



Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

Rabies Exposures Protocol

Rabies Exposures

Public Health depends on YOU, our community healthcare partners, to promptly report rabies exposures and initiate appropriate treatment.

Report promptly | Treat appropriately

New! Online Rabies Risk Assessment Tool

Use to determine if post-exposure prophylaxis (PEP) is needed

Did you know?

- In 2024, there were 44 cases of confirmed rabies in animals in Ohio.
- Ohio's local health departments investigate about 20,000 animal bite and exposure incidents each year.
- Rabies is almost always fatal once clinical symptoms appear.
- Rabies is 100% preventable in humans through prompt and appropriate medical care.

Reporting Requirements

- **ALL** animal bites must be reported to the [local health department](#) where the bite occurred within 24 hours ([OAC Rule 3701-3-28](#)). Healthcare providers, in addition to bite victims, animal owners, and other persons with knowledge of the bite incident have a duty to report bites, under state and local regulations ([Local regulation 810.05](#)).
- **To report in Montgomery County-**
 - Complete an online [Animal Bite Intake Form](#) **OR**
 - Call (937) 225-4362 M-F, 8 am-4:30 pm or (937) 910-6049 after hours
- Requirements for animal quarantine or testing are issued by the local health department ([OAC Rule 3701-3-29](#)). Confining the animal prevents other animals or people from being exposed and allows observation of the animal for any signs of rabies.

Assessment of Rabies Exposures

- Initial wound care - may include cleaning, antibiotics, a tetanus booster, and wound repair.
- Follow the [Ohio Department of Health Rabies Post-Exposure Risk Assessment Tool](#) to determine if post-exposure prophylaxis is needed for an individual who was potentially exposed to rabies from contact with an animal. **When using this tool, please make note of the following:**
 - Additional guidance is provided in **Table 1** that may be used to determine if there is a rabies exposure risk based upon the exposure scenario. The risk of rabies from a non-bite exposure carries a low risk and must be evaluated case-by-case. Non-bite exposures include the introduction of infected saliva into mucous membranes or an open wound and, hypothetically, from a wet scratch. Please consult with the local health department if the risk is unclear.
 - **If a child is bitten**, the guardian and health care provider should consider starting the child on PEP. If the biting animal is available for testing and is negative for rabies, the child does not have to complete the remainder of the PEP protocol.
 - **If a person is bitten on the face**, the health care provider should consider starting the person on PEP. If the biting animal is available for testing and is negative for rabies, the person does not have to complete the remainder of the PEP protocol.
 - **Any time the risk of rabies exposure is unclear, please consult with the local health department for guidance.**



Rabies Exposures Protocol

Administration of Rabies Post-Exposure Prophylaxis (PEP)

- If indicated, administer initial rabies post-exposure prophylaxis (PEP). Please see **Table 2** for PEP protocols for healthy immunocompetent persons or **Table 3** for PEP protocols for immunocompromised persons. These protocols are also available on the ODH website [Rabies and Animal Bites](#).
- Ensure the patient knows when and where to follow-up for subsequent rabies vaccine doses to complete the PEP series. The phone number for patients to schedule an appointment at Public Health – Dayton & Montgomery County for rabies vaccination is (937) 225-4550. Please note that the Public Health – Dayton & Montgomery County Immunization Clinic is able to provide rabies vaccine but does not stock human rabies immunoglobulin (HRIG).

Table 1: Determination of rabies exposure risk- some scenarios for consideration

| Animal | High Risk of Exposure | No Risk of Exposure |
|---------------------------------------|--|--|
| Terrestrial Mammals (not bats) | <ul style="list-style-type: none"> • Animal bite that broke the skin • An animal licked fresh, open wound • Neural tissue or saliva from an animal had contact with mucous membranes • [Rare] a wet scratch from an animal that breaks the skin and is contaminated by saliva | <ul style="list-style-type: none"> • A person/animal touched something a rabid animal touched • Infected saliva had contact with intact skin • A person petted a rabid animal • A person/animal had contact with urine, feces, blood, or skunk spray of a rabid animal • Dry scratch |
| Bats | <ul style="list-style-type: none"> • Bat found in room with a previously unattended child or pet, a person with sensory or mental impairment, or an intoxicated person • Bat flew into someone and had contact with bare skin • Adult saw a bat fly near a child and the child reports "it hit me" • Someone, with bare feet, stepped on a live or dead bat • An unidentified flying object hit someone at dusk or dawn, left a mark(s) where it hit, and the place that it came from is where bats may roost such as caves, rock crevices, old buildings, bridges, and trees • Person awoke to find a bat in room with them | <ul style="list-style-type: none"> • Person had contact with a completely dried-up bat carcass • A bat swooped past an awake teenager or adult, but the person did not feel the bat touch them • A dead bat found in the room of a home with no evidence that a child was in the room unsupervised or that anyone had slept in that room the night before • Bats were found in other parts of a house, even if bedroom doors were open • Bat guano was found in sleeping quarters • Bat found in place where no one has been • An adult is certain that a bite or other exposure of saliva to a mucous membrane or open wound did not occur |



