

January 21, 2002

**ATTN:** Medical Health Officers and Branch Offices  
Public Health Nursing Administrators and Assistant Administrators  
Holders of Communicable Disease Control Manuals  
Holders of Immunization Program Manuals

**Re: Revisions to Rabies Control Policy**

Please note the following changes to the Rabies Control Policy:

- (1) Section 2.0: Revised case definition, consistent with the national case definition. Also, a protective antibody titre for rabies is now expressed as a level of  $\geq 0.5$  IU/ml.
- (2) Section 4.1: Information has been added pertaining to different animal species and their likelihood of transmitting rabies. There is also additional information regarding the ways in which rabies is not transmitted.
- (3) Section 4.6: Following an exposure, ferrets can be observed for a 10 day period for signs and symptoms of rabies (as with cats and dogs).
- (4) Section 5.0: In most instances, the RPEP biologicals (vaccine and HRIG) will no longer be shipped from the central depot in the Lower Mainland. It is recommended that each Health Region designate a local depot from which the MHO/designate will have the products released. However, in some locations around the province, it may be more expedient to continue having the products released from the central depot. The decision rests with the local MHO/designate.

The local MHO/designate must still be consulted whenever RPEP is being considered. The MHO/designate should provide verbal and/or written instruction to the person who will be administering the RPEP biologicals. An instruction sheet is provided in the Appendix.

**Administrative Circular:  
2002:01**

- (5) Page 61 (HRIG): It is recommended that ALL of the HRIG, or as much as possible, be infiltrated around the wound site(s). Also, If there are extensive wounds, where the calculated dose of HRIG (by weight) is **not** adequate in volume to infiltrate all wounds, the HRIG should be diluted 2-3 fold in normal saline to create an adequate volume to infiltrate all wounds.

Components of HRIG are listed.

- (6) Page 62 (Rabies vaccine): If the client has a history of anaphylaxis to a previous dose of rabies vaccine or to any of its components, immunization can still occur in the health unit. The recommendation that immunization occur in an acute care setting has been removed.

Please remove and destroy the following pages from the Communicable Disease Control Manual:

Rabies Control  
Pages 1 – 10

Dated May 1997

Insert the replacement pages:

Rabies Control  
Pages 1 – 10  
Appendix A  
Appendix B, Pages 1 and 2  
Appendix C  
Appendix D

Dated January 2002  
Dated January 2002  
Dated January 2002  
Dated January 2002  
Dated January 2002

Please remove and destroy the following pages from the Immunization Program Manual:

Page 61  
Page 62  
Page 62a

Dated November 2000  
Dated November 2000  
Dated November 2000

Insert the replacement pages:

Page 61  
Page 62  
Page 62a

Dated January 2002  
Dated January 2002  
Dated January 2002

If you have any questions or concerns, please call Karen Pielak, Nurse Epidemiologist, at 604-660-3382.

Sincerely,

David M. Patrick  
Director  
Epidemiology Services  
BC Centre for Disease Control Society

DMP/kka

pc: Dr. Perry Kendall  
Provincial Health Officer  
Ministry of Health Services

Dr. Bob Fisk  
Medical Consultant  
Non-Communicable Disease Services  
Ministry of Health Services

Dr. Shaun Peck  
Deputy Provincial Health Officer  
Ministry of Health Services

Lorna Storbakken  
Director  
Prevention Branch  
Prevention and Health Promotion Division  
Ministry of Health Services

Communicable Disease Public Health Nursing Consultant  
Prevention Branch  
Prevention and Health Promotion Division  
Ministry of Health Services