CLINICAL PHARMACOLOGY
Pre-existing immunity: Rabies vaccine is not influenced by the type of test conducted. CDC currently specifies a 1:5 titer (complete inhibition) by the rapid fluorescent focus inhibition test (RFFIT) as acceptable. The World Health Organization (WHO) specifies a titer of 0.5 IU/mL.

Post-exposure: Rabies is a zoonotic disease transmitted to humans by the bite of an infected animal. post-exposure prophylaxis should be initiated at the first sign of rabies in a domestic or wild animal or if the animal is lost or untraceable. If the animal does not develop clinical signs of rabies, post-exposure prophylaxis should be discontinued. If the animal develops clinical signs of rabies, post-exposure prophylaxis should be continued.

Serologic testing of the animal should be performed at the local or state health department following a provoked or unprovoked attack. Contact with a suspected rabies carrier, but exposure also might be considered. Consult public health officials. Bites from domestic or wild carnivores. Consult public health officials.

Rabies Vaccine

INDICATIONS AND USAGE
Do not inject Imovax Rabies vaccine in the gluteal area as there have been reports of possible vaccine reaction, including anaphylaxis, with the use of a gluteal injection. Adverse reactions at the injection site, including pain, tenderness, erythema, and induration, are common. Fever and headache may also occur. Reactions at injection sites are more common following the first dose of vaccine and may be more severe for subsequent doses. Reactions are not usually severe enough to cause dose modification. Reactions at injection sites may be managed with cool compresses, aspirin or nonsteroidal anti-inflammatory drugs. Reactions at injection sites may occasionally involve local lymph nodes.

CLINICAL PHARMACOLOGY
Pre-existing immunity: Rabies vaccine is not influenced by the type of test conducted. CDC currently specifies a 1:5 titer (complete inhibition) by the rapid fluorescent focus inhibition test (RFFIT) as acceptable. The World Health Organization (WHO) specifies a titer of 0.5 IU/mL.

Post-exposure: Rabies is a zoonotic disease transmitted to humans by the bite of an infected animal. post-exposure prophylaxis should be initiated at the first sign of rabies in a domestic or wild animal or if the animal is lost or untraceable. If the animal does not develop clinical signs of rabies, post-exposure prophylaxis should be discontinued. If the animal develops clinical signs of rabies, post-exposure prophylaxis should be continued.

Serologic testing of the animal should be performed at the local or state health department following a provoked or unprovoked attack. Contact with a suspected rabies carrier, but exposure also might be considered. Consult public health officials. Bites from domestic or wild carnivores. Consult public health officials.

Rabies Vaccine

DESCRIPTION
The rabies vaccine consists of an inactivated rabies virus prepared from strain PM-1503-3M obtained from the Wistar Institute, Philadelphia, PA. The virus is harvested from infected human diploid cells, MRC-5 strain, contaminated by ultraviolet light and is inactivated by beta-propiolactone treatment. One dose of Imovax Rabies vaccine contains less than 10 IU human albedos, less than 10 mg recombinant nucleotides and 20 mg of recombined adeno (packaging) virus. Beta-propiolactone, a bacteriostatic compound that inactivates viral nucleic acid, reductively inactivated by the type of test conducted. CDC currently specifies a 1:5 titer (complete inhibition) by the rapid fluorescent focus inhibition test (RFFIT) as acceptable. The World Health Organization (WHO) specifies a titer of 0.5 IU/mL.

Post-exposure: Rabies is a zoonotic disease transmitted to humans by the bite of an infected animal. post-exposure prophylaxis should be initiated at the first sign of rabies in a domestic or wild animal or if the animal is lost or untraceable. If the animal does not develop clinical signs of rabies, post-exposure prophylaxis should be discontinued. If the animal develops clinical signs of rabies, post-exposure prophylaxis should be continued.

Serologic testing of the animal should be performed at the local or state health department following a provoked or unprovoked attack. Contact with a suspected rabies carrier, but exposure also might be considered. Consult public health officials. Bites from domestic or wild carnivores. Consult public health officials.

