BC Centre for Disease Control
Provincial Health Services Authority

MEMORANDUM

To: BC Medical Health Officers

Date: 8/11/2026

Re: RPEP Interim Guidance

To BC Medical Health Officers:

Please see attached interim guidance for the use of rabies vaccine and rabies immunoglobulin (RIG) for post exposure prophylaxis. This guidance is effective immediately.

Due to the increased demand for rabies post exposure prophylaxis (RPEP), and the resulting decline in our vaccine inventory, we need to move to product-sparing regimens for RPEP. The demand for RPEP has increased significantly in 2026 (Figure 1), and it is expected to remain elevated for the foreseeable future. While BCCDC continues to work to secure additional supply from the federal procurement process, we are at risk for exhausting our inventory without immediate intervention.

The first interim measure is to recommend RIG for infiltration-only in most RPEP scenarios, while prioritizing full weight-based dose (infiltration and intramuscular administration) for situations where passive immunity may be particularly important (e.g. confirmed bat bite to head and neck region).

The second interim measure is to preferentially recommend the intradermal (ID) administration of rabies vaccine for immunocompetent individuals. Serology is no longer routinely required after ID administration of RPEP. Serology continues to be recommended for immunocompromised individuals and those on chloroquine or hydroxychloroquine regardless of the route of administration.

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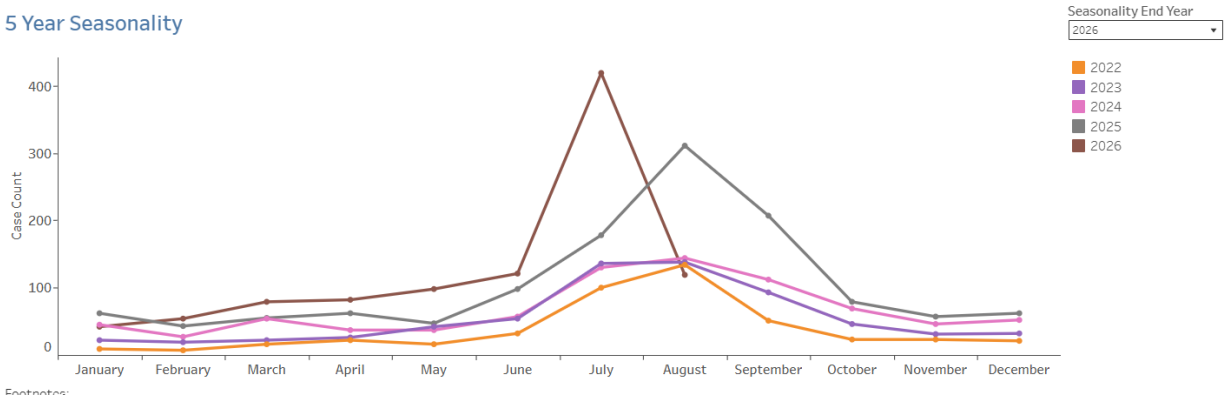

Figure 1 Monthly RPEP counts reported to BCCDC, 2022-2026, as of August 11, 2026.

The interim guidance is detailed below. The relevant chapters in the CD Manual are being revised. If you have any questions, please contact Mayank Singal, Physician Epidemiologist, at mayank.singal@bccdc.ca or Amanda Bowman, Public Health Resource Nurse, at amanda.bowman@bccdc.ca.

Thank you,

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Interim guidance for dose-sparing use of rabies vaccine and immune globulin for post-exposure prophylaxis in BC

Rationale

1. There has been a marked increase in the number of potential rabies exposures and the demand for Rabies Post Exposure Prophylaxis (RPEP). In July 2026, BCCDC received 419 exposure reports compared to an average of 136 reports during the same period in 2022-2025.
2. As a result, demand for both rabies vaccine and immune globulin (RIG) has been very high.
3. Although the province had procured additional doses this year, the demand for vaccine and RIG has exceeded expectations and the provincial supply of rabies vaccine and immune globulin is low. Demand for vaccine and immune globulin is expected to remain seasonally high for the foreseeable future.
4. There is evidence showing that intradermal 2-site (ID) administration is not only dose sparing but is also safe and immunogenic compared to vaccine administered intramuscularly (IM) (1). WHO recommends ID administration for RPEP, including for those who are immunocompromised or are taking chloroquine or hydroxychloroquine drugs (2).
5. There is evidence to suggest that RIG is of limited effectiveness when injected away from the site of exposure (2). WHO no longer recommends injecting the remainder of the RIG dose IM at a distance from the wound except in limited circumstances such as a confirmed bat exposure (3).
6. There is a critical need to implement dose-sparing ID vaccine administration and immunoglobin infiltration without subsequent IM administration given current limited RPEP availability.
7. This dose-sparing strategy will help ensure that RPEP continues to be available in BC during heightened demand.
8. BCCDC is endeavouring to secure additional vaccine and immunoglobin supply.

