



Rabies Work Group Update

Sharon Frey, MD, FACP, FIDSA

Chair, ACIP Rabies Work Group

ACIP Meeting

May 5, 2021

Work Group Members

ACIP Members

Sharon Frey (chair)

Lynn Bahta

Liaison Representatives

AAFP- James Stevermer

NASPHV- Katie Brown and Sally Slavinski

NACCHO- Matt Zahn

AAP- Elizabeth Bennett

APhA- Karl Hess

NACI- Julie Emili and Linlu Zhao

FDA- Paula Agger and Robin Levis

NIH- Eun-Chung Park

Invited Consultants

Subject Matter Expert- Deborah Briggs

Subject Matter Expert- Susan Moore

Travel medicine- David Shlim

Emergency Medicine – Greg Moran

APHL-Michael Pentella

CDC

Rabies Work Group lead – Agam Rao

Immunization Safety Office – Pedro Moro

Division of Global Migration and

Quarantine- Kristina Angelo

February rabies presentations: Pre-exposure prophylaxis

- Addressed questions raised by the ACIP about PrEP costs
- Summarized clinical guidance presented at previous meetings
- Recapped policy questions, Evidence tables, and Evidence to Recommend frameworks

- ACIP committee requested a fourth risk group be added to the PrEP table so that persons with risk for rabies ≤ 3 years would be in their own risk category
- ACIP voted on 2 PrEP policy questions for persons ≥ 18 years of age and deferred the vote for persons < 18 years of age to a future ACIP meeting

Risk category	Nature of Risk	Typical Population	Disease Biogeography ¹	Primary Immunogenicity PrEP	Long-term immunogenicity
#1: Elevated risk for unrecognized and recognized exposures including unusual / high risk exposures (e.g., aerosol exposures and high concentration rabies virus exposures)	Risk of virus exposure is continuous. Exposure is often in high concentrations and may go unrecognized, and can be unusual (e.g., aerosolized virus).	Laboratory personnel working with live rabies virus in research, diagnostic, or vaccine production capacities (e.g., necropsy of suspect rabid animal or working with rabies virus cultures)	Laboratory	IM [0, 7 days]	Titers every 6 months (booster if titer <0.5 IU/mL)
#2: Elevated risk of both unrecognized and recognized exposures	Risk of virus exposure is episodic. Exposure typically recognized but could be unrecognized. Unusual exposures do not occur	Persons who frequently handle bats or at frequent risk for coming into contact with bats because of entry into high density bat environments (e.g., bat biologist)	All geographic regions where bats are a reservoir for rabies ²	IM [0, 7 days]	Titers every 2 years (booster if titer <0.5 IU/mL)
#3: Elevated risk of recognized exposures that is sustained	Risk of virus exposure greater than for population at large. Exposure is a recognized one.	Persons who work with animals <ul style="list-style-type: none"> Animal care professionals (e.g., veterinarians, technicians, animal control officers) Others who repeatedly handle terrestrial reservoir species (e.g., wildlife biologists, rehabilitators, and trappers) Spelunkers Veterinary students 	All geographic regions where terrestrial ³ and non-terrestrial mammals are reservoirs for rabies	IM [0, 7 days]	Titer once at 1-3 years (booster if titer <0.5 IU/mL) OR Booster no sooner than day 21 and no later than year 3.
		Travelers who will be performing activities (e.g., occupational or recreational) that put them at increased risk for exposure to rabid dogs and may have difficulty getting access to safe PEP (e.g., in rural area). Children may receive PrEP depending on the country to which they will travel (see CDC Traveler's Health destination pages)	Geographic regions internationally with endemic rabies		
#4: Elevated risk of recognized exposures that is not sustained (i.e., ≤ 3 years)	Risk of virus exposure greater than for population at large. Exposure is a recognized one and only present for up to 3 years after primary vaccination	Same as for #3 but with risk ≤ 3 years (e.g., short-term volunteer providing hands-on animal care or a traveler with no risky travel planned beyond 3 years)	Same as for #3	IM [0, 7 days]	None
#5: Low risk of exposure / (i.e., general population)	Risk of virus exposure is uncommon. Bite or non-bite exposure	U.S. population at large	Nationwide	None	None

¹For questions about the disease biogeography of the region where an exposure occurred, please contact your local or state health department

²Bats are reservoirs for rabies in all US states except Hawaii

³Terrestrial mammals are non-bat species (e.g., racoons, skunks, livestock)

WG activities since last ACIP meeting

■ PrEP

- Discussed questions raised by the ACIP about rabies PrEP and children
- Discussed communication of any updates to the 2008 ACIP recommendations
 - How, when, and through which channels to communicate to stakeholders
 - How to ensure communications are clear and can be smoothly implemented by end-users

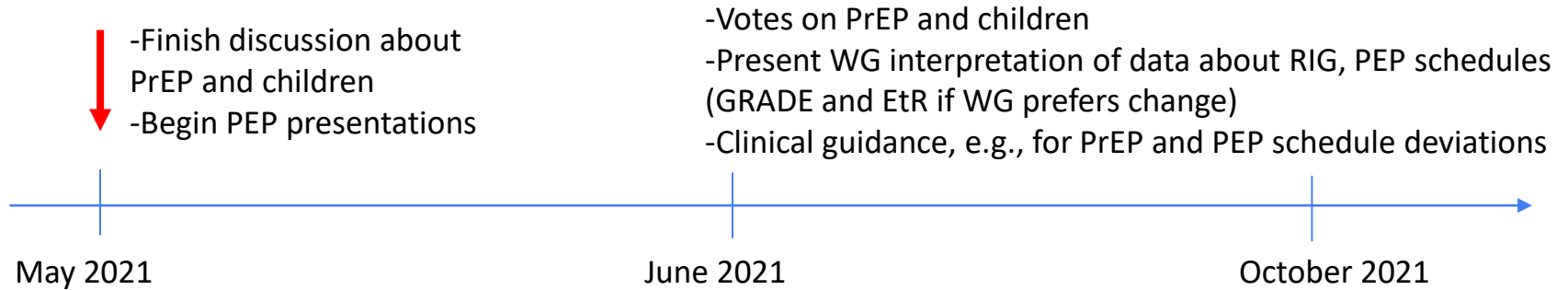
■ Post-exposure prophylaxis (PEP)

- Which additional topics should be discussed by the WG

WG's goal for today

- PrEP
 - Present the data reviewed by the WG about PrEP and children
 - Present 2 policy questions voted on during the February meeting for adults; propose the questions for children in anticipation of a vote during June ACIP meeting
- PEP
 - Provide background information about PEP and a general approach to PEP

Anticipated timeline



Today's presentations*

- Rabies pre-exposure prophylaxis and children
- Background: Post-exposure prophylaxis
- Next steps

**All presentations are provided by Dr. Agam Rao (CDC/NCEZID)*

Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

