MARYLAND
Department of Health
Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

January 12, 2018

Dear Colleagues,

This letter is being sent as a follow up to recent discussions between state and local health officials and hospital clinicians concerning Human Rabies Immune Globulin (HRIG) treatment deviations following high-risk rabies exposures. In an effort to address the lack of specific language from the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) regarding the management of rabies post exposure prophylaxis deviations involving HRIG, the Garrett County Health Department and the Maryland Department of Health (MDH) are providing the following guidance:

1. *The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) recommendation for dose and site for administration of HRIG*

   - A single 20 IU/kg body weight dose of HRIG, **infiltrated into and around the wound(s),** should be administered when PEP is initiated (day 0). If it is not possible to infiltrate the entire dose at the site of the wound(s), the remainder should be administered intramuscularly (IM) at a site distant from the site of rabies vaccination. **However, every effort should be made to administer at least some HRIG into the site(s) where the exposure occurred.**

2. *Management of deviations from ACIP postexposure HRIG recommendations*

   - If administration of HRIG was not done at the time PEP was initiated (e.g., because insufficient quantity was available to treat the patient), it may be given up to and including the 7th day after the first dose of vaccine. HRIG should generally not be administered more than 7 days after the first dose of vaccine due to concern that the HRIG could interfere with an individual's active immune response to the vaccines; however, such situations should be discussed on a case-by-case basis with the health department for further recommendations.

   - If a patient was administered a full dose of HRIG without having the wound(s) or exposure site infiltrated appropriately, administration of additional HRIG into and around the wound(s) within 7 days after the first dose of vaccine may be indicated, especially for exposure to animals that are confirmed to be rabid or high-suspect for rabies. Re-administration of HRIG should include only the volume sufficient to infiltrate into and around the wound(s) (even if completely healed) up to a maximum volume of a full repeat dose. CDC Rabies Branch subject matter experts have verbally advised that up to twice the calculated dose of HRIG can be administered to a patient without significantly compromising the immune response. In such situations, the health department should be contacted immediately to discuss.

   - If the wound has healed, or there is no obvious wound at the anatomic site of exposure, HRIG should still be administered at the site where the contact or wound occurred.

- Treatment failures have been documented in other countries when an appropriate dose of HRIG was given, but the HRIG was not administered at the site of the actual wound. Concerns regarding pain, potential scarring, or potential tissue damage that might be caused by attempting to infiltrate HRIG into fingers, face, joint areas, etc., should be carefully weighed against the patient's risk of developing clinical rabies in the absence of such measures.

- Even if only a small amount of HRIG can be infiltrated, an attempt should be made to instill HRIG at the site of a rabies exposure. This includes PEPs provided due to bat-skin contact in the absence of a visible wound, but where there is concern because of the possibility of a bat bite. The only exceptions are mucous membrane exposures or bat exposures in which there is no information about the site of exposure; in those instances, the entire dose of HRIG must be administered IM at an anatomic site distant from the site of rabies vaccination. In such situations, MDH should be contacted immediately, on a 24/7 basis, to discuss.

Additional information for healthcare and public health professionals, including the online rabies PEP Basic Module, Rabies PEP posters, and current ACIP guidance documents, is available at: https://phpa.health.maryland.gov/OIDEOR/CZVBD/Pages/rabies.aspx.

Thank you for your attention to this issue. If you have further questions, contact the Garrett County Health Department at 301-334-7770 or MDH at (410) 767-6700.

Sincerely,

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