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Munahiliqiyikku Inuuhiᓇknimullu
Department of Health and Social Services
Ministère de la Santé et des Services sociaux

Public Health Memo

Memo to: All Community Health Centres
Memo from: Dr. Maureen Baikie, Deputy Chief Medical Officer of Health
Re: Updated Version (July 10, 2012) of Rabies Pre-Exposure Immunization Protocol
Date: July 13, 2012

All Community Health Centres have already received a copy of this protocol for rabies pre-exposure immunization for individuals who are at ongoing risk of exposure to a rabid animal. However we have made some minor changes. Please destroy the version dated 23 March 2012 and replace it with this edited version dated July 10, 2012.

You will note that the protocol includes antibody testing for those who have been immunized two years ago or more.

If you have any questions please direct them to the Regional Communicable Disease Coordinator for your area.

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Department of Health and Social Services
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Nunavut Rabies Pre-Exposure Immunization

<p>Purpose</p>	<p>Provide information and guidance to implement rabies pre-exposure immunization in Nunavut</p> <p>Note: This document does not replace professional judgment, NACI statements or the product monograph</p>	
<p>Objective of Pre-Exposure Immunization</p>	<p>To provide active immunization to individuals working in occupations that put them at ongoing risk for rabies</p>	
<p>Indications</p>	<p>Pre-Exposure rabies immunization is recommended and publicly funded for the following persons in Nunavut who are at risk of contact with the rabies virus due to their occupation:</p> <ul style="list-style-type: none"> • Conservation Officers • Municipal Bylaw Officers • Lay Vaccinators • Government of Nunavut Biologists <p>Immunization is recommended, but not publically funded for other people potentially at high risk of contact with rabid animals e.g. wildlife researchers, travelers to endemic areas.</p>	
<p>Products</p>	<p>Imovax® Rabies</p>	<p>RabAvert®</p>
<p>Vaccine Type</p>	<p>Human diploid cell vaccines (HDCV) inactivated</p>	<p>Purified chick embryo cell vaccines (PVECV)</p>
<p>Manufacturer</p>	<p>Sanofi Pasteur SA</p>	<p>Novartis Vaccines and Diagnostics GmbH</p>
<p>Route of administration</p>	<p>Intramuscular injection (IM)</p> <p>Adults and children into the deltoid muscle.</p> <p>In infants and small children the mid-lateral zone of the thigh.</p> <p style="text-align: center;">Do not administer on the gluteal area</p>	
<p>Booster Dose</p>	<p>Persons with continuing high risk exposure should have their serum tested for rabies antibodies every 2 years.</p> <p>An acceptable antibody level is ≥ 0.5 IU/ml</p> <p>If antibody testing report is ≤ 0.5 IU/ml a booster dose should be administered.</p>	

Contraindications	History of anaphylaxis to the vaccine, or any of the vaccine components.	History of anaphylaxis to the vaccine, eggs or egg products or any of the vaccine components. For pre-exposure use, vaccination should be postponed for a sick or convalescent person or a person in the incubation stage of an infectious disease.
Adverse Events	Fever, nausea, headache, muscle aches, abdominal pain, fatigue and dizziness. Pain, redness, swelling and itching at injection site. Report all significant adverse events using the Public Health Agency of Canada (PHAC) Adverse Events Following Immunization (AEFI). Fax the form to the RCDC.	
Antibiotics	Neomycin	Traces: Neomycin, chlortetracycline and amphotericin B
Clinically relevant non-medical ingredients	Human albumin, phenol red and beta propiolactone	Human albumin
Vaccine interchangeability	Whenever possible the vaccination series should be completed with the same product. If this is not feasible, Imovax® Rabies and RabAvert® are interchangeable in terms of indications for use, immunogenicity, efficacy and safety.	
Storage	Store at 2 ⁰ to 8 ⁰ C. Do not freeze. Product which has been exposed to freezing should not be used.	
Formats available	Powder and diluents for suspension for injection	Freeze-dried vaccine for reconstitution with diluents for injection
Special considerations	Imovax® Rabies is pink to red in color following reconstitution. It does not contain any preservative thus should be used immediately after reconstitution or discarded.	RabAvert® is clear to slightly opaque following reconstitution and does not contain any preservative thus should be used immediately after reconstitution or discarded.
	Do not use the vaccine after the expiration date	
Prescription	Administer rabies vaccine according to the criteria above. Name of prescriber: Dr. Geraldine Osborne, Chief Medical Officer of Health March 2012. This protocol is in effect until rescinded or modified	

by CMOH.

