Rabies Vaccine for PRE-EXPOSURE Prophylaxis

**IMOVAX® Rabies**
Supplier: Sanofi Pasteur Limited

**RabAvert®**
Supplier: GlaxoSmithKline Inc.

**INDICATIONS:**

**Recommended and provided free** to BC students attending a Canadian Veterinary College or Animal Health Technology Training Centre. These are considered to be low risk if in BC (see SEROLOGICAL TESTING)

Recommended but not provided free to the following persons at risk of contact with the rabies virus:

- **High Risk:** Rabies research laboratory workers, rabies biologicals production workers, bat biologists.
- **Moderate Risk:** Rabies diagnostic laboratory workers and spelunkers. Veterinarians and staff, animal control workers, wildlife biologists and wildlife workers in rabies enzootic areas. Hunters and trappers in high risk areas such as the far north.
- **Low Risk:** Veterinarians and staff, animal control and wildlife workers in areas of low rabies enzooticity. Children and travelers visiting foreign enzootic areas for 1 month or more. Travelers to foreign epizootic areas, trekking/hiking for any length of time, and far from a major medical centre.

**DOSES AND SCHEDULE:**

**Pre-exposure prophylaxis:** 3 doses given as 1.0 mL IM (2.5 IU) at 0, 7 and 21-28 days.

**ADMINISTRATION:**

- Both vaccines need to be reconstituted. Use the diluent provided with the vaccine. Following reconstitution IMOVAX® Rabies is a clear or slightly opalescent red to purplish suspension while RabAvert® is a clear to slightly opalescent colorless to slightly pink solution.
- Administer the entire contents of the reconstituted vaccine.
- Neither vaccine contains any preservative and should be used immediately after reconstitution or discarded.

**SEROLOGICAL TESTING AND BOOSTER DOSES:**

Booster doses should be administered as 1.0 mL IM as required.

- **High Risk:** Test clients every 6 months and boost when level falls below 0.5 IU/mL.
- **Moderate Risk:** Test clients every 2 years and boost when level falls below 0.5 IU/mL.
- **Low Risk:** Booster only following a subsequent exposure or as determined by post-exposure serology.

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**A** If possible the series should be completed with the same product. If not feasible, IMOVAX® Rabies and RabAvert® are interchangeable in terms of indications for use, immunogenicity, efficacy, and safety.

**B** An acceptable antibody level is ≥ 0.5 IU/mL. Testing is conducted by the National Microbiology Laboratory. Results are available from PHSA Laboratory (telephone: 1-877-747-2522).
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CONTRAINDICATIONS:
1. History of an anaphylactic reaction to a previous dose of rabies vaccine or any component of the vaccine. Note that the vaccine components differ for the two products (see PRODUCT COMPONENTS) and those with severe hypersensitivity to eggs should be immunized with IMOVAX® Rabies.
2. Severe allergic or neuropathic reactions during the course of a rabies vaccine pre-exposure series warrant discontinuation of the series. The benefit versus risk of rabies vaccine receipt in the post-exposure context can be considered if a future rabies exposure occurs.

PRODUCT COMPONENTS:
IMOVAX® Rabies (Human Diploid Cell Vaccine or HDCV):
Potential allergens: neomycin, phenol red.
Other components: human albumin.

RabAvert® (Purified Chick Embryo Cell Vaccine or PCECV):
Potential allergens: polygeline (processed bovine gelatin), chicken protein, ovalbumin, neomycin, chlortetracycline, amphotericin B.
Other components: human serum albumin, potassium glutamate, sodium EDTA.

PRECAUTIONS:
• Persons receiving high doses of steroids or immunocompromised due to other reasons should only receive vaccine by the IM route and have serological testing for rabies antibody 7-14 days after completion of the series to ensure an adequate response has developed.
• The intradermal route should not be used in a person on chloroquine or planning to start chloroquine within a month of series completion.

SPECIAL CONSIDERATIONS:
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.
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ADVERSE EVENTS:

IMOVAX® Rabies:
Local: pain, erythema, swelling, pruritus, induration.
Systemic: headache, nausea, abdominal pain, myalgia, arthralgia, malaise, fever, dizziness.

RabAvert®:
Local: pain, swelling, erythema, induration.
Systemic: malaise, myalgia, arthralgia, headache, fever, fatigue, lymphadenopathy, nausea, rash.

While earlier rabies vaccines (Semple and SMB rabies vaccine) were associated with Guillain-Barré Syndrome, the occurrence of this syndrome following receipt of the vaccines currently used in North America is not above background rates.