



<sup>1</sup> **Tetanus Vaccine and Immunoglobulin Considerations**

- If the patient has completed primary Tetanus series, is up to date on Tetanus vaccination, and received a dose in the past 5 years (past 10 years for patients with minor wounds); no Tetanus prophylaxis is indicated.
- If the patient is up to date on Tetanus vaccine but has not completed DTaP series (4 vaccines in total), provide a dose of DTaP if the minimum interval has occurred. Need for TIG (Tetanus immunoglobulin) should also be assessed (see below).
- If the patient received at least 3 doses of a Tetanus containing vaccine, no TIG is needed. If the patient has received fewer than 3 doses of a Tetanus containing vaccine, TIG is only needed for wounds that are NOT clean and NOT minor.

<sup>2</sup> **Rabies Prophylaxis Considerations**

- If the animal is in the home and appears healthy, can observe it for 10 days; no prophylaxis is needed unless animal begins to have symptoms.
- If the animal is suspected to have symptoms or it is unknown, Rabies prophylaxis should be administered.
- Please see [Appendix A](#) for Rabies vaccine and immunoglobulin administration details.

### **RABIES VACCINE ADMINISTRATION**

- Two vaccines are available on the market: Rabavert (preferred) and Imovax (reserved for those with severe egg allergy).
- Administration site: typically deltoid, or for young patient may use outer aspect of thigh.
  - Do NOT administer in the gluteal muscle.
- Dose: 1 ml/dose
- Administration Schedule:
  - Immunocompetent patients: give on days 0, 3, 7, and 14.
  - Immunocompromised patients: give on days 0, 3, 7, 14 and 28.
  - Patients who have had rabies vaccine in the past: give on days 0 and 3.

### **RABIES IMMUNOGLOBULIN ADMINISTRATION**

- Dose: 20 IU/kg given in a single dose
- Administration:
  - Give as soon as possible after exposure.
  - If possible, give the full dose around/into the wound(s).
  - Any remaining volume should be administered IM at a site distant from the vaccine administration site.