



# Administration of rabies vaccine and HRIG for post-exposure prophylaxis

Rabies post-exposure prophylaxis is required after potential exposure to rabies and may include **human rabies immunoglobulin (HRIG)** in addition to **rabies vaccine**. HRIG provides localised antibody protection while the person mounts an immune response to the vaccine.

Health providers should [contact public health](#) for access to and approval of rabies vaccine and HRIG.

The information below is a guide only, and health providers should refer to the [Australian Immunisation Handbook](#) and rabies vaccine and HRIG product information for more detailed advice.

## Administering rabies vaccines

- The dose of rabies vaccine for post-exposure prophylaxis is 1.0 mL (Mérieux or Rabipur) or 0.5 mL (Verorab) given by intramuscular injection. The dose is the same for infants, children and adults.
- Rabies vaccine should be given in the **deltoid** area and a **different limb** to any HRIG being administered (e.g. if HRIG is given in the hand, give the rabies vaccine in the opposite deltoid).
- Infants <12 months of age are recommended to receive the rabies vaccine in the anterolateral aspect of the thigh (the ventrogluteal site is an acceptable alternative for infants).
- **Do not give rabies vaccine in the buttock**, because post-exposure prophylaxis can fail when vaccine is given in this area.
- See [Rabies and other lyssaviruses – Vaccines, dosage and administration](#).

## Administering HRIG (if recommended)

- HRIG can be given up to and including day 7 following the first dose of a rabies vaccine (day 0). It should **not** be given from day 8 onwards as it may suppress the immune response to the vaccine.

## Calculating the dose of HRIG

- The dose for HRIG is 20 IU/kg (i.e. 20 international units per kilogram of body weight).
- HRIG is supplied in 2mL vials containing 150 IU/mL.
- To calculate the dose in mL =  $20 \times (\text{patient weight in kg}) \div 150$ .

## Infiltrating the wound with HRIG

- Infiltrate HRIG in and around **all** wounds using as much of the calculated dose as possible. Some sites may be difficult to infiltrate (e.g. fingers and hands, young children) and there may be a risk of compartment syndrome – see [Rabies and other lyssaviruses – Infiltrating wounds with HRIG](#).
- Any remaining HRIG that cannot safely be infiltrated in or around the wound should be given intramuscularly at a site **away** from the rabies vaccine injection site (e.g. deltoid of opposite arm, lateral thigh or gluteal muscle). This is so HRIG does not interfere with the vaccine response.
- If the calculated volume of HRIG is not enough to completely infiltrate all wounds (e.g. extensive dog bites in a young child), dilute the HRIG in saline to make up an adequate volume.

## Precautions for rabies vaccines and HRIG

- There are no absolute contraindications to use of rabies vaccine or HRIG for post-exposure prophylaxis as rabies is almost always fatal.
- Rabipur is not suitable for people with egg allergy.
- Rabies vaccine and HRIG are normally well tolerated. Pain at the injection site may occur.
- Health providers should be aware of the possibility of hypersensitivity reactions – see [Rabies and other lyssaviruses – Contraindications and precautions](#) and [Adverse events](#).
- Postpone immunisation with live vaccines after HRIG administration as per the [Australian Immunisation Handbook](#).