

## Standing Order for Administering Pre-Exposure Rabies Vaccine (Adult)

**Purpose:** To reduce morbidity and mortality from disease caused by *Rhabdoviridae* Genus *Lyssavirus* by vaccinating all persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

**Policy:** Under these standing orders, eligible nurses and other health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

### Procedure

1. Identify individuals (all ages from birth to adult) in need of the pre-exposure prophylaxis rabies vaccine based on the following criteria:
  - Travelers spending a month or longer in an endemic area (especially rural)
  - Frequent risk persons such as veterinarians and their staff, animal handlers, rabies researchers, laboratory staff, spelunkers, or animal control and wildlife officers in areas where rabies is enzootic/epizootic
  - Individuals in need of a booster dose for ongoing protection (e.g., when a rabies titer is non-protective)

**Note:** *This standing order does not cover post-exposure cases, which are a medical urgency. Rabies is associated with the highest case fatality rate of any infectious disease. All patients with a suspected rabid bite or non-bite exposure should seek immediate medical care. Patients should be referred to the local Emergency Department to begin post-exposure treatment and prophylaxis and public health surveillance.*

2. Screen all patients for contraindications and precautions to rabies vaccine:

#### Contraindications:

- A history of a serious reaction (e.g., anaphylaxis) after a previous dose of rabies vaccine or to a vaccine component (to include neomycin)
- For information on vaccine components, refer to the [manufacturer's package insert](#) or go to <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>
- Immunosuppression (e.g., HIV/AIDS, cancer or malignant neoplasms, immunosuppressive therapy, etc.): patients should postpone pre-exposure vaccinations and consider avoiding activities for which rabies pre-exposure prophylaxis is indicated

#### Precautions:

- Moderate or severe acute illness with or without fever
- Syncope (fainting) can occur in association with administration of injectable vaccines. Procedures should be in place to avoid a falling injury (e.g. 15 minute observation after administration) and to restore cerebral perfusion following syncope
- For questions or concerns, consider consulting the DHA Immunization Healthcare Division at (877) 438-8222, Option 1 or DSN 761-4245

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal [Vaccine Information Statement \(VIS\)](#). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
4. Provide vaccine as follows:
  - Rabies vaccine (Imovax®, RabAvert®) for pre-exposure prophylaxis consists of a 3-dose series at 0, 7, and 21-28 days
  - Administer 1mL intramuscularly in the deltoid muscle for adults

<b>Needle Length and Injection Site of IM Injections for Adults</b>		
Use a 22 – 25 gauge needle. Choose needle gauge and length appropriate to administration route and the patient's age and body mass.		
<b>Age Group</b>	<b>Needle Length</b>	<b>Injection Site</b>
Men and Women (<130 lbs)	1 inch <sup>†</sup>	Deltoid Muscle of Arm
Men and Women (130-152 lbs)	1 inch	
Men (152-260 lbs)	1-1.5 inches	
Women (152-200 lbs)		
Men (> 260 lbs)	1.5 inches	
Women (>200 lbs)		

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration  
<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html>

<sup>†</sup> Some experts recommend a 5/8 inch needle for men and women who weigh <130 lbs, skin must be stretched tightly (do not bunch subcutaneous tissue)

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.
6. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.
7. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (800-822-7967) or online at <https://vaers.hhs.gov>.
8. This policy and procedure shall remain in effect for all patients of the \_\_\_\_\_ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

\_\_\_\_\_  
 Medical Director's Signature

\_\_\_\_\_  
 Date