Rabies Exposures Protocol

Table 2: Rabies Post-Exposure Prophylaxis (PEP) for healthy immunocompetent persons

| Vaccination status | Treatment | Dosage/Administration [^] | Day of Regimen |
|---|------------------------------------|--|--|
| Not previously vaccinated for rabies | Human rabies immunoglobulin (HRIG) | See product insert for dosing. -Infiltrate HRIG into and around wound if feasible -Remaining HRIG can be given IM at a site distant from the vaccination site (e.g., opposite arm as rabies vaccine) | Day 0 (up to Day 7 if not previously administered); HRIG is not recommended when 7 or more days have past beyond the first dose of rabies vaccine |
| | Rabies Vaccine | 1.0 mL dose given IM in the deltoid area (anterolateral part of thigh in young children) NEVER GIVE IN THE GLUTEALS* | Day 0, 3, 7, & 14 |
| Previously vaccinated for rabies | Human rabies immunoglobulin (HRIG) | DO NOT GIVE | N/A |
| | Rabies Vaccine | 1.0 mL dose given IM in the deltoid area (anterolateral part of thigh in young children) NEVER GIVE IN THE GLUTEALS* | Day 0 & 3 |

Day 0 is the day the first dose of vaccine is administered.

*Administration in the gluteals produces a poor antibody response.

[^]You must never administer Human Rabies Immune Globulin (HRIG) and rabies vaccine in the same muscle or syringe, as HRIG can neutralize the vaccine, preventing an effective immune response; they must be given in separate sites, ideally in different limbs, with the HRIG infiltrated into the wound first if feasible, and any remaining volume given IM far from the vaccine site.

Adapted from Animal Bites and Rabies Risk: A Guide for Public Health Professional. Ohio Department of Health. 2022

Table 3: Rabies Post-Exposure Prophylaxis (PEP) for immunocompromised persons

| Vaccination status | Treatment | Dosage/Administration [^] | Day of Regimen |
|---|------------------------------------|---|--|
| Not previously vaccinated for rabies | Human rabies immunoglobulin (HRIG) | See product insert for dosing. • Infiltrate HRIG into and around wound if feasible. • Remaining HRIG can be given IM at a site distant from the vaccination site (e.g., opposite arm as rabies vaccine) | Day 0 (up to Day 7 if not previously administered); HRIG is not recommended when 7 or more days have past beyond the first dose of rabies vaccine |
| | Rabies Vaccine | 1.0 mL dose given IM in the deltoid area (anterolateral part of thigh in young children) NEVER GIVE IN THE GLUTEALS* | Day 0, 3, 7, 14, & 28 |
| | Post-vaccination serologic testing | RFFIT antibody titer | 1-2 weeks after last vaccine is administered |
| Previously vaccinated for rabies | Human rabies immunoglobulin (HRIG) | DO NOT GIVE | N/A |
| | Rabies Vaccine | 1.0 mL dose given IM in the deltoid area (anterolateral part of thigh in young children) NEVER GIVE IN THE GLUTEALS* | Day 0 & 3 |
| | Post-vaccination serologic testing | RFFIT antibody titer | 1-2 weeks after last vaccine is administered |

Day 0 is the day the first dose of vaccine is administered.

*Administration in the gluteals produces a poor antibody response.

[^]You must never administer Human Rabies Immune Globulin (HRIG) and rabies vaccine in the same muscle or syringe, as HRIG can neutralize the vaccine, preventing an effective immune response; they must be given in separate sites, ideally in different limbs, with the HRIG infiltrated into the wound first if feasible, and any remaining volume given IM far from the vaccine site.

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