2-dose Pre-exposure Prophylaxis, Rabies Vaccine



Claims one life every 9 minutes, resulting in 59,000 deaths annually worldwide1



Transmitted by bites or scratches from rabid animals, 99% by dogs1



Leads to acute brain inflammation, manifesting in either furious or paralytic forms1



Virtually fatal once symptoms appear¹

ACIP recommendations for pre-exposure prophylaxis (PrEP) are based on risk categories²



Highest risk categories: 1 & 2

Persons working with live rabies virus or handling rabid animals (bats)

Risk Category 1

- Exposure to high concentration of rabies virus
- Recognized or unrecognized exposures
- Can be unusual exposures (e.g. aerosolized)

Risk Category 2



- Recognized or unrecognized exposures
- Unusual exposure unlikely



Elevated Risk categories: 3 & 4

Persons who work with potentially rabid animals/travellers in rabies at-risk areas

Risk Category 3



 Recognized exposures, <u>sustained</u> risk longer than 3 years

Risk Category 4



Recognized exposures, unsustained risk duration ≤3 years

Recommendations



2-dose rabies PrEP (IM D0,D7)

Titer check

Risk Category 1



 serial titer checks needed every 6 months (booster if titer < 0.5 IU/mL*)

Risk Category 2



 serial titer checks needed every 2 years (booster if titer<0.5 IU/mL)

Risk Category 3



· One-time titer check (between Year 1-3 and booster if titer < 0.5 IU/mL) or one-time booster (between Day 21-Year 3) needed

Risk Category 4



 No titer check necessary if risk remains unsustained ≤3 years



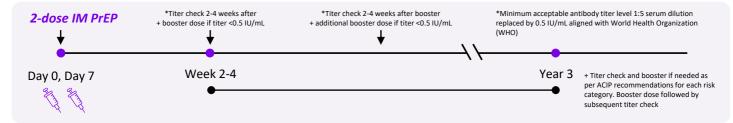
uncommon exposure

No vaccination recommended



Other ACIP recommendations: Special regimens for distinct populations²

Immunocompromised patients: if rabies vaccination cannot be delayed, the recommendation is still the 2-dose IM PrEP with additional specific measures





- If 2 booster doses fail, consult public health authorities
- Recommend your patients to avoid high-risk activities until lab confirms acceptable antibody level

Co-administration of IM Rabies PrEP and Chloroquine or drug related to chloroquine:

- Recent data show chloroguine with IM rabies PrEP reduced antibody titer, however titers remain >0.5 IU/mL
- Clinicians may consider avoiding chloroquine during rabies vaccination



Rabies PrEP should be considered before traveling to atrisk areas







Because international travelers may expose themselves to risky situations, especially if engaged in outdoor activities1,3

CDC **WHO**

Because rabies PrEP is recommended for travelers to rabies endemic areas by health bodies^{1,3-7}



Because PrEP followed by appropriate postexposure prophylaxis (PEP) has never failed to prevent rabies⁶



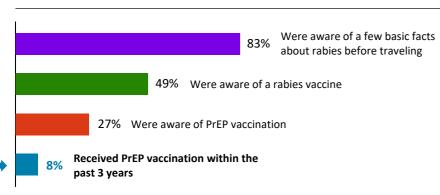
"Risk of rabies exposure and proper medical care availability at destination should be a component of the risk analysis during the pre-travel consultation³





To avoid premature end of trip or fatal outcome

There is low awareness of rabies risk and prevention among travelers8



Traveler's education on rabies awareness, prevention and behavior in case of exposure is key⁹

Pretravel consultations must be encouraged, and their content should include the risk of all possible exposures (bite, scratch, lick, etc.) to animals and the importance of timely PEP for rabies¹⁰



Rabies PrEP grants a simplified PEP regimen



PrEP before traveling will ensure



Optimization of the response to PEP



Reduced number of visits and PEP injections in case of exposure



NO RIG

Avoid the need for RIG after severe exposure



Overall conclusions on 1-week, 2-dose (D0, D7) PrEP schedules By reducing time and dose number, the 1-week, 2-dose (D0, D7) schedule can ease travelers' access and compliance to pre-travel rabies vaccination

Abbreviations

ACIP: Advisory Committee for Immunization Practices; D: Day; PrEP: pre-exposure prophylaxis; IM: intramuscular injection; RIG: rabies immunoglobulins References

1. WHO. Position paper on rabies vaccines. 2018;16:201–220. 2. Rao AK et al. Use of a modified preexposure prophylaxis vaccination schedule to prevent human rabies: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022. MMWR Morb Mortal Wkly Rep 2022;71:619–627. 3. WHO Expert Consultation on Rabies, third report. Geneva: World Health Organization; 2018 (WHO Technical Report Series, No. 1012). 4. Nadal D et al. Rabies and the pandemic: lessons for One Health. Trans R Soc Trop Med Hyg 2022;16:197–200. 5. Henry RE et al. A country classification system to inform rabies prevention guidelines and regulations. J Travel Med 2022;29:taac046. 6. Shlim DR. Preventing rabies: the new WHO recommendations and their impact on travel medicine practice. J Travel Med 2018;25:tay119. 7. US CDC. ACIP recommendations. MMWR 2022;71:613-644. 8. Marano C, et al. Perceptions of rabies risk: a survey of travellers and travel clinics from Canada, Germany, Sweden and the UK. J Trav Med. 2019;26(Suppl 1):53–59. 9. Knopf L and Steffen R. Revised recommendations for rabies pre-exposure prophylaxis in travellers: avoid bumpy roads, select the highway! J travel Med. 2019;26:taz021. 10. Muehlenbein MP et al. Traveller exposures to animals: a GeoSentinel analysis. J Travel Med. 2020;27:taaa010.