RABIESWATCH

YOUR SOURCE FOR RABIES AWARENESS AND EDUCATION

SPRING 2017, Issue #5

RabiesWatch.com: New and Improved Educational Website

Grifols is proud to present the newly redesigned www.RabiesWatch.com. With simplified navigation and expanded content, RabiesWatch.com offers a compendium of practice tools and educational resources to help advance the understanding and prevention of rabies. Utilizing case studies, the scientific literature, and expert interviews, RabiesWatch.com keeps you up to date on the latest scientific trends in rabies research and the best practices in rabies prevention, including postexposure prophylaxis (PEP).

Please see Important Safety Information at the end of this article and full Prescribing Information for HyperRAB® S/D (rabies immune globulin [human]) and for HyperTET® S/D (tetanus immune globulin [human]).

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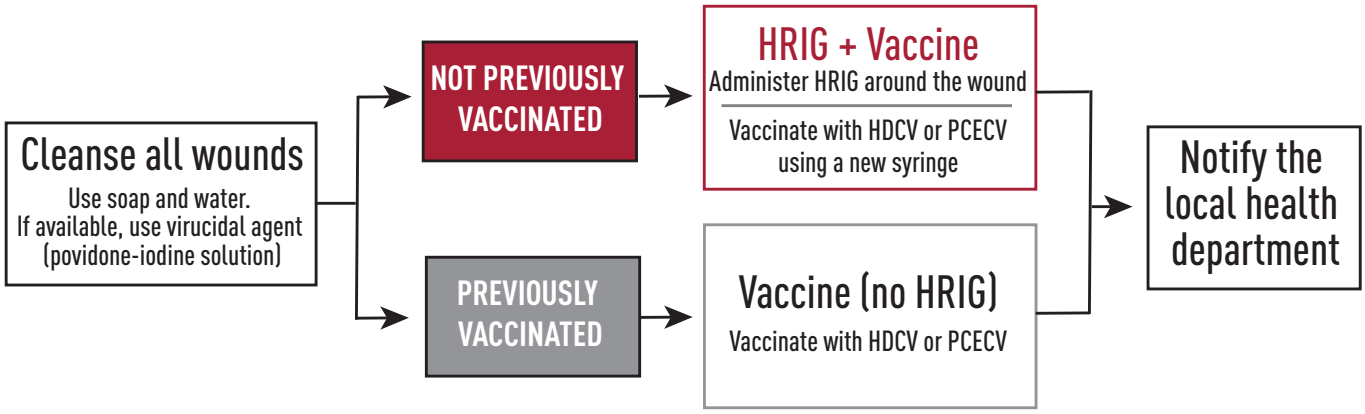
Treatment Guidelines

This section of RabiesWatch.com provides a quick overview of the stages and signs of rabies infection, a summary flow diagram for the Advisory Committee on Immunization Practices (ACIP) recommendations for human rabies PEP, and other helpful information about treatment. The ACIP recommendations include steps for wound care and administration of both human rabies immune globulin (HRIG) and rabies vaccine.

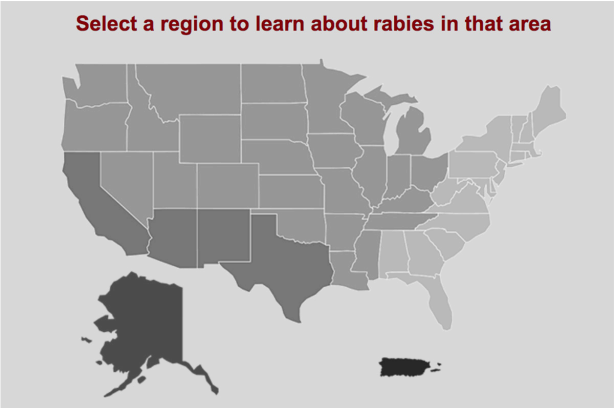
Summary of ACIP Recommendations for Human Rabies PEP[1]



HDCV, human diploid cell vaccine; PCECV, purified chick embryo cell vaccine.

Rabies in the US

Newly expanded with an interactive map, this section of RabiesWatch.com illustrates regional differences in populations of potentially rabid animals across the US. Of nearly 5900 rabid animal cases reported nationwide in 2013, 92% occurred in wild animals (predominantly raccoons, bats, skunks, and foxes) and 8% occurred in domestic animals (predominantly cats, dogs, cattle, horses, and mules).[2]



Connecting Rabies & Tetanus

Animal bites and scratches are high-risk opportunities for rabies transmission; tetanus, a potentially fatal, vaccine-preventable infection, may also be transmitted in these situations.[3,4] As with rabies, the ACIP recommends a standard wound management approach to prevent tetanus that includes administration of a vaccine and immune globulin, such as HyperTET® S/D (tetanus immune globulin [human]).[4]

Dangers of Untreated Rabies

Thanks to efforts to ensure high rates of vaccination in domestic animals and to support effective programs for animal control, cases of human rabies are rare in the US.[5] However, there is still no proven treatment for rabies, which is nearly always fatal once symptoms manifest. Additionally, exposures to carriers of the rabies virus are common in the US, with approximately 40,000 potential exposures treated with PEP annually.[5] Unfortunately, two men, one from Maryland and one from Missouri, died of unrecognized rabies over the past several years.[2,6] These tragic cases, and others profiled in this section of RabiesWatch.com, serve as reminders of the need to remain vigilant and be prepared to intervene with PEP in response to potential rabies virus exposures.