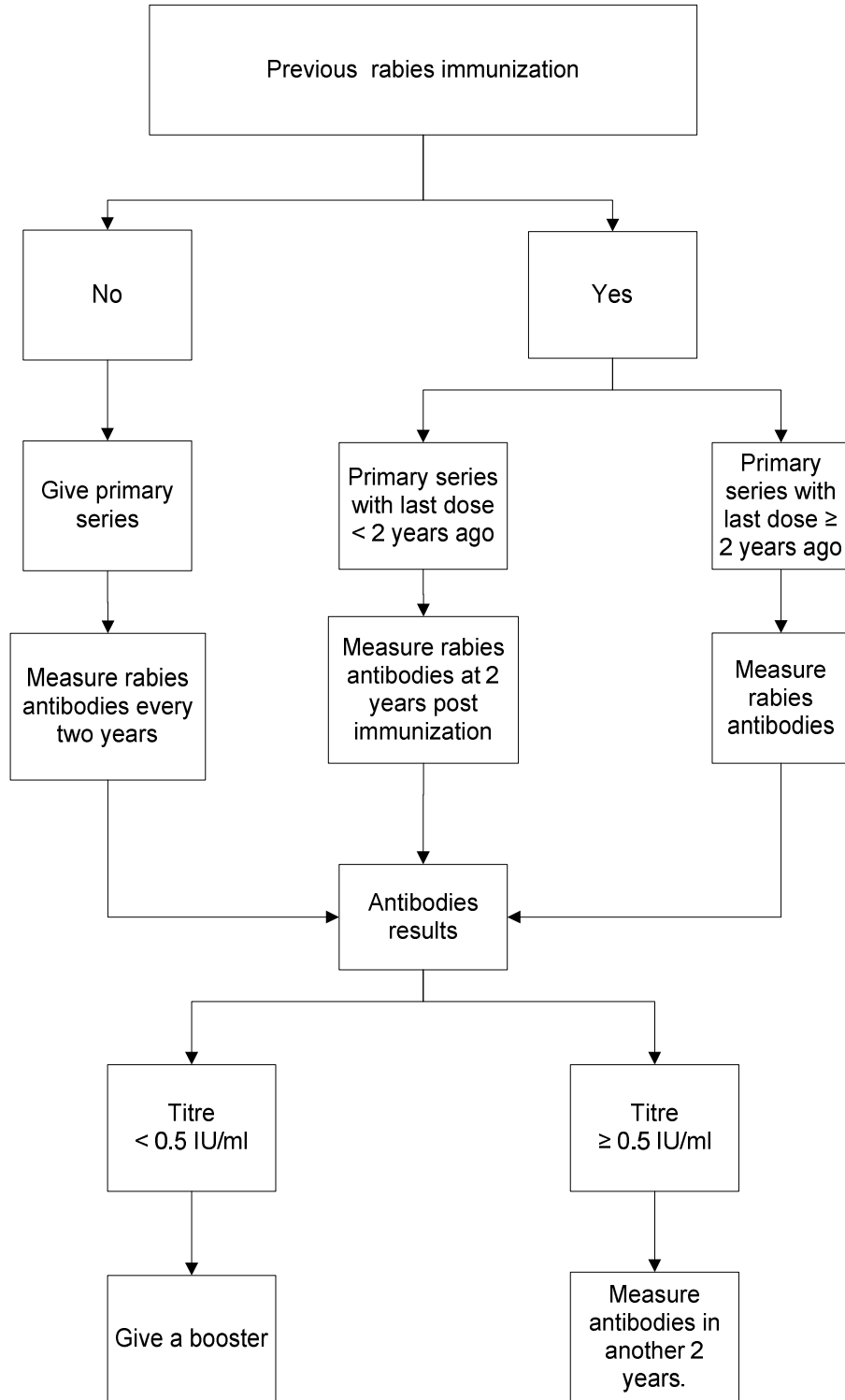
For detailed rabies vaccine information please consult the product monographs.

Reviewed by: Dr. Maureen Baikie, Deputy Chief Medical Health Officer of Health. July 2012.

References

1. Canadian Immunization Guide. Seventh Edition. 2006.
2. Canada Communicable Disease Report (2005). National Advisory Committee on Immunizations (NACI) Statement on Update on Rabies Vaccines. 31 (ACS-5)
3. Imovax® Rabies Product Monograph. Sanofi Pasteur SA. March 2006
4. RabAvert® Product Monograph. Novartis Vaccines and Diagnostics GmbH. February 2010.

