CDC Rabies Preexposure Prophylaxis Recommendations - Fact Sheet #37

CDC RABIES PREEXPOSURE PROPHYLAXIS RECOMMENDATIONS

The Centers for Disease Control (CDC) has published new guidelines and recommendations in the Morbidity and Mortality Weekly Report (MMWR), Vol. 48 / No. RR-1, for rabies pre-exposure prophylaxis. (Jan 1999). The new CDC recommendations are summarized below.

1. **Risk Category: Continuous**
   a. **Nature of Risk:** Virus present continuously, often in high concentrations
   b. **Typical Populations:** Rabies research laboratory workers; rabies biologic production workers
   c. **Preexposure Recommendations:** Primary vaccination course. Serologic testing every 6 months; booster vaccination if antibody titer is below acceptable level*

2. **Risk Category: Frequent**
   a. **Nature of Risk:** Exposure usually episodic, with source recognized, but exposure might be unrecognized. Bite, nonbite or aerosol exposure
   b. **Typical Populations:** Rabies diagnostic lab workers, veterinarians and staff**, and animal control and wildlife workers in rabies-enzootic areas.
   c. **Preexposure Recommendations:** Primary course. Serologic testing every 2 years; booster vaccination if antibody titer is below acceptable level.*

3. **Risk Category: Infrequent**
   a. **Nature of Risk:** Exposure nearly always episodic with source recognized.
   b. **Typical Populations:** Veterinarians and animal-control and animal wildlife workers in areas with low rabies rates. Veterinary students. Travelers visiting areas where rabies is enzootic and immediate access to appropriate medical care including biologics is limited.
   c. **Preexposure Recommendations:** Primary course. No serologic testing or booster vaccination.

4. **Risk Category: Rare**
   a. **Nature of Risk:** Exposure always episodic with source recognized. Bite or nonbite exposure.
   b. **Typical Populations:** U.S. populations at large, including persons in rabies-epizootic areas.
   c. **Preexposure Recommendations:** No vaccination necessary

* Minimum acceptable antibody level is complete virus neutralization at a 1:5 serum dilution by the
rapid fluorescent focus inhibition test. A booster dose should be administered if the titer falls below this level.

** applies to those working with random source dogs and cats with unknown vaccination history