Rabies,
still a neglected disease

Kills 1 person every 9 minutes
59,000 deaths per year worldwide[1]

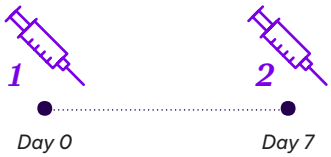
Transmitted by *the bite or scratch* of a rabid animal, *99% by dogs* but also by other wild and domestic animals[1]

Causes *acute brain inflammation* and can have furious or paralytic forms[1]

Fatal once symptoms appear[1]

But is preventable *by vaccination*[1,4]

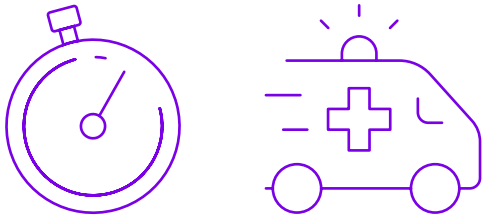
As a preventive measure



2-dose PrEP schedule

Pre-Exposure Prophylaxis (PrEP) = *2 doses of vaccine* administered on days 0 and 7. Additional doses and titer checks vary depending on risk category.*

After rabies exposure



PROMPT post-exposure intervention is highly effective in preventing the disease[8]

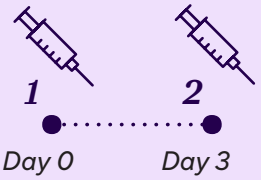
Previously immunized against rabies or not, ANY potential rabies exposure requires *PROMPT post-exposure prophylaxis* (PEP) :

1 *Extensive wound washing*[8]

If available, a virucidal agent should be used to irrigate the wound.[8]

2 *Vaccination*[8]

Schedule for **fully immunized** people against rabies (**PEP= 2 doses only**)

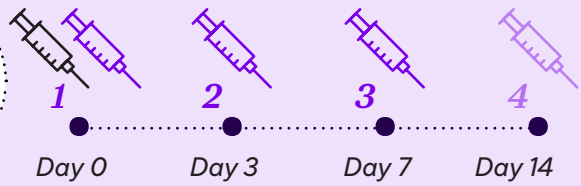


NO RIG needed

1 IM‡ injection per dose on days 0§ and 3

Schedules for **non-fully immunized** people against rabies (**PEP= 4 doses†**)

+ RIG if indicated



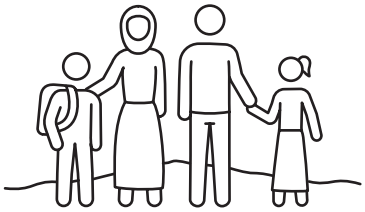
1 IM‡ injection per dose on days 0, 3, 7, and 14†

sanofi

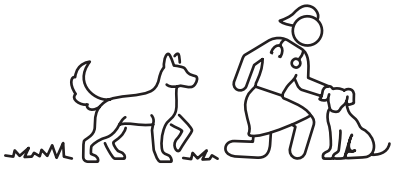
RIG: rabies immunoglobulins; IM: intramuscular
*PrEP schedule is specific to ACIP recommendations established for US civilian population. Additional doses and titer checks may be required depending on patient risk category. See PrEP ACIP recommendations for full details.[4] PrEP schedules vary depending on country.
†For persons with immunosuppression, rabies PEP should be administered using all 5 doses of vaccine on days 0, 3, 7, 14, and 28.
‡The deltoid area is the only acceptable site of vaccination for adults and older children. For younger children, the outer aspect of the thigh may be used.[8]
§Day 0 is the day dose 1 of vaccine is administered.[8]

PrEP is recommended for populations at an elevated or high risk of rabies exposure[4]

Populations in highly endemic settings with limited access to timely & adequate PEP[1]



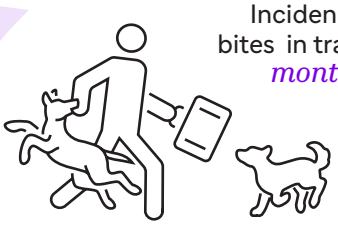
Travelers who may be at risk of exposure[1,4]

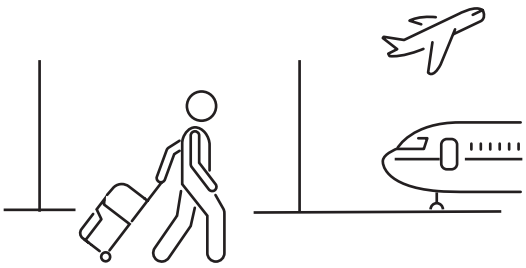


Individuals exposed to potentially infected animals and those who work with live rabies virus cultures (lab workers, vets, etc.)[1,4]

Risk of rabies associated with travel

Incidence of animal bites in travelers = *0.4%/ month of stay*[2]





Among travelers undertaking at risk activities only *2-11%* perceived very high or high risk of rabies exposure & only *8%* received PrEP vaccination[3]

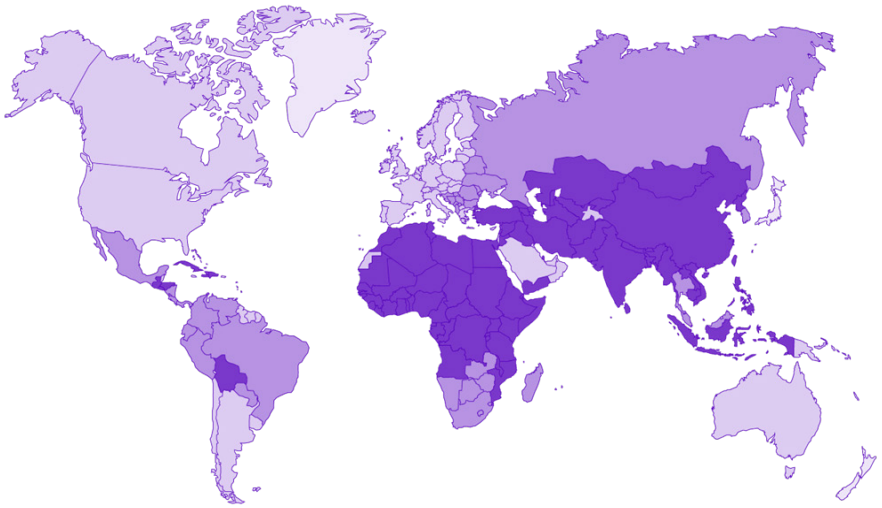
Prevention against rabies (PrEP) should be considered before travelling to at-risk areas for rabies:

1. Because *rabies PrEP is highly recommended to international travelers* to high-risk areas for rabies by health bodies (WHO, US-ACIP)[1,4], especially if engaged in *remote outdoor activities*[1,5]

2. Because *timely access to care and products (vaccine and RIG) are not guaranteed everywhere in the world*[6], which could delay care and would result in premature end of trip

RABIES RISK LEVELS for humans*

- No risk
- Low risk
- Moderate risk
- High risk



* From WHO International Travel and Health. Distribution of risk levels for humans contracting rabies, worldwide, 2018[7]

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