Pre-exposure (PrEP) and Post-exposure (PEP) Prophylaxis of rabies in humans

| MEASURES BY THE | PATIENT PHYSICIAN | | NURSE | PROGRAMME | |
|---------------------------|--|--|---|---|--|
| Before the care of a bite | Clean the wound | Be trained for risk assessement Management of rabies inmunebiologicals stock | | Inform epidemiological situation for healthcare professionals | |
| During the care of a bite | Inform the physician about the circusntances of the bite | Provide care to the woundRisk assessementPEP, if recommended | Administration of PEP in Day 0Report event | Registration of the healthcare | |
| After the care of a bite | Show up at vaccination dates | Evaluate need to complete PEP in case of healthy dog/cat after 10 days | Complete PEP, in established doses and days. Find and locate patients that haven't show up to complete protocol | Follow up the health condition of the dog for 10 days | |

Risk Assessement Criteria for Exposure

- Severity of injury, extension of the wounds and location in the body affected: head, neck, hands.
- · Who was affected? Age, sex, occupation, immune status.
- Type of contact: Bite, scratch, touch, lick.
- Species and characteristics of the animal: How was the animal involved?

 If it's a dog or cat, is it available for observation and what is its vaccination status?
- · Animal vaccination status (dogs/cats).
- Date of the attack and circumstances.
- · Local/regional/international rabies epidemiology.
- · Laboratory test results.

CATEGORY I

- Touching or feeding animals
- Licking intact skin
- Contact of intact skin with secretions or excretions from an animal or person with rabies

NOT considered as exposures

DO NOT REQUIERE PEP

CATEGORY II

- · Small bite of uncovered skin
- Minor scratch or scrapes without bleeding

PEPWithout use of RIG

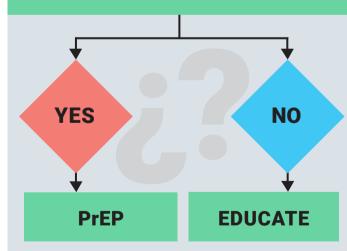
CATEGORY III

- · One or multiple bites
- Transdermal scratches
- Linking in openings or injury
- · Contact of the mucosal with saliva
- Exposure to bats or other wildlife animals

PEP

With the use of RIG

Is there any risk associated with the work if it is a health profesional?



Protocols for Pre-Exposure

| | Days and doses to apply | | |
|-----------------------|-------------------------|-------|--|
| Protocol and schedule | Day 0 | Day 7 | |
| IM in 1 week | 1 | 1 | |
| ID in 1 week | 1* | 1* | |

IM Intramuscular; ID Intradermal;

* 1 dose equals to two 0.1mL applications/injections per visit.

Post-Exposure Prophylaxis

Clean the wound for 10 minutes with flowing water and soap.

| Protocols for Post-Exposure Prophylaxis | | | | | | | | |
|---|-----------------------------|-------|-------|--------|--------|--|--|--|
| | Day and doses to be applied | | | | | | | |
| Protocol and schedule | Day 0 | Day 3 | Day 7 | Day 14 | Day 21 | | | |
| IM in 2 weeks | 1 | 1 | 1 | 1 | 0 | | | |
| IM in 3 weeks | 2 | 0 | 1 | 0 | 1 | | | |
| ID in 1 week | 1* | 1* | 1* | 0 | 0 | | | |

IM Intramuscular; ID Intradermal; * 1 dose equals to two 0.1mL applications/injections per visit.

Rabies inmunoglobulin (RIG)

- · Once at Day 0, or maximum at Day 7 from begging of PEP.
- Infiltrate the wound, and around it, just the necesary volume.
- If there is no wound/scar, administrate RIG intramuscular.
- Max. Dose: 40 UI/Kg for Equine IG; and 20 UI/Kg for Human IG.

Person vaccinated previously due to another exposure:

- Up to 6 months: do not requiere to repeat vaccination or booster shot.
- More than 6 months: Provide booster (2 doses, one at Day 0 and one at Day 3).

Person returning from a delay in receiving doses:

Complete the protocol regardless of the delay.