Use of the rabies vaccine

1. ID administration is the preferred approach for immunocompetent individuals during this interim period to conserve vaccine supply, including RPEP initiated in the Emergency Departments (ED). See table below.
2. Presence of an ID bleb is an indication of correct injection technique and vaccine placement (4).
3. Serology after completion of RPEP is indicated for those who are immunocompromised and/or if taking chloroquine or hydroxychloroquine. Routine post-RPEP serology is no longer recommended for immunocompetent individuals receiving ID rabies vaccine.

4. If the patient has initiated the IM series (in ED for example), a 4-dose vaccination series should be administered. Vaccine dose #2,3,4 may be given as 2-site ID.
5. ID administration should be made available in as few geographic locations as possible in each health authority to maximize the utility of each vaccine vial.
6. See BC Immunization Manual, Appendix B: Administration of Biological Products, Section 14.8.2 Intradermal (ID) Injection Route. The preferred site for ID administration of rabies vaccine is the deltoid area of the arms; alternatively, the anterolateral area of the thighs and suprascapular areas can be used as well. When 2 or more doses of vaccine are administered at the same visit, different anatomic injection sites should be used for each dose.
    - The following video shows ID technique: however, note the forearm is not to be used for rabies vaccine: https://www.youtube.com/watch?v=f3w-MlDAdg0

Patient	Day 0	Day 3	Day 7
Immunocompetent and unimmunized	Two-site 0.1 mL ID (total 0.2mL)	Two-site 0.1 mL ID (total 0.2mL)	Two-site 0.1 mL ID (total 0.2mL)
Immunocompromised and individuals on chloroquine or hydroxychloroquine *	Four-site 0.1mL ID (total 0.4mL)	Four-site 0.1mL ID (total 0.4mL)	Four-site 0.1mL ID (total 0.4mL) Serology 7 to 14 days after completion of PEP
Immunocompetent and previously immunized	One-site 0.1mL ID	One-site 0.1mL ID	-

*ID or 5-dose IM schedule can be used

Use of rabies immunoglobulin

Once RPEP has been recommended, **use RIG** in the following circumstances:

- **To infiltrate the wound** (as much as anatomically possible while avoiding risk of compartment syndrome), or
- **To infiltrate the exposed area** when there is direct unprotected contact with a bat.

Once RPEP has been recommended, **do not use RIG** in the following circumstances:

- Once a wound or exposed area has been infiltrated, **do not inject remaining RIG into a muscle** unless advised by the MHO*
- If vaccine was given 7 or more days ago
- When the exposure occurred **more than 12 months ago**
- If the exposed person has previously received a full course of RPEP or pre-exposure prophylaxis

*The MHO may use discretion to recommend full weight-based RIG dose (infiltration and IM) for one or more high risk factors, such as a confirmed bat bite, head and neck bite/scratch, confirmed rabid animal, mucus membrane exposure, high likelihood of additional unrecognized wounds (e.g. child), or if the recipient is severely immunocompromised (5; 3). Other factors may be considered, as per the BC rabies guidelines and MHO discretion (6).

Administration considerations for rabies vaccine:

- Reconstitute lyophilized vaccine only with the product-provided diluent.
- Reconstituted vaccine yields 1 mL vial (no preservative).
- Stamp the date and time of reconstitution (first puncture) on the vial.
- Maintain reconstituted vaccine under refrigeration at all times: +2°C to +8°C.
- Use aseptic techniques to reconstitute and draw up doses from the original (reconstituted) vial.
- Preloading syringes is not recommended as there is no information on product sterility or stability in a different vehicle other than the product vial.
- Do not transfer reconstituted vaccine between clinics; restrict use to same site only.
- Discard any remaining, unused volume after 6-8 hours.
- While rabies products are considered interchangeable, complete the vaccine series where possible with the same product.

References

1. **Kessels J, Tarantola A, Salahuddin N, Blumberg L, Knopf L.** Rabies post-exposure prophylaxis: A systematic review on abridged vaccination schedules and the effect of changing administration routes during a single course. *Vaccine.* 2019, Vols. Volume 37 Supp 1 pA107-117, pp. A107-A117.

2. **World Health Organization.** *WHO expert consultation on rabies, third report.* 2018. ISBN 978-92-4-121021-8 ISSN 0512-3054.

3. **World Health Organization.** *Protocol for a well-performed rabies post-exposure prophylaxis delivery.* s.l. : WHO, 2024. https://ars.els-cdn.com/content/image/1-s2.0-S2949915123000057-mmc1.pdf.

4. **Wisconsin Technical Colleges.** *Administering intradermal medications, Nursing Skills 2e.* s.l. : Wisconsin Technical Colleges Open Press, cited 2026 Aug 7. https://wtcs.pressbooks.pub/nursingskills/chapter/18-4-administering-intradermal-medication/.

5. **UK Health Security Agency.** Interim recommendations for human rabies immunoglobulin (HRIG) use. *UK Government.* [Online] Jun 30, 2025. [Cited: 08 10, 2026.] https://www.gov.uk/government/publications/rabies-post-exposure-prophylaxis-management-guidelines/interim-recommendations-for-human-rabies-immunoglobulin-hrig-use#tab1.

6. **BCCDC.** *Rabies, Chapter 1 - Management of Specific Diseases, Communicable Disease Control.* Vancouver, BC : BCCDC, 2026. https://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/Rabies_Guidelines.pdf.