"Rabies PEP is a medical urgency, not an emergency, but the decision to administer PEP should be made quickly. When in doubt, it is generally better to err on the side of caution and begin PEP, given the high fatality rate once symptoms appear."[5]

Resources

Check out this extensive offering of educational materials about rabies and its prevention for staff and/or patients:

- Downloads of videos, newsletters, and other print materials free for your use
- Links to websites of major organizations, which provide even more important information
- Archive of previous issues of this newsletter

About Grifols

Learn more about this global healthcare company with more than 75 years of history of improving the health and well-being of people around the world. With 14,700 employees in 30 countries and sales in more than 100 countries, Grifols produces essential plasma medicines for patients and provides hospitals, pharmacies, and healthcare professionals with the tools, information, and services they need to efficiently deliver expert medical care.

Please see Important Safety Information at the end of this article and full Prescribing Information for HyperRAB® S/D (rabies immune globulin [human]) and for HyperTET® S/D (tetanus immune globulin [human]).

IMPORTANT SAFETY INFORMATION FOR HyperRAB® S/D (rabies immune globulin [human])

Rabies vaccine and HyperRAB® S/D (rabies immune globulin [human]) should be given to all persons suspected of exposure to rabies with one exception: persons who have been previously immunized with rabies vaccine and have a confirmed adequate rabies antibody titer should receive only vaccine. HyperRAB S/D should be administered as promptly as possible after exposure, but can be administered up to the eighth day after the first dose of vaccine is given.

HyperRAB S/D should be given with caution to patients with a history of prior systemic allergic reactions following the administration of human immunoglobulin preparations.

The attending physician who wishes to administer HyperRAB S/D to persons with isolated immunoglobulin A (IgA) deficiency must weigh the benefits of immunization against the potential risks of hypersensitivity reactions. Such persons have increased potential for developing antibodies to IgA and could have anaphylactic reactions to subsequent administration of blood products that contain IgA.

As with all preparations administered by the intramuscular route, bleeding complications may be encountered in patients with thrombocytopenia or other bleeding disorders.

Soreness at the site of injection and mild temperature elevations may be observed at times. Sensitization to repeated injections has occurred occasionally in immunoglobulin-deficient patients. Angioneurotic edema, skin rash, nephrotic syndrome, and anaphylactic shock have rarely been reported after intramuscular injection so that a causal relationship between immunoglobulin and these reactions is not clear.

Administration of live virus vaccines (e.g., MMR) should be deferred for approximately 3 months after rabies immune globulin (human) administration.

HyperRAB S/D is made from human plasma. Products made from human plasma may contain infectious agents, such as viruses, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent that can cause disease. There is also the possibility that unknown infectious agents may be present in such products.

Please see full Prescribing Information for HyperRAB S/D.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

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IMPORTANT SAFETY INFORMATION FOR HyperTET® S/D (tetanus immune globulin [human])

HyperTET® S/D (tetanus immune globulin [human]) is indicated for prophylaxis against tetanus following injury in patients whose immunization is incomplete or uncertain.

HyperTET S/D should be given with caution to patients with a history of prior systemic allergic reactions following the administration of human immunoglobulin preparations.

In patients who have severe thrombocytopenia or any coagulation disorder that would contraindicate intramuscular injections, HyperTET S/D should be given only if the expected benefits outweigh the risks.

Slight soreness at the site of injection and slight temperature elevation may be noted at times. Sensitization to repeated injections of human immunoglobulin is extremely rare. In the course of routine injections of large numbers of persons with immunoglobulin, there have been a few isolated occurrences of angioneurotic edema, nephrotic syndrome, and anaphylactic shock after injection. Administration of live virus vaccines (eg, MMR) should be deferred for approximately 3 months after tetanus immune globulin (human) administration.

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REFERENCES

1. Rupprecht CE, Briggs D, Brown CM, et al; Centers for Disease Control and Prevention (CDC). Use of a reduced (4-dose) vaccine schedule for postexposure prophylaxis to prevent human rabies: recommendations of the Advisory Committee on Immunization Practices. *MMWR Recomm Rep.* 2010;59(RR-2):1-9. **2.** Dyer JL, Yager P, Orciari L, et al. Rabies surveillance in the United States during 2013. *J Am Vet Med Assoc.* 2014;245(10):1111-1123. **3.** Tetanus. In: Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases.* Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington DC. Public Health Foundation, 2015. **4.** Kretsinger K, Broder KR, Cortese MM, et al; Centers for Disease Control and Prevention (CDC). Preventing tetanus, diphtheria, and pertussis among adults: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP) and recommendation of ACIP, supported by the Healthcare Infection Control Practices Advisory Committee (HICPAC), for use of Tdap among health-care personnel. *MMWR Recomm Rep.* 2006;55(RR-17):1-37. **5.** Petersen B. Rabies: what's an exposure? Know when to vaccinate. Medscape. April 3, 2017. http://www.medscape.com/viewarticle/877636. Accessed April 12, 2017. **6.** Pratt PD, Henschel K, Turabelidze G, et al. Human rabies – Missouri, 2014. *MMWR Morb Mortal Wkly Rep.* 2016;65(10):253-256.