



RABIES POSTEXPOSURE PROPHYLAXIS (PEP)

FROM THE 2010 ADVISORY COMMITTEE ON IMMUNIZATION PRACTICE

What is Rabies PEP?

Rabies PEP includes:

- Wound cleaning
- Rabies immune globulin (RIG)*
- A series of rabies vaccinations

*For persons who have not previously been vaccinated against rabies.

When is it indicated?

PEP should be given to anyone with suspected exposure to the rabies virus. Exposure usually occurs via bites from wildlife such as bats and raccoons, but dogs, cats, and other mammals can also transmit the virus. Your local health department can help in assessing exposure risk.



Scan for MDH Rabies Exposure Algorithm



How should rabies PEP biologics be administered?

Not previously vaccinated	RIG (20 IU/kg)	Infiltrate wounds with as much of the dose as anatomically feasible, inject remaining volume IM in a site distant from vaccine. If site of exposure is unknown, inject full dose IM in a site distant from the vaccine.
	Vaccine (1 mL)	Inject IM in deltoid on days 0, 3, 7, and 14*.

*Immunocompromised persons should receive five doses of vaccine (1 dose of vaccine on days 0, 3, 7, 14, and 28).

Previously vaccinated	RIG (20 IU/kg)	Do not administer.
	Vaccine (1 mL)	Inject IM in deltoid on days 0 and 3.

Important Do's and Dont's

DO

- Infiltrate all wounds (even if healed/healing) with RIG unless patient was previously vaccinated.
- Inject vaccine in deltoid or thigh (in children).
- Give a tetanus booster, if appropriate.
- Report animal bites to local police, animal control, or health department.

DON'T

- Give RIG to a previous recipient of PEP or pre-exposure vaccination.
- Inject RIG and vaccine at the same site.
- Give more than the recommended dose of RIG.
- Inject vaccine in the gluteus.
- Give RIG in the same syringe as vaccine.

Contact your local health department for assistance with deviations from the recommended rabies PEP schedule.

Contact your local health department at:



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ADMINISTRATION ALGORITHM

START HERE ↓

Risk Assessment

Provider determines that rabies PEP should be initiated.



Provide wound care as appropriate and evaluate patient for Tdap booster.



Does the person have a documented history of rabies PEP or PrEP (pre-exposure vaccination)?

NO

Continue to RIG + Vaccine Pathway (below)

YES

Vaccine-only Pathway (below)

RIG + Vaccine Pathway

Is the exposure site known?

YES

Administer RIG (20 IU/kg)

Infiltrate wounds (even if healed/healing) or exposure site with as much of the dose as anatomically feasible, inject remaining volume IM in a site **distant from vaccine**.



Inject Vaccine (1ml) IM in deltoid (thigh in children) on days 0*, 3, 7, and 14**

**Immunocompromised persons should receive five doses of vaccine (1 dose of vaccine on days 0*, 3, 7, 14, and 28).

NO

Administer RIG (20 IU/kg)

Inject full dose IM in a site distant from the vaccine



Inject Vaccine (1ml) IM in deltoid (thigh in children) on days 0*, 3, 7, and 14**

**Immunocompromised persons should receive five doses of vaccine (1 dose of vaccine on days 0*, 3, 7, 14, and 28).

Vaccine-Only Pathway

(Previously vaccinated)

DO NOT ADMINISTER RIG!

Inject Vaccine (1ml) IM in deltoid (thigh in children) on days 0* and 3

*Day 0 is the day the vaccination series is started

Updated 10/14/2025