Rabies Pre-Exposure Immunization Assessment Flow Chart



Rabies Vaccine Information Sheet



What is rabies?

Rabies is a serious disease for both animals and humans. It is transmitted through exposure to an animal that has rabies. The disease can cause confusion, breathing problems and seizures. These signs may not show up for two to eight weeks or longer. There is no cure for rabies. Prevention is the only way to protect both humans and animals.

Does the rabies vaccine protect you against rabies?

Yes. The vaccine will protect you if you get all the recommended injections. These injections are given in the arm.

Who should get vaccinated against rabies?

Conservation Officers, Wildlife Biologists, municipal Bylaw Officers and Lay Vaccinators in Nunavut are at risk of exposure due to their work and should be vaccinated before a possible exposure. Others at high risk of exposure to the rabies virus may also require non-publically funded pre-exposure vaccination. Consult your health care provider.

Any person who has been bitten, scratched or licked on an open wound or sore by an animal suspected of having rabies should be assessed by their health care provider, who may recommend vaccination.

When should the rabies vaccine be given?

If possible, the pre exposure vaccination should be given before a person's work puts them at high risk of contact with rabid animals.

If an assessment after an exposure determines the individual is at risk, the post-exposure vaccination should be given as soon as possible to the person(s) who has had contact with the animal,

If an animal test is positive for rabies, all contacts of the animal should be assessed for potential exposure and the health care provider can determine if vaccination is necessary.

Is the vaccine safe?

Yes. Some people have mild pain, swelling, and redness for a few days where the needle was given. A few people may have headaches, abdominal pain, fatigue and dizziness. Serious side effects are rare.

Who should talk with their healthcare provider before getting the rabies vaccine?

Tell your health care provider if you have had any of the following:

- Severe allergic reaction to a previous dose of anything in the vaccine. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- An egg allergy.
- Allergy to: Neomycin, Chlorotetracycline, Amphotericin B or any ingredient of the vaccine.
- A severe reaction after a previous dose of rabies vaccine.

Where can I get more information?

For more information about this vaccine, contact your Community Health Centre or Public Health.

Huna nakimatjutiniq?

Nakimatjutiniq aanniarutikyuaq tamangningnut huratjanut inungnullu. Aanniarutauvaktuq kahakkaangata huratjat nakimayut. Aanniarutimut naunaitkutait ukuat ulapitkaangata, anirhaariami ayuqhaqhutik kiikiliklutikluuniit. Ukuat aanniarutininut naunaittut takulimaittungnaqhiyatit malruknut 8-nut havainiqni amihumikluuniit. Nakuuhitjutiqaangittuq nakimatjutininut. Pittailiniq atauhiinnaq piyakhaq tamangmiknut inungnut huratjanullu.

Una nakimatjutinirmut kapuutikhaq ikayuutauniaqqa ilingnut nakimannaittumik?

Ihi. Kapuutikhaq aanniartailiniaqtaait pigungni tamainnik pitquyainik kapuutikhanik. Ukuat kapuutikhat pivagait talikmut.

Kitkut kapuqhiqtukhat aanniartilitjutikhamut nakimanirmut?

Annguhiqiyit, Uumayuliqinirmut Qauyihaiyit haamlitkullu Palihimayutut Ittut Qapuqhiqtiuyullu Nakimajutinirmut huratjanut Nunavunmi aanniarutiqaqniarungnaqhiyut kahakhivakmata havakkaangamik imaalu kapukhiktughauyugaluit aanniarutiqaqtinnatik. Aallat aanniarutiqaqtaaqtuq nakimatjutinirmut aanniarutaanik kapukhiktughauyullu manikhaqhimaaittunit inungnit aanniarutiqaqtinnatik kapukhiutikhanik. Uqaqvigilugit munaqhiliqivikmi havakvia.

Kinalikaak kiyauhimayuq, kiktughirumikluuniit aluqaqtaugumik anmaumayumut kilikhimavikmut kilaaqhimavianutluuniit huratjamit nakimayungnaqhiyunit munariyauyughauyut munaqhinit, kapukhiqniarungnaqhiyut

Kakugu nakimatjutinut kapuutikhaq piyauniaqqa?

Pittaarumik, huratjanik kahiktinnagit kapuutikhaq tuniyauyughauyut inuup havaanga ayuqhautiginiaqqaqtjuk havalirumik tighigumik nakimayunik huratjanik.

