement that the titre be available from the prior 2 years has been removed.

In order to remain consistent with the revised guidelines, changes were also made to Chapter 2, Immunization, Section VII Biological Products, for rabies immunoglobulin and rabies vaccine:

Chapter 2 – Immunization Program, Section VII

The rabies immune globulin and vaccine pages have been reformatted.

We are beginning a process of review and reorganization of the content of Chapter 2, Immunization, and will be reformating Section VII gradually as product pages are updated. These changes are intended to achieve several outcomes including more efficient production and the needs of all immunization service provider types. The format will shift from pdf to html to enable searching and retrieval as well as contemplation of use on mobile devices.

The new format includes consolidation of the product pages by indication, with both available products included in each of the passive post-exposure prophylaxis, active pre-exposure prophylaxis, and active
post-exposure prophylaxis indications. Differentiation between the two available products is made when applicable e.g., product or vaccine components, and adverse events.

Updates have been made to reflect recommendations in the December 2012 release of the Canadian Immunization Guide, Part 4, Active Vaccines, Rabies.

Reference to Semple vaccine has been deleted, except in the ADVERSE EVENTS section.

**Human Rabies Immune Globulin (Rablg) related changes:**

The time period beyond which there is no value in administering Rablg following immunization has been changed from 8 days to 7 days.

**Rabies Vaccine related changes:**

In the POST-EXPOSURE pages:

Under DOSES AND SCHEDULES individuals taking chloroquine have been added to those for whom a 5 dose series is recommended.

A section is added on SEROLOGICAL TESTING AND RE-VACCINATION. Titres are recommended for immunocompromised and those on chloroquine during series receipt with measurement 7 to 14 days after series completion; previously this was 1 month. As well, for such people it is recommended that if the rabies antibody titre is below 0.5 IU/mL a second series of rabies vaccine should be given. If the titre remains below 0.5 IU/mL the MHO should be consulted for a risk assessment for further management.

Reference to mefloquine has been removed as it has no known implication for rabies prophylaxis.

**VACCINE COMPONENTS** have been updated and are differentiated by product.

The ADVERSE EVENTS section is updated based on the Canadian Immunization Guide 2012. The reference to a small number of cases of Guillain-Barré Syndrome reported in association with the Sanofi vaccine in the early 80s has also been removed and the current status of this event following rabies vaccines used in North America has been added (see page 314 of Haber P. Vaccines and Guillain-Barré Syndrome. Drug Saf 2009; 32 (4): 309-323).

In the PRE-EXPOSURE pages:

Under DOSES AND SCHEDULES the 3rd dose of vaccine previously recommended at 21 days may now be given any time from days 21 through 28.

In the new section on ADMINISTRATION, information is provided about use of the intradermal route which may have relevance in the event of a rabies vaccine shortage in settings where multiple people can be immunized promptly following reconstitution of the vaccine:

In the event of a rabies vaccine shortage consideration may be given to using the ID route for pre-exposure immunization provided there is an opportunity to assess the neutralizing antibody level at least 2 weeks after administration, so that adequate protection can be ensured. For ID administration the dose volume is reduced to 0.1 mL. Rabies vaccine must be used promptly after reconstitution.

Under PRECAUTIONS it is pointed out that the intradermal route should not be used in those who are immunocompromised or on chloroquine for malaria prophylaxis. Reference to mefloquine has been removed as it has no implication for rabies prophylaxis.

The ADVERSE EVENTS section has been updated as in the post-exposure section, above.