

TABLE 2. Rabies

Risk	Nature of risk	Typical populations ¹	Pre-exposure regimen
Continuous	Virus present continuously, often in high concentrations. Aerosol, mucous membrane, bite, or non-bite exposure possible. Specific exposures may go unrecognized.	Rabies research lab workers ² : Persons whose activities bring them into frequent contact with rabies virus or potentially rabid animals such as cats, dogs, skunks, bats, raccoons, and foxes ³ . Persons frequenting bat caves/enclosures.	Primary pre-exposure immunization course. Serology every 6 months. Booster if titer falls below acceptable level.
Frequent	Exposure usually episodic with source recognized, but exposure may also be unrecognized. Aerosol, mucous membrane, bite, or non-bite exposure.	Diagnostic lab workers: spelunkers, veterinarians, and persons visiting foreign areas of enzootic rabies for more than 30 days. Also persons whose activities may potentially bring them into contact with rabid animals or work in rabies epizootic areas. Examples: wildlife, ecology, mammalogy, biology, veterinary science, animal science, and other related fields. University Animal Care employees.	Primary pre-exposure immunization course. Serology or booster immunization every 2 years ⁴
Infrequent	Exposure nearly always episodic with source recognized. Mucous membrane, bite, or non-bite exposure.	Those working in areas of low rabies enzooticity. Persons not intending to contact wild animals or stray animals, those observing only.	Primary pre-exposure immunization course. No routine booster immunization or serology.
Rare	Exposure always episodic, mucous membrane or bite with source recognized.	U.S. population at large, students at large	No pre-exposure immunization necessary.

¹ Examples listed are not considered all-inclusive for each category.

² Judgment of relative risk and extra monitoring of immunization status of laboratory workers is the responsibility of the laboratory supervisor.

³ Individuals with exposure to bats, skunks, raccoons, and foxes are at higher risk.

⁴ Boost if titer falls below 1:5.

Category of risk is determined by which category of animal contact you have been assigned to and review of the animal protocol submitted to the IACUC.

Anyone having exposure, or suspected exposure, to a rabies positive animal or tissues, or contact from a suspect animal that cannot be tested or quarantined for rabies will undergo post-exposure prophylaxis therapy.

It is the responsibility of instructors/professors/supervisors to monitor the risk of students, student teachers, and lab workers and obtain the appropriate immunizations for them BEFORE exposure occurs. If there is any question as to whether someone should be immunized, contact Occupational Medicine Service.

TABLE 3
RABIES POST-EXPOSURE PROPHYLAXIS GUIDE

	Animal Species	Condition of Animal at Time of Attack	Treatment of Exposed Person ¹
Domestic	Dog, cat	Healthy and available for 10 days of observation Rabid or suspected rabid Unknown (escaped)	None, unless animal develops rabies ² RIG ^{2,3} and HDCV or RVA Consult public health officials; if treatment is indicated, give RIG ³ and HDCV or RVA
Wild	Skunk, bat, fox, coyote, raccoon, bobcat, other carnivores, woodchucks	Regard as rabid unless geographic area is known to be rabies free or animal is proven to be negative by laboratory tests ⁴	RIG ³ and HDCV or RVA
Other	Livestock, rodents, lagomorphs (rabbits and hares)	Consider individually; local and state public health officials should be consulted about the need for rabies prophylaxis; bites of squirrels, hamsters, guinea pigs, gerbils, chipmunks, rats, mice, other rodents, rabbits, and hares almost never call for anti-rabies prophylaxis.	

¹All bites and wounds should immediately be thoroughly cleansed with soap and water. If anti-rabies treatment is indicated, both rabies immune globulin (RIG) and human diploid cell rabies vaccine (HDCV) or rabies vaccine absorbed (RVA) should be given as soon as possible, regardless of the interval from exposure. Local reactions to vaccines are common and do not contraindicate continuing treatment. Discontinue vaccine if fluorescent antibody tests of the animal are negative.

²During the usual holding period of 10 days, begin treatment with RIG and HDCV or RVA at first sign of rabies in a dog or cat that has bitten someone. The symptomatic animal should be killed immediately and tested.

³Do not use more than the recommended dosage.

⁴The animal should be killed and tested as soon as possible. Holding for observation is not recommended.