



Newer guidelines - WHO Rabies prophylaxis

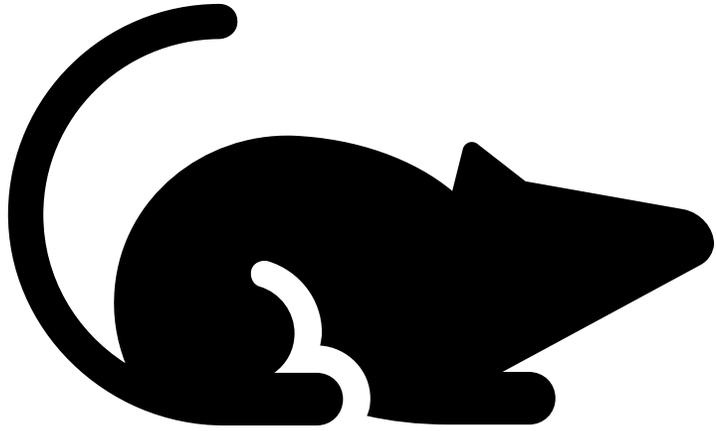
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WHO or National or state guidelines

- WHO recommends
- Countries can adapt
- State governments may generate the final guidelines



Rodents

No documented case of rabies by rodent bites

Raw milk of a rabid animal



No documented case of rabies
by drinking milk of rabid animal



No RABV isolated from milk of
rabid animal



Rabies prophylaxis after drinking
milk of rabid animal is NOT
recommended

Change in the

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ROUTE OF
ADMINISTRATI
ON

ACCEPTABLE
IF
UNAVOIDABLE



IN VACCINE
PRODUCT



DURING A PEP OR
PREP COURSE IS SAFE
AND IMMUNOGENIC.

Co-administration of anti rabies vaccine ...



with other inactivated vaccines, such as diphtheria-tetanus-pertussis (DTP) and the inactivated Japanese encephalitis and poliomyelitis vaccines, and



with live vaccines such as measles-mumps-rubella vaccine.

Delay



If any doses are delayed,
vaccination should be
resumed



It should NOT be restarted

Repeat exposure/bites



If an individual has a repeat exposure <3 months after a previous exposure, and



has already received a complete PEP,



only wound treatment is required;



neither vaccine nor RIG is needed.

Newer regimen – WHO recommended

Postexposure prophylaxis:

- Intradermal: two site (0.1 ml and 0.1 ml) - 0, 3, 7 days
- Intramuscular: one site (one vial) - 0,3, 7, 14-28 days

Pre-exposure prophylaxis:

- Intradermal: one site (0.1 ml) – 0, 7 days
- Intramuscular: one site (1 vial) – 0, 7 days

Re-exposure after prophylaxis:

- Intradermal: one site (0.1 ml) – 0, 3 days
- Intramuscular: one site (one vial) – 0, 3 days

RIG

WHO no longer recommends injecting the remainder of the calculated RIG dose IM at a distance from the wound.

Instead, the calculated RIG dose can be fractionated in smaller, individual syringes to be used for several patients.



Questions?

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