Westchester gov.com

Westchester County Department of Health (WCDH)

Division of Disease Control

Human Rabies Biological Administration Record

FAX to (914) 813-5182 **Phone # (914) 813-5159**

Patient Name: _____ DOB: _____ Log #: _____

RABIES PEP - **REFER TO PACKAGE INSERTS and https://www.cdc.gov/mmwr/pdf/rr/rr5902.pdf**

A. Persons potentially exposed to rabies that have not had pre-exposure or post exposure immunization should receive:
   1. A **single dose of human rabies Immune Globulin (HRIG)** based on weight (20 international units [IU]/kg)
      a. If anatomically feasible, the full dose of HRIG should be thoroughly infiltrated in the wound and the area around the wound(s).
      b. Any remaining HRIG should be given IM at a different location from the administration of the first dose of rabies vaccine.

Is individual immunocompromised? Yes_____ No _____

   2. For immunocompetent individuals four **(4) doses** of human rabies vaccine. One each on days 0, 3, 7 & 14 given IM.
      a. The vaccine is administered on the lateral aspect of the upper arm. It should NOT be administered in the gluteal region due to decreased efficacy when given at this site. The intradermal (ID) route should NOT be used for post-exposure prophylaxis.
   3. For immunocompromised individuals, **five (5) doses** of human rabies vaccine. One each on days 0, 3, 7, 14 & 28 given IM.
      b. The vaccine is administered on the lateral aspect of the upper arm. It should NOT be administered in the gluteal region due to decreased efficacy when given at this site. The intradermal (ID) route should NOT be used for post-exposure prophylaxis.

B. Persons who have had three (3) IM vaccine or three (3) ID doses of rabies vaccine should receive two (2) vaccine doses, one each on days 0 and 3. HRIG is not necessary. This also applies to individuals who have been treated previously with HRIG and ≥3 doses of vaccine following an exposure.

****

HRIG & RABIES VACCINE ADMINISTRATION REPORTING:

NYSDOH Public Health Law §2102, 10NYCRR 2.10 requires that the administration of rabies **prophylaxis** be reported to the Local Health Department. This must be done by completing the grid below with information on the administration of the HRIG and vaccine series to the patient named above and **faxing this to WCDH** at the number at the top of this form **at the time that the HRIG and first dose of rabies vaccine are given**. A **follow up form** must be completed and submitted following the completion of the rabies vaccine series.

Vaccines must be given on the dates recommended (see above). Please read the rabies vaccine and rabies immune globulin insert and the rabies immune globulin weight chart for instructions on administration. If your patient suffers an adverse reaction to the vaccine, please complete and submit a VAERS form and note this on the vaccination record**. If the patient does not return for any of the scheduled vaccinations, please notify the WCDH** during or on the next business day **at (914) 813-5159 (M-F). Please complete and fax this form to WCDH when series is completed or within 14 days of initiation of treatment if the series is not completed.**

TO BE COMPLETED BY THE TREATING PHYSICIAN/HEALTH CARE PROVIDER

	Date Recommended	Date Given	Injection Site	Dose	Manufacturer Lot # From Box Exp. Date	Signature of Vaccinator
HRIG Day 0						
Rabies Vaccine						
Day - 0						
Day - 3						
Day - 7						
Day – 14						
Day – 28						

For information or questions on the administration of the human rabies immune globulin (HRIG) and rabies vaccine, call the manufacturer(s).

Treating healthcare provider signature/date: _____ / _____

Print name of treating healthcare provider: _____ Phone #: _____

Created 2010 Revised 8-28-2024