Ihivriuqtaugumik kahakhimakpata naunaikkat inunk aanniartaaqqat, una kahkhitinnagit kapuutikhaq kapuutigiyakhaat qilamik inungmut inungnutluuniit kahakhimakpata huratjamik,

Huratjamit naunaikhikpata nakimayumik, tamaita kahakhitjutit huratjamik naunaiktauyakhat ihivriuqlugit nakimayaaqhainut munaqhiliqiyitkullu naunaikhiinnarialgit kapukhiktauyaaqhainnik.

Kapuutikhaq kayangnaitpa?

Ihi. Ilangit inuit mikiyumik uluriahukpaktut, puvittutik, aupayaanguqhutik ikittuni ubluni kapuqhirviani. Ikittut inuit niakuklikniaqtut, akiarukliuqtutut uluriahuklutik, unagukniaqtut kaiffannguqtututlu pilutik. Aanniarutikyuaq takulluayuitait.

Kina uqaqniaqqa munaqhinut kapukhiktinnatik nakimatjutinirmut?

Uqautilugit munaqhiqarvigiyangnut ukuninga aanniarutiqaqruvit:

- Angiyumik timimut nakunngirutauyaaqtut kapuutigiyamut kangannuaq hunamiklikaak ittumut kapuutimi. Aanniarutikyuaq kapuutimut ukuat anirhaariami ayuqhaktut nivyaaliqhuni, hatkami hukattutut ilivluni, iggiami umiktutut ilivluni ayuqhalikhutiklu anirhaariami iihyaamiluuniit.
- Manniknit timimut nakunngirutauvlutik.
- Timimut nakunngirutauyaaqtut ukuninga: Neomycin, Chlortetracycline, Amphotericin B hunamiklikaak ittunit kapuutimi.
- Aghut aanniarutiqaqhiqhutik timimut nakunngirutauyaaqtut kapukhiramik nakimatjutinut kapuutmik.

Humit naunaitkutikhanik pinialuaqqa?

Naunairumagungni uuminga kapuutikhamut, uqaqvigilugu Munaqhiliqiviknut Aanniavikmutluuniit.

Fiche d'information sur le vaccin contre la rage



Qu'est-ce que la rage?

La rage est une maladie sérieuse à la fois pour les animaux et les humains. Elle est transmise par contact avec un animal qui a la rage. La maladie peut entraîner la confusion, des problèmes de respiration et des crises convulsives. Ces symptômes peuvent ne pas apparaître avant deux à huit semaines ou davantage. Il n'y a pas de guérison pour la rage. La prévention est la seule façon de protéger autant les humains que les animaux.

Le vaccin vous protège-t-il contre la rage?

Oui. Le vaccin vous protégera si vous recevez toutes les injections recommandées. Ces injections sont données dans le bras.

Qui devrait recevoir le vaccin contre la rage?

Au Nunavut, les agents de conservation de la faune, les biologistes de la faune, les agents d'application de la réglementation municipale et les vaccinateurs non professionnels sont à risque en raison de leur travail et devraient être vaccinés de manière préventive. D'autres personnes à risque élevé de contracter la rage peuvent aussi avoir besoin d'une vaccination préventive non financée par les fonds publics. Consultez votre fournisseur de soins de santé.

Toute personne qui a été mordue, éraflée ou léchée sur une blessure ou une plaie ouverte par un animal soupçonné d'avoir la rage devrait être évaluée par son prestataire de soins de santé, lequel pourrait suggérer la vaccination.

Quand le vaccin contre la rage devrait-il être administré?

Le vaccin préventif devrait être administré si possible avant que le travail d'une personne ne l'expose à un risque élevé de contact avec des animaux qui ont la rage.

Lorsqu'une évaluation après un contact établit que la personne est à risque, le vaccin curatif devrait être administré aussitôt que possible à toutes les personnes qui ont été en contact avec l'animal.

Lorsque le test sur un animal s'avère positif, tous les contacts avec l'animal devraient être évalués pour une exposition potentielle; le fournisseur de soins de santé peut alors proposer la vaccination.

Le vaccin est-il sécuritaire?

Oui. Certaines personnes peuvent ressentir une faible douleur, une inflammation et des rougeurs autour du lieu de l'injection pendant quelques jours. Quelques personnes peuvent avoir des maux de tête, des douleurs abdominales, éprouver de la fatigue ou des étourdissements. Les effets secondaires sérieux sont rares.

Qui devrait consulter le fournisseur de soins de santé avant de recevoir le vaccin contre la rage?

