June 14, 2017

To: San Benito County Healthcare Providers and Veterinarians

Dear Colleagues,

As summer approaches and people spend more time outdoors, with exposure to both domestic and wild animals, this is an opportune time to review the management of possible rabies exposures.

Of 219 animals tested in San Benito County between 2007 and 2015, 3 bats and 11 skunks tested positive. No cats, dogs, raccoons, foxes or horses have tested positive since 2007. No animals of any type tested positive in 2015 and 2016.

Rabies infection, while almost universally fatal, can be prevented in exposed persons with postexposure prophylaxis (PEP). However, not all persons with animal bites or other exposure to animal saliva need to receive PEP. PEP should be allocated judiciously and reserved for individuals for whom exposure to rabies virus is likely. PEP decisions should be made in consultation with public health officials.

If you and the Health Officer decide to administer PEP, please refer to the attached table for dosing.

The staff of San Benito County Public Health Services are available to consult with you on rabies and other public health issues. We can be reached at (831) 637-5367. We appreciate the opportunity to partner with you in caring for the residents of our county.

Sincerely,

[Signature]

Gail Newel, MD, MPH
Health Officer
When patients present with bites, scratches, or other exposure to the saliva of domestic or wild animals, please take the following steps:

1. Clean the wound thoroughly with soap and water. If available, a virucidal agent such as povidone-iodine solution should be used to irrigate the wounds.
2. Assess the need for a tetanus booster.
3. Contact the Health Officer to discuss the need for PEP. The Health Officer or backup medical personnel can be reached 24/7/365 via Santa Cruz 911 Dispatch at (831) 471-1170.
4. Obtain a Report of Domestic Animal Bite Case form from Animal Care and Services (ACS) by calling 831-636-4320. Fax the completed form to ACS at (831) 636-4321.

Postexposure Immunization for Rabies

<table>
<thead>
<tr>
<th>Patient’s Rabies IZ Status</th>
<th>Biological</th>
<th>Dose</th>
<th>Number of Doses</th>
<th>Schedule (Days)</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not previously immunized</td>
<td>RIG</td>
<td>20 IU/kg body weight for all age groups</td>
<td>1</td>
<td>0</td>
<td>Infiltrated SQ or IM at wound site (if possible); remainder IM, distant from HDCV or PCECV site (e.g., contralateral deltoid).</td>
</tr>
<tr>
<td>and</td>
<td>HDCV or PCECV</td>
<td>1.0 mL</td>
<td>4$^2$</td>
<td>0, 3, 7, 14</td>
<td>IM, distant from HRIG site.</td>
</tr>
<tr>
<td>Previously immunized$^{3,4}$</td>
<td>HDCV or PCECV</td>
<td>1.0 mL</td>
<td>2</td>
<td>0, 3</td>
<td>Adults: IM, deltoid; children: IM, anterolateral aspect of thigh.</td>
</tr>
</tbody>
</table>

Abbreviations: HDCV, human diploid cell vaccine; IM, intramuscularly; PCECV, purified chick embryo cell vaccine; RIG, rabies immune globulin; SQ, subcutaneously.

1. All postexposure prophylaxis should begin with immediate, thorough cleansing of all wounds with soap and water.
2. Five vaccine doses for the immunosuppressed patient. The first 4 vaccine doses are given on the same schedule as for an immunocompetent patient, and the fifth dose is given on day 28.
3. Pre-exposure immunization with HDCV or PCECV, prior postexposure prophylaxis with HDCV or PCECV, or people previously immunized with any other type of rabies vaccine and a documented history of positive rabies virus neutralizing antibody response to the prior vaccination.
4. RIG should not be administered.

References

A. *California Compendium of Rabies Control and Prevention 2012.*
B. *Health Information for International Travel 2016.*