PREVENTION OF RABIES IN HUMANS

HUMAN DISEASE IS FATAL BUT IS PREVENTABLE BY POST EXPOSURE TREATMENT
ALL ANIMAL BITES SHOULD BE MANAGED AS A POTENTIAL RABIES RISK

HIGH RISK ATTACKS
• Stray animals
• Animal with abnormal behaviour - e.g. aggressive animal, wild animals may appear tame
• Unprovoked animal attack
• Animal that cannot be traced after the attack
• Category 2 and 3 exposures see below

NOTE
• All animal bites are notifiable
• Vaccination history of animal may be unreliable
• There is NO blood test to confirm or exclude rabies transmission from animal to human
• Do not delay post exposure treatment pending confirmation of rabies in animal
• Post exposure treatment is most effective if given immediately after the exposure
• Do not withhold post exposure treatment if there is a delay in the patient presenting to the health facility

MANAGEMENT OF PATIENT EXPOSED TO POTENTIALLY RABID ANIMAL

GENERAL WOUND MANAGEMENT IS CRITICAL IN ALL PATIENTS:
• Flush well with soap and water or water alone for 5 minutes then apply disinfectant e.g. 70% alcohol or iodine solution
• Avoid suturing
• Give antibiotics e.g. amoxycillin clavulanate
• Give tetanus booster

FURTHER SPECIFIC MANAGEMENT DEPENDS ON CATEGORY OF RABIES EXPOSURE:
• Vaccine course in category 2 and 3 exposures*
• Addition of rabies immunoglobulin in category 3 exposures is critical**

CATEGORIES OF RABIES EXPOSURE

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Type of Exposure</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Touching or feeding animal</td>
<td>No action if history is reliable</td>
</tr>
<tr>
<td></td>
<td>Lick of intact skin</td>
<td>If history is not reliable treat as category 2</td>
</tr>
<tr>
<td>2</td>
<td>Nibbling of uncovered skin</td>
<td>Manage the wound</td>
</tr>
<tr>
<td></td>
<td>Superficial scratch without bleeding</td>
<td>Give full course rabies vaccine*</td>
</tr>
<tr>
<td></td>
<td>Lick of mucous membranes</td>
<td>Do not give rabies immunoglobulin</td>
</tr>
<tr>
<td></td>
<td>Lick of broken skin</td>
<td>Give full course rabies vaccine*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Give rabies immunoglobulin**</td>
</tr>
</tbody>
</table>

Rabies vaccine*
• Indication: CATEGORY 2 AND 3 BITES
• Course: day 0, 3, 7, 14, 28. Day 0 = day of first vaccination
• IM deltoid muscle in adults, anterolateral thigh in children, (NEVER INTO GLUTEUS MAXIMUS)
• Dose: 1 amp per dose for adults and children
• Vaccine induces immune response in 7-10 days

Rabies immunoglobulin (RIG)** (300 IU in 2ml ampoule)
• Indication: CATEGORY 3 BITES
• Course: 20 IU/kg infiltrated around wound, and remaining into deltoid in opposite arm to vaccine (NEVER INTO GLUTEUS MAXIMUS)
• If multiple wounds, dilute RIG in an equal volume of saline
• Give RIG immediately after vaccine administration
• RIG CAN BE GIVEN UP TO 7 DAYS AFTER 1ST DOSE OF RABIES VACCINE
• Omit RIG if past vaccination can be confirmed
• Administration of rabies immunoglobulin is critical in category 3 bites

NICD Hotline for Clinical Advice: 082 883 9920
Inform state veterinarian of incident

Adapted from Rabies: Guide for medical, veterinary and allied professions, Department of Agriculture