Rabies Immune Globulin (Human)

Revision Date: August 23, 2013

Please consult the Product Monograph[1] for further information about this product.

	HYPERRAB™ S/D	IMOGAM® Rabies Pasteurized
Manufacturer	Grifols Therapeutics Inc. distributed by Grifols Canada Ltd.	Sanofi Pasteur Limited
Authorization and access	**Special authorization and access procedures must be followed**. Post-exposure prophylaxis (PEP): Available from Alberta Health: The Provincial Vaccine Depot at 780-992-6986 (daytime) or the Office of the Chief Medical Officer of Health (OCMOH) pager 780-638-3630 (after hours). See Rabies Post-exposure - Authorizing and Obtaining Rabies Post-exposure Biologicals including the Rabies Post-exposure Prophylaxis Report.	
Off-license use	None	
Indications for use of provincially funded rabies immune globulin	**Post-exposure:** Rabies PEP must be considered if potential human exposure to rabies virus has occurred and should be initiated as soon as possible after the exposure. However, if indicated based on risk assessment, rabies PEP should be offered to exposed individuals regardless of the time interval after exposure.[2] For disease information, assessment of exposure and reporting requirements refer to *Public Health Notifable Disease Management Guidelines: Rabies*[3] **Note**: Individuals from out of province requiring rabies PEP should be referred to the Alberta Health Immunization Program. The Nurse Consultant will send a referral to the appropriate jurisdiction to ensure follow-up is completed.	
Dose	**Post-exposure**: 20 IU/kg (0.133 mL/kg) of body weight **Note**: The dose of rabies immune globulin (RIG) should not be exceeded because of possible interference of RIG with the immune response to rabies vaccine.[2]	
Route	**Post-exposure**: Infiltration into and around the wound(s) and/or intramuscular injection. **Notes**: • If anatomically feasible, the full dose should be infiltrated into the wound and surrounding area by a physician. Any remaining volume should be injected intramuscularly at an anatomical site distant from the vaccine administration.[2] • When more than one wound exists, each wound should be locally infiltrated with a portion of the RIG using a separate needle and syringe.[2] In such instances, the RIG can be diluted twofold to threefold in a solution of 0.9% sodium chloride in order to provide the full amount of RIG required for thorough infiltration of all wounds.[2] • If the site of the wound is unknown, the entire dose should be administered intramuscularly.[2]	
Schedule	**Post-exposure:** ❖ RIG should be administered concurrently with the first dose of rabies vaccine using separate syringe/needle and at a different anatomical site.	

	Notes: • If RIG is not be administered as recommended at the initiation of the post-exposure rabies vaccine series (day 0), it can be administered up to seven days after the first dose of vaccine is administered.[2] • Measles, varicella and other live virus vaccines should not be administered until at least four months after the administration of RIG.[2] • If RIG must be administered less than 14 days after receipt of a live viral vaccine, the live viral vaccine may need to be repeated.[2] See Contraindications and Precautions – Live Vaccines.
Contraindications	Individuals who have previously completed rabies immunization and are known to have an adequate antibody titre (rapid fluorescence focus inhibition test result of 0.5 IU/mL or greater) should not receive RIG.
Precautions	• RIG should not be administered later than day 7 after initiation of a vaccine series.[2] • RIG should be administered only one time during rabies PEP (not later than day 7 after initiation of the vaccine series). Additional doses may interfere with maximum immunity from the vaccine.[1,4] • Administer with caution to individuals with a history of prior systemic allergic reactions following the administration of human immune globulin preparations.[1] • Individuals with IgA deficiency have increased potential for developing antibodies to IgA and could have anaphylactic reactions to subsequent administration of blood products that contain IgA.[1] • No more than the recommended dose should be given (may partially suppress active production of antibody).[1,2]
Possible reactions	**Local reactions:** • Pain or soreness may occur at the injection site.[1] **Systemic reactions:** • Headache and malaise. • Fever, skin reactions, chills, urticaria and angioedema may occur.[1] • Rare instances of angioneurotic edema, nephrotic syndrome, hypotension, tachycardia and allergic-type reactions have been reported. Refer to *Adverse Events Following Immunization (AEFI), Policy for Alberta Immunization Providers*.[5]
Pregnancy	Pregnancy is not a contraindication to rabies PEP.
Lactation	Breastfeeding is not a contraindication to rabies PEP.

References

[1] Grifols Therapeutics Inc. (2012, January 30). Rabies immune globulin (human): HYPERRAB® S/D. *Product Monograph*.

Sanofi Pasteur Limited. (2005, November). IMOGAM® Rabies Pasteurized: Rabies immune globulin, pasteurized (human). *Product Monograph*.

[2] National Advisory Committee on Immunization. (2012). *Canadian Immunization Guide* (Evergreen ed.). Ottawa, ON: Public Health Agency of Canada. www.canada.ca/en/public-health/services/canadian-immunization-guide.html

[3] Alberta Health. *Public Health Notifiable Disease Management Guidelines: Rabies.* www.health.alberta.ca/professionals/notifiable-diseases-guide.html

[4] Grabenstein, J. D. (2012). *ImmunoFacts: Vaccines and Immunologic Drugs 2013*. St. Louis, MO: Wolters Kluwer Health.

[5] Alberta Health. (2016, December). *Adverse Events Following Immunization (AEFI), Policy for Alberta Immunization Providers.* www.health.alberta.ca/documents/AIP-Adverse-Events-Following-Immunization-Policy.pdf