Informez votre fournisseur de soins de santé si vous avez déjà présenté l'un des symptômes suivants :

- une réaction allergique sévère à une dose du contenu du vaccin dans le passé. Les réactions sévères comprennent la respiration rauque, la compression thoracique, le resserrement de la gorge et de la difficulté à respirer ou avaler;
- une allergie aux œufs;
- une allergie à la néomycine, la chlortétracycline, l'amphotéricine B ou tout autre ingrédient du vaccin;
- une réaction sévère après une dose du vaccin contre la rage dans le passé.

Où puis-je obtenir plus d'information?

Pour plus d'information, communiquez avec votre Centre de santé communautaire ou l' Santé Publique.



Rabies Pre Exposure Vaccination Consent

House/Building #: _____
 P.O. Box #: _____
 Parent/Guardian Information: _____
 Phone # (cell/home/work/other): _____
 Phone # (cell/home/work/other): _____
 Phone # (cell/home/work/other): _____
 Work/School: _____

Please fill in OR addressograph/affix label:
 Last Name: _____
 First Name: _____
 Sex (M/F): _____
 DOB (dd/mm/yyyy): _____
 Chart #: _____
 HCP #: _____
 Community of Residence: _____

Please Answer:

Are you allergic to: Eggs Neomycin Chlortetracycline Amphotericin B None

Have you ever experienced any of the following after a previous rabies vaccine:

Wheezing or chest tightness Difficulty breathing or swallowing None
 Swelling of the mouth or throat Hospitalization
 Guillain-Barré Syndrome Other severe reaction (specify): _____

Have you had rabies antibodies measured? No Yes result _____ Date ____/____/____

CONSENT:

I have had explained to me the *Rabies Vaccine Information* and have asked questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine.

I consent to receiving the Rabies Pre-exposure vaccine:

Print Name

Signature of Client

Date (dd/mm/yyyy)

VACCINATION RECORD – ADMINISTRATIVE USE ONLY

First Rabies Series

Dose	Date	Time	Route	Dose	Vaccine	Lot Number	Signature & Designation
1	____/____/____ <i>dd mm yyyy</i>		IM	1.0 mL			
2	____/____/____ <i>dd mm yyyy</i>		IM	1.0 mL			
3	____/____/____ <i>dd mm yyyy</i>		IM	1.0 mL			
Booster dose <input type="checkbox"/>							
	____/____/____ <i>dd mm yyyy</i>		IM	1.0 mL			



Nakimatjutiniqmut Kapurhiqtinnatit Angirut

Iglu/Igluqpap nampat: _____

Titittiqivit nampaa: _____

Angayuqqaat/ Munaqtiit _____

Naunaitkutinga: _____

Hivayautaa nampaa _____
(tigumiaqattaqtat
hivayaut/iglut/havakviit/atla):

Hivayautaa nampaa _____
(tigumiaqattaqtat
hivayaut/iglut/havakviit/atla):

Hivayautaa nampaa _____
(tigumiaqattaqtat
hivayaut/iglut/havakviit/atla):

Havakviit/Iiharviit: _____

Iniqtiqlugu unaluuniit addressograph/iliurailugu naunaitkutinga:

Kingulliqpaat Aii: _____
 Hivulliqpaat Atiit: _____
 Kituuvit (M/F): _____
 Anniviit (dd/mm/yyyy): _____
 Naunaitkutaa nampaa: _____
Aaniarviup Naunaitkutinga Nampaa

 Nunagiyaa: _____

Hapkuat Kiulugit:

Kitunit pilimaitatit: Manninik Neomycin -mik Chlortetracycline -mik Amphotericin -B-mik Piisak

Hapkuninga mihiknaqqa Nakimatjutiniqmut kapurhiraangavit:

An'ngayuktuqtuq hatqatluuniit mihiknaqhiyuq Ayurhaqtumik anirhaagiami iigiamiluuniit Piisak

Puvipkaiyuq qaniit iggiatluuniit Aaniarvikmunngaqtitauyuq

Guillain-Barré Aaniarut Atlat ayurhautigiyat (naunaiqlugu): _____

Nakimatjutiniqmut havautitauyuq ihivriiquatavakpa? Imannaq Hii qanuritpa _____
Ublumi _____/_____/_____

ANGIRUT:

Nalunaiqtara una *Nakimatjutiniqmut Kapurhiniqmut Naunaitkutaq* apirhuqhungalu kiuyayut nakuugiyamnut. Kangirhiunga ikayuutautingit qayangnaqningit kapurhiruma. Angiqtinga pigiamni Nakimatjutiniqmut kapