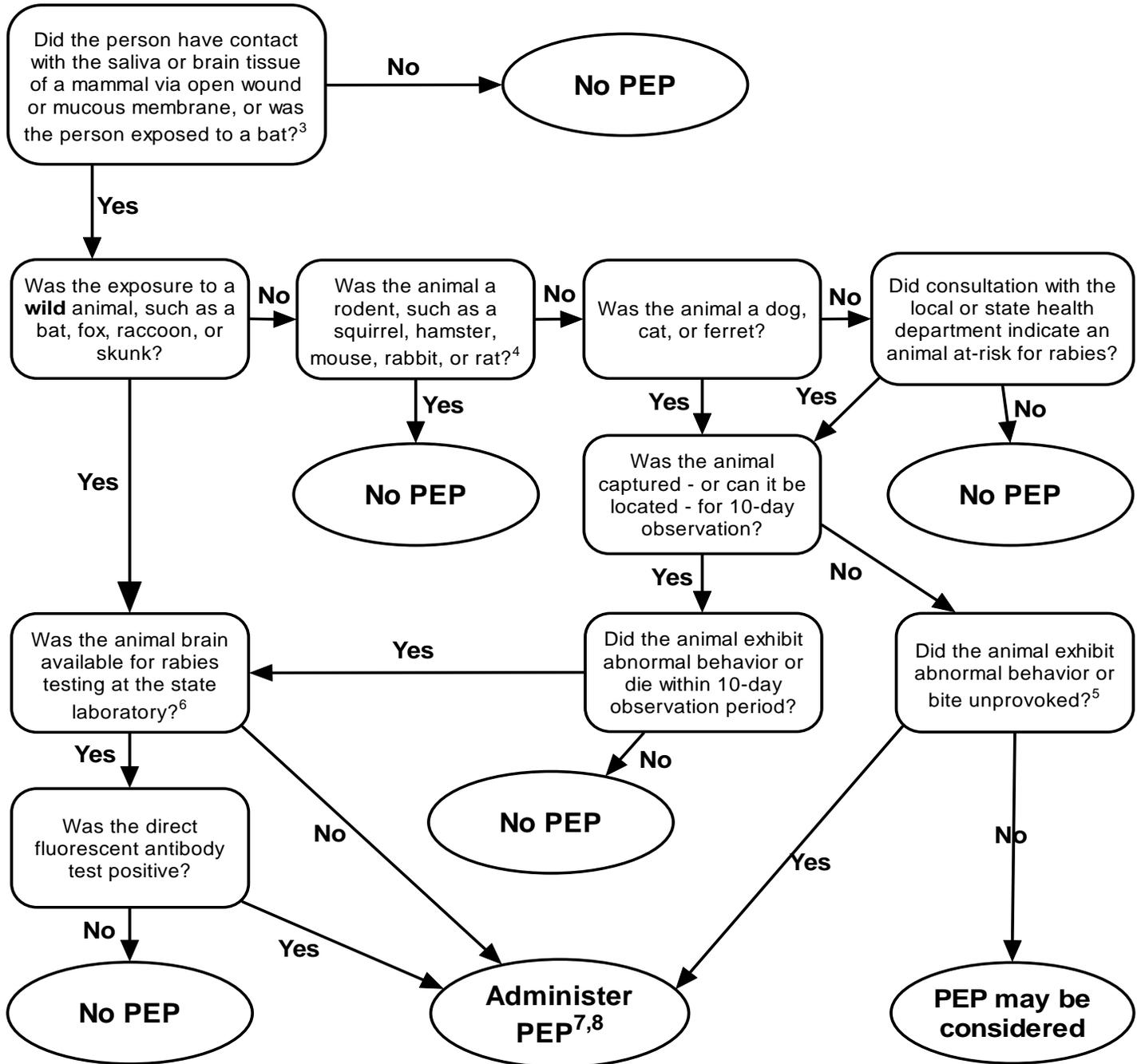


# Kentucky Department for Public Health Rabies Post-Exposure Prophylaxis (PEP) Protocol for People Exposed to Animals



**Please call your local health department environmentalist for investigation, more information and quarantine requirements.  
All animal bites should be reported to the local health department within 12 hours of the treatment.**

## NOTES

1. Rabies risk assessment requires balancing a number of criteria: the species of animal and the endemicity of rabies for that species in Kentucky, the observed health and behavior of the animal, and the circumstances of the bite.
2. This algorithm only addresses rabies post-exposure prophylaxis. Other treatment such as wound care, antibiotics, and tetanus immunization may be indicated.
3. In addition to obvious bites or mucous membrane exposures, the CDC suggests that PEP be considered in cases where there is a reasonable probability that contact with a bat may have occurred (i.e. a sleeping person awakens to find a bat in the same room, an adult witnesses a bat in a room with a previously unattended child, mentally disabled person, or intoxicated individual) and rabies cannot be ruled out by testing of the bat. PEP would not be warranted for other household members.
4. **Barring unusual circumstances, rodents and rabbits are not considered at-risk species. In questionable or unusual circumstances involving rodent, rabbits, and livestock bites, consult the local/state health department.** Rabies is predominantly a disease of carnivorous animals (animals that eat other animals) while carrion eaters like the opossum who eat dead or decaying flesh are seldom affected. Consultation with the state health department is strongly recommended for opossum bites before starting rabies Post Exposure Prophylaxis.
5. Provoked exposures may include attempting to feed an animal, entering an animal's territory, petting or playing with an animal, handling an animal, attempting to break up a fight between animals, having contact with an injured animal, and walking, running, or riding a bicycle past an animal. Unprovoked exposures are rare and typically require an animal to cross neutral space and attack. The physician should attempt to get the patient to describe the scenario in order to establish the true nature or the circumstances surrounding the biting incident – DO NOT simply ask if the bite was provoked or unprovoked.
6. The severity and location of a wound (severe wounds or obvious wounds near the head and neck should be given highest priority), and the expected interval between the time of the bite and receipt of rabies test results should be considered when making a decision to begin PEP while awaiting test results.
7. Unless the person previously received rabies immunoprophylaxis, PEP consists of five (5) doses of vaccine (1.0 mL each administered IM in the deltoid region) on days 0, 3, 7, 14, and 28, and one (1) dose of human rabies immune globulin (HRIG) administered on day 0, infiltrated into and around the bite wound as much as anatomically feasible, with the remainder administered IM at an anatomical site distant from vaccine administration. HRIG should not be administered in the same syringe or at the same site as vaccine. HRIG dosage is based on the weight of the patient, 20 IU/kg, and should not be given in more than the recommended dose, as it may suppress active production of antibody. A previously vaccinated person needs an abbreviated PEP schedule. Contact the health department for the schedule, if needed.
8. If the biting animal is captured and tests negative for rabies after PEP has begun, PEP may be discontinued.

*Adapted with permission from:* Michigan Dept. of Community Health Division of Communicable Diseases and Immunization, "Rabies Post-Exposure Prophylaxis (PEP) Protocol for People Exposed to Mammals," April 2001.

*Reference:* Centers for Disease Control and Prevention. Human Rabies Prevention – United States, 2008: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2009; 57(No.RR-3).