Risk Assessment for Patients who have commenced Rabies PET in Another Country

1. Background

About 80% of patients requiring rabies PET in Ireland, will have already been assessed and commenced on treatment in the country of exposure, and will present to Irish healthcare requesting completion of their course of rabies PET, as advised by medical authorities in the country of exposure.

Each patient who has been commenced on rabies PET in the country of exposure should be risk assessed, on presentation in Ireland, to verify that:

- **They have received an approved vaccine**: It is important to confirm that the vaccine they have been commenced on is approved by the World Health Organization. The details of the vaccine should be checked, to determine if there is any question regarding the quality of the vaccine. Rarely, counterfeit rabies vaccines – which may have little or no capacity to generate an effective immune response - may be used to vaccinate exposed individuals. These are most likely to be encountered in low- and middle-income countries. The existence of such vaccines is one of the reasons why it is crucial to confirm authenticity of the vaccine used.
- **They are being treated in line with Irish guidelines**: it is important to check the frequency of the vaccination schedule they have been commenced is consistent with national guidance in Ireland. For example, an immunosuppressed individual may have been told they require a series of four vaccine doses in total, whereas in Ireland, they will require a total of five vaccine doses in total.

HRIG: If the person has sustained a Category 3 exposure, they may (in line with WHO guidelines) have received HRIG concomitantly with their first dose of vaccine in the country of exposure. However, if they have not been given HRIG, and more than seven days has elapsed since they received their first dose of rabies vaccine in the country of exposure, then HRIG should not be given in Ireland – even if initially indicated – as this may blunt the natural active immune response. In addition, by day 7, the body will have begun to mount its own immune response.

Individuals who have suffered an RPE in another country and have received PET should have their treatment recorded by the overseas authorities on the WHO's International Certificate of Vaccination (ICVP / "yellow card") . This is commonly not issued. The vaccinating hospital in the country of exposure should - at a minimum - provide the person with a discharge note and some details of biologics administered.

2. Risk Assessment

This Risk Assessment should be carried out by the treating clinician. PET commenced in another country of exposure should, once the person has returned to Ireland, be continued in line with Irish national guidance.

1. Complete the Rabies-prone Exposure form, ensuring to determine:
    - The date of RPE
    - If the patient is immunosuppressed
2. Obtain (where possible) the following details from the patient:
    - The results of the risk assessment given to the person in the country of exposure (*have they followed WHO guidelines?*)
    - Documentary evidence of vaccination history:
        - Vaccine brand (*is it WHO approved?)*
        - Intended schedule in country of exposure (*Is it WHO recommended and similar to Irish guidance; days 0, 3, 7 and 14 with HRIG on day 0 for high-risk exposures*?)
        - Date of first and any subsequent doses already administered
        - Seroconversion (*if checked*).
    - Documentary evidence of HRIG/ERIG[1] History:
        - Given (*Yes/No*)
        - Amount, if known
        - If local infiltration was required (*Yes/No*)
    - The patient may possess documentation on vaccine batch numbers – record these.

3. However, if it cannot be verifiably established that:
    1. A course of PET has been commenced, with
    2. A WHO approved vaccine,

then the person must be considered unvaccinated and should undergo assessment using the standard national rabies risk assessment and commenced of an appropriate course of vaccine (and HRIG if indicated) .

4. **NB**: If there has been a **short gap** between vaccine doses, this is not a reason to restart the course.
    - Short delays (1–2 days), can be managed by continuing the course without restarting, administering the missed dose as soon as possible, and adjusting the subsequent intervals in accordance with the delay, i.e. if day 3 was delayed until day 5, delay each subsequent scheduled dose by 2 days.)
    - While every effort must be made to ensure that doses are administered in line with the vaccine schedule, if there is a delay between doses of up to a week,

[1] ERIG, or Equine Rabies Immunoglobulin, is a rabies treatment derived from horses and used in some countries for post-exposure prophylaxis, particularly in developing nations where HRIG might be scarce or expensive.

there is not a need to restart a course. However, doses should be resumed as soon as possible. Longer delays can be permitted later in the vaccination course, but **not with earlier doses**.

- However, restarting the course becomes necessary, if the person has a significant break early in the course (more than one week), particularly if there is no documentation of previous doses.