

NWT Clinical Practice Information Notice

Upon receipt, please file this notice in
Section C, Clinical Practice Information Binder for future reference.

The following Clinical Practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

<input checked="" type="checkbox"/>	Hospitals	<input checked="" type="checkbox"/>	Community Health Centers		Homecare		<input type="checkbox"/>	LTCF	<input checked="" type="checkbox"/>	Pharmacists
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The information contained in this document is a Departmental:

<input type="checkbox"/>	Policy	<input checked="" type="checkbox"/>	Standard	<input type="checkbox"/>	Protocol	<input type="checkbox"/>	Procedure	<input type="checkbox"/>	Guideline
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Title: Change to Rabies post-exposure immunization series protocol for previously unimmunized immunocompetent individuals

Effective Date: 1/9/2013

Statement of approved Clinical Practice:

Post-exposure prophylaxis of previously unimmunized individuals should consist of both the Rabies Immunoglobulin (RabIG) and rabies vaccine.) RabIG provides immediate passive protection until the exposed person mounts an immune response to the rabies vaccine.

The Canadian National Advisory Committee on Immunization is now recommending the following changes to post-exposure immunization of immunocompetent individuals previously unimmunized with rabies vaccine:

- Four 1.0 mL doses of HDCV or PCECV should be administered **IM**. The first dose of the four-dose course should be administered as soon as possible after exposure (day 0) based on the considerations discussed in the “Management of the person after exposure to a potentially rabid animal section” in the Canadian Immunization Guide. Additional doses should be administered on days 3, 7 and 14 after the first vaccination. Recommendations for the use of RabIG on day 0 remain unchanged.
- Previously unimmunized immunocompromised persons (including those taking corticosteroids or other immunosuppressive agents, and those who have immunosuppressive illnesses) and those taking chloroquine and other antimalarials, should continue to receive a five-dose vaccination regimen on days 0, 3, 7, 14 and 28 with one dose of RIG on day 0.
- Recommendations for post-exposure prophylaxis of persons previously immunized remain unchanged.
- Recommendations for pre-exposure prophylaxis remain unchanged with the exception of the following, the **ID** route should not be used for pre-exposure prophylaxis in those who are immunocompromised or are taking chloroquine.

Reference: <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-rabi-rage-eng.php>, retrieved December, 2012.

This clinical practice is approved.



(Signature)

(Date)

Assistant Deputy Minister

Chief Public Health Officer

Director, Child & Family Services

Director, Adoptions