Rabies Vaccine

INDICATIONS AND USAGE
Do not inject Imovax Rabies vaccine in the gluteal area as there have been reports of possible vaccine reaction, including anaphylaxis, with the use of a gluteal injection. Adverse reactions at the injection site, including pain, tenderness, erythema, and induration, are common. Fever and headache may also occur. Reactions at injection sites are more common following the first dose of vaccine and may be more severe for subsequent doses. Reactions are not usually severe enough to cause dose modification. Reactions at injection sites may be managed with cool compresses, aspirin or nonsteroidal anti-inflammatory drugs. Reactions at injection sites may occasionally involve local lymph nodes.
The reconstituted vaccine should not be mixed with any other vaccine and should be used immediately. To help avoid transmission of infectious diseases due to accidental needle sticks, needles should not be reconnected onto the plunger. Before attaching the plunger, observe the syringe for any punctures, drops, leaks, or other defects. If any of these defects are observed, the product should not be used.

Serum sickness type reactions have been reported in persons receiving booster doses of rabies vaccine. Most reactions occur 7 to 10 days after the administration of vaccine and consist of fever, lymphadenopathy, arthralgia, myalgia, hepatomegaly, and malaise. Arthralgia and myalgia may be severe, but are rarely disabling.

To ensure the presence of a synergistic immune response over time against potential rabies virus challenges, post-exposure treatment should be continued at least till the fourth dose of HDCV. If the patient had been given the recommended vaccination regimen with HDCV to this point, full primary post-exposure prophylaxis is recommended. If the patient had received a single dose of HDCV, a total of five doses of HDCV should be administered.

Attach the plunger and the vial of diluent, a plunger, or a faulty tip seal. If the vaccine exposure.

Post-exposure prophylaxis is administered to persons receiving or expected to receive rabies vaccine and who are at risk of HIV infection is considered a contraindication to pre-exposure prophylaxis. (11) (17)

Parenteral drug products should be inspected for particulate matter and discoloration prior to administration. Whenever solution and container permit. The syringe and its package should also be inspected for evidence of leakage, puncture, or the plunger or syringe. If any of these defects is observed, the product should not be used.

Immunosuppressive agents should not be administered during post-exposure therapy, unless essential for the management of the patient. Contact an allergist if the life-threatening neuroparalytic reaction occurs during the administration of the reconstituted vaccine. The administration of HDCV or pasteurized-virus HDCV, to a pregnant woman. If antibody levels of greater than 1:5 dilution by a RFFIT can be demonstrated in a serum sample collected before vaccine is given, treatment may be discontinued at any of the following times: (120)

Cat bites or scratches may need treatment. Persons with a history of hypersensitivity must be given rabies vaccine, antihistamines may be preferred.

In the United States, the Immunization Practices Advisory Committee (ACIP) recommends three injections of 1 ml each, one on injection Day 0, one on Day 7, and one on either on Day 21 or 28 (11). To help avoid transmission of infectious diseases due to accidental needle sticks, needles should not be reconnected onto the plunger. Before attaching the plunger, observe the syringe for any punctures, drops, leaks, or other defects. If any of these defects are observed, the product should not be used.


Rabies immune globulin (RIG) 20 IU/kg on Day 0 in conjunction with the first vaccine dose. If possible, the full calculated dose of RIG should be used to infuse the wound(s). If it is not possible to do so, any remaining portion of the RIG solution to be administered instead of 20 IU/kg RIG directly into the site used to avoid the vaccine.

Anaphylactic reaction, serum sickness type reaction, dermatitis allergic, pruritus (itching), edema

It is also not known whether Imovax Rabies vaccine can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Imovax Rabies vaccine should be given to a nursing woman.

- One sterile disposable needle for reconstitution.

Once initiated, rabies prophylaxis should not be interrupted or discontinued because of local or mild systemic adverse reactions to vaccines. Pre-exposure prophylaxis is administered to persons receiving or expected to receive rabies vaccine and who are at risk of HIV infection and who will engage in activities that make them at increased risk of exposure to infected bites or scratches from rabid animals. (11) (17)

If the serum sickness type reactions have been reported in persons receiving booster doses of rabies vaccine. Most reactions occur 7 to 10 days after the administration of vaccine and consist of fever, lymphadenopathy, arthralgia, myalgia, hepatomegaly, and malaise. Arthralgia and myalgia may be severe, but are rarely disabling. 

Paresthesia, neuropathy, convulsion, encephalitis

Post-exposure prophylaxis is administered to persons receiving or expected to receive rabies vaccine and who are at risk of HIV infection and who will engage in activities that make them at increased risk of exposure to infected bites or scratches from rabid animals. (11) (17)

- One sterile syringe containing dend (402:241-247, 198). A separate plunger is provided for injection and use.

Once initiated, rabies prophylaxis should not be interrupted or discontinued because of local or mild systemic adverse reactions to vaccines. Pre-exposure prophylaxis is administered to persons receiving or expected to receive rabies vaccine and who are at risk of HIV infection and who will engage in activities that make them at increased risk of exposure to infected bites or scratches from rabid animals. (11) (17)

Serum sickness type reactions have been reported in persons receiving booster doses of rabies vaccine. Most reactions occur 7 to 10 days after the administration of vaccine and consist of fever, lymphadenopathy, arthralgia, myalgia, hepatomegaly, and malaise. Arthralgia and myalgia may be severe, but are rarely disabling.

Rabies immune globulin (RIG) 20 IU/kg on Day 0 in conjunction with the first vaccine dose. If possible, the full calculated dose of RIG should be used to infuse the wound(s). If it is not possible to do so, any remaining portion of the RIG solution to be administered instead of 20 IU/kg RIG directly into the site used to avoid the vaccine.

Anaphylactic reaction, serum sickness type reaction, dermatitis allergic, pruritus (itching), edema

Data from post-marketing experience

The reconstituted vaccine should not be mixed with any other vaccine and should be used immediately. To help avoid transmission of infectious diseases due to accidental needle sticks, needles should not be reconnected onto the plunger. Before attaching the plunger, observe the syringe for any punctures, drops, leaks, or other defects. If any of these defects are observed, the product should not be used.

Serum sickness type reactions have been reported in persons receiving booster doses of rabies vaccine. Most reactions occur 7 to 10 days after the administration of vaccine and consist of fever, lymphadenopathy, arthralgia, myalgia, hepatomegaly, and malaise. Arthralgia and myalgia may be severe, but are rarely disabling.

To ensure the presence of a synergistic immune response over time against potential rabies virus challenges, post-exposure treatment should be continued at least till the fourth dose of HDCV. If the patient had been given the recommended vaccination regimen with HDCV to this point, full primary post-exposure prophylaxis is recommended. If the patient had received a single dose of HDCV, a total of five doses of HDCV should be administered.

Attach the plunger and the vial of diluent, a plunger, or a faulty tip seal. If the vaccine exposure.

Post-exposure prophylaxis is administered to persons receiving or expected to receive rabies vaccine and who are at risk of HIV infection and who will engage in activities that make them at increased risk of exposure to infected bites or scratches from rabid animals. (11) (17)

Parenteral drug products should be inspected for particulate matter and discoloration prior to administration. Whenever solution and container permit. The syringe and its package should also be inspected for evidence of leakage, puncture, or the plunger or syringe. If any of these defects is observed, the product should not be used.

Serum sickness type reactions have been reported in persons receiving booster doses of rabies vaccine. Most reactions occur 7 to 10 days after the administration of vaccine and consist of fever, lymphadenopathy, arthralgia, myalgia, hepatomegaly, and malaise. Arthralgia and myalgia may be severe, but are rarely disabling.

To ensure the presence of a synergistic immune response over time against potential rabies virus challenges, post-exposure treatment should be continued at least till the fourth dose of HDCV. If the patient had been given the recommended vaccination regimen with HDCV to this point, full primary post-exposure prophylaxis is recommended. If the patient had received a single dose of HDCV, a total of five doses of HDCV should be administered.

Attach the plunger and the vial of diluent, a plunger, or a faulty tip seal. If the vaccine exposure.

Post-exposure prophylaxis is administered to persons receiving or expected to receive rabies vaccine and who are at risk of HIV infection and who will engage in activities that make them at increased risk of exposure to infected bites or scratches from rabid animals. (11) (17)

Parenteral drug products should be inspected for particulate matter and discoloration prior to administration. Whenever solution and container permit. The syringe and its package should also be inspected for evidence of leakage, puncture, or the plunger or syringe. If any of these defects is observed, the product should not be used.

Serum sickness type reactions have been reported in persons receiving booster doses of rabies vaccine. Most reactions occur 7 to 10 days after the administration of vaccine and consist of fever, lymphadenopathy, arthralgia, myalgia, hepatomegaly, and malaise. Arthralgia and myalgia may be severe, but are rarely disabling.

To ensure the presence of a synergistic immune response over time against potential rabies virus challenges, post-exposure treatment should be continued at least till the fourth dose of HDCV. If the patient had been given the recommended vaccination regimen with HDCV to this point, full primary post-exposure prophylaxis is recommended. If the patient had received a single dose of HDCV, a total of five doses of HDCV should be administered.