

## Standing Orders for Administering Pre-Exposure Prophylaxis Rabies Vaccine

**Purpose:** To reduce morbidity and mortality from rabies by vaccinating all individuals who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

**Policy:** Under these standing orders, eligible nurses and other healthcare professionals working within their scope of practice may vaccinate patients who meet the criteria below.

### Procedure

1. Identify individuals (all ages to include infants and children) in need of the pre-exposure prophylaxis rabies vaccine based on the following criteria:
  - travelers spending a month or longer in an endemic (especially rural) areas for pre-exposure
  - frequent-risk category such as laboratory workers doing rabies diagnostic testing, spelunkers, veterinarians and staff, animal control and wildlife officers in areas where rabies is epizootic
  - individuals in need of a booster dose for ongoing protection (usually after a serum sample tested for rabies neutralizing antibodies is non-protective, such as less than complete neutralization at a 1:5 serum dilution by the RFFIT or less than 0.5IU/mL)

**Note:** This standing order does not cover post-exposure prophylaxis to rabies vaccine which is a medical urgency. All patients with suspected rabid bite or non-bite exposures should be evaluated urgently by a provider and treatment should include thorough wound cleansing, possible rabies immune globulin and post exposure rabies vaccination.

2. Screen all patients for contraindications and precautions to rabies vaccine:

#### **Contraindications:**

- Corticosteroids, other immunosuppressive agents, anti-malarial, and immunosuppressive illnesses can interfere with the development of active immunity after vaccination. For persons with immunosuppression, pre-exposure prophylaxis should be administered with the awareness that the immune response might be inadequate and virus neutralizing antibody titers should be checked;
- Patients who are immunosuppressed by disease or medications should postpone pre-exposure vaccinations and consider avoiding activities for which rabies pre-exposure prophylaxis is indicated. When this course is not possible, immunosuppressed persons who are at risk for rabies should be vaccinated by the IM route and their antibody titers checked. Failure to seroconvert after the third dose should be managed in consultation with their physician and appropriate public health officials.
- Because of the potential consequences of inadequately treated rabies exposure, pregnancy is not considered a contraindication to post-exposure prophylaxis. Several studies have shown no indication of increased incidence of abortion, premature births, or fetal abnormalities associated with rabies vaccination. If the risk of exposure to rabies is substantial, pre-exposure prophylaxis might also be indicated during pregnancy. Rabies exposure or diagnosis of rabies in the mother is not an indication for pregnancy termination.
- People who have a history of serious hypersensitivity to components of rabies vaccine should be revaccinated with caution. Optimally the same vaccine (either HDCV or PCEC) should be used throughout the vaccination series. However, if severe allergic reactions occur it may be advisable to switch to the alternate vaccine to complete the series. For information on vaccine components, refer to the [manufacturer's package insert](#) or go to <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>.

- For questions or concerns, consider consulting the DHA Immunization Healthcare Division at 877-438-8222, Option 1.
3. Provide all patients with a copy of the most current federal [Vaccine Information Statement \(VIS\)](#). You must document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
  4. **Post-exposure vaccination:** Evaluation for post-exposure prophylaxis to rabies is a medical urgency. Refer all patients presenting for post-exposure prophylaxis to a credentialed healthcare provider for definitive evaluation and recommendations. Post-exposure rabies vaccination is not covered under these standing orders.
  5. **Pre-exposure vaccination:** Should be offered to persons in high-risk groups, such as veterinarians, animal handlers, and certain laboratory workers. In addition, some international travelers might be candidates for pre-exposure vaccination if they are likely to come in contact with animals in areas where dog or other animal rabies is enzootic and immediate access to appropriate medical care, including rabies vaccine and immune globulin, might be limited.

Pre-exposure vaccination does not eliminate the need for additional therapy after a rabies exposure, but it simplifies therapy by eliminating the need for RIG and decreasing the number of doses of vaccine needed. Pre-exposure prophylaxis might protect persons whose post-exposure therapy is delayed and might provide protection to persons at risk for unapparent exposures to rabies.

Pre-exposure vaccination can be given intramuscularly and consists of three injections of 1mL, one injection per day on days 0, 7, and 21 **or** 28. Children and infants receive the same dose of 1 mL, given intramuscularly, as do adults. In adults, administer vaccine by IM injection into the deltoid muscle. In small children and infants, administer vaccine into the anterolateral zone of the thigh. Use a 22–25 gauge needle. Choose needle length appropriate to the patient's age and body mass.

6. Documentation
  - Document all immunizations administered in the electronic health record. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.
7. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (1–800–822–7967) or online at <https://vaers.hhs.gov>.
8. This policy and procedure shall remain in effect for all patients of the \_\_\_\_\_ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

\_\_\_\_\_  
Medical Director's Signature

\_\_\_\_\_  
Date