A People at Risk for Postexposure Prophylaxis 

-Immunocompromised persons
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-Recipients of solid organ transplants (except lung)
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-Recipients of stem cell transplants
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-Recipients of other cellular therapies (such as bone marrow)
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-Individuals with severe combined immunodeficiency
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-Individuals with congenital or adquired HIV infection
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-Individuals with hypogammaglobulinemia
-
-Individuals with other profound humoral immunodeficiency
-
-Intravenous drug users with HIV infection
-
-Individuals with AIDS
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-Individuals with AIDS who also have solid organ transplantation, bone marrow transplantation, or other cellular therapy
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-AIDS patients who are seronegative for HbsAg

For persons who have not previously been immunized against rabies, provide proactive prophylaxis at the following dosages:

-Primary course: One dose of RabAvert of 1.0 mL for persons 12 years of age and older, or 0.5 mL for children less than 12 years of age, intramuscularly (deltoid region), one each on days 0, 7, and 21 or 28 (1)
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-Booster course: One dose of RabAvert of 1.0 mL for persons 12 years of age and older, or 0.5 mL for children less than 12 years of age, intramuscularly (deltoid region), one each on days 0, 3, and 7.

If postexposure treatment is begun outside the United States with HRIG, it can be given through the seventh day after administration of the primary course of RabAvert. The booster dose should not be given if the patient has received HRIG as this may blunt the rapid memory response to rabies antigen.

Immediately and thoroughly wash all bite wounds and scratches with soap and water or antiseptic solution. For persons who have not previously been immunized against rabies, provide proactive prophylaxis at the following dosages:

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Local reactions such as induration, swelling and reddening have been identified during post-exposure prophylaxis with RabAvert. Other reactions, such as injection site erythema, induration and pain; flu-like systemic reactions; transient paresthesias and one case of suspected urticaria pigmentosa have also been reported. Gastrointestinal reactions; transient paresthesias and one case of suspected urticaria pigmentosa have also been reported.

Contraindications, Warnings, and Precautions

Hypersensitivity to purified chick embryo cell vaccine is a contraindication. The vaccine should not be used in patients allergic to neomycin, chlortetracycline, amphotericin B, or any other component of the vaccine formulation.

Geriatric Use

Elderly patients generally are well tolerated. However, in three studies some preexposure immunization serologic testing is not recommended. Serologic testing according to the CDC's Advisory Committee on Immunization Practices (ACIP) or World Health Organization (WHO) guidelines and as soon as possible after exposure but before vaccine is given, treatment can be discontinued after at least one titer determination. Antiseronegative patients who have received a booster dose of vaccine should be immunized postexposure only if their antibody titers are zero or below the level of protection (of a titer of 1:5 or less in the RFFIT). Antiseronegative patients who have had exposure should be treated with rabies immune globulin (HRIG) plus 5 doses of vaccine. In such cases, if the immune status of a previously vaccinated patient is uncertain, RabAvert should be used. If the immune status of a previously vaccinated patient is uncertain, RabAvert should be used.

Pediatric Use

The ability of RabAvert to boost previously immunized subjects was evaluated in three clinical trials. In the Thailand study, preexposure vaccination with RabAvert was effective in boosting previously immunized subjects. In the United States and in the United Kingdom, RabAvert was given as a single dose to children and adults. In a study conducted in four countries, the ability of RabAvert to produce a protective immune response in children and adults was demonstrated. In this study, children and adults were vaccinated with RabAvert and a booster dose was administered 2 to 4 weeks later.

The individual booster dose is 1 mL, given intramuscularly.

Rabies Vaccine

Rabies Vaccine is indicated for:

- preexposure prophylaxis excluding immediate postexposure prophylaxis
- postexposure prophylaxis

Rabies Vaccine is contraindicated in:

- patients allergic to neomycin, chlortetracycline, amphotericin B, or any other component of the vaccine formulation.