ALERT: Rabies Vaccine and Immunoglobulin Shortages - UPDATE
October 15, 2019

Attention: Health Care Providers

Provincial supplies of rabies vaccine and rabies immunoglobulin (RabIg) at the Ontario Government Pharmaceutical and Medical Supply Service have been replenished. These biologicals are utilized for post-exposure prophylaxis (PEP) in the management of potential human exposures to the rabies virus.

However, a memorandum from the Ministry of Health asks local public health agencies work to ensure product availability going forward by judiciously ordering vaccine and immunoglobulin and ensuring that risk assessments are conducted for all reported exposures. Risk assessment outcomes and recommendations will be communicated to attending physicians. The recommendations by public health agencies should be used by physicians to support the appropriate and judicious use of rabies biologicals. Additionally, wastage of rabies vaccine and immunoglobulin should be minimized by ensuring that short-dated products are utilized before dispensing those with longer expiry dates.

Until further review, healthcare providers are advised to continue to use the RabIg-sparing protocol (see attached), pending further review by the Ministry of Health in collaboration with Public Health Ontario. Additional details will be communicated when they become available.

If you have any additional questions or concerns, please contact:
Julie Ingram, Manager, Environmental Health
Peterborough Public Health
705-743-1000, ext. 351
Rabies Immune Globulin–Sparing Guidelines for Ontario:

For cases where rabies post-exposure prophylaxis has been recommended

Due to a recent human case of rabies in Canada resulting from a bat exposure, there has been a significant increase in the use of rabies immune globulin (RabIg) both in Ontario and across Canada. As a result, the available supply of RabIg is currently limited.

The World Health Organization (WHO) no longer recommends injecting the remainder of the calculated RabIg (WHO uses the term RIG in their guidelines) dose IM at a site distant from the site of exposure.\(^1\) Based on this newer WHO position and the current limited supply of RabIg, please follow the RabIg-sparing steps below when administering rabies post-exposure prophylaxis.

**RabIg-Sparing Protocol**

This protocol relates to the use of RabIg. Treatment of any wounds (thorough cleaning, flushing, antibiotics, analgesics, tetanus vaccination etc.) and the administration of rabies vaccines should follow normal protocols.\(^2\)

1. Calculate the dose of RabIg (20 IU/kg body weight) and the number of vials required for this dose.

2. Draw up one vial at a time in order to save any unopened vials that you don’t use.

3. Infiltrate as much of the calculated dose as possible around the wound(s) or site of exposure (if a bite or scratch is not evident).

   **Note:** Infiltration of wounds with RabIg in some anatomical sites (finger tips) must be carried out with care in order to avoid increased pressure in the tissue compartment. When more than one wound exists, each wound should be locally infiltrated with a portion of the RabIg using a separate needle and syringe. In such instances, the RabIg can be diluted in a diluent permitted by the specific product labelling in order to provide the full amount of RabIg required for thorough infiltration of all wounds.\(^2\)

4. If the entire calculated dose of RabIg cannot anatomically be infiltrated around the wound(s) or site of exposure, **do NOT give the remainder of the dose IM.** Save any unopened vials for use in another case.

5. For situations that are not clear, the attending healthcare provider makes the final decision regarding the administration of RabIg, along with input from the Medical Officer of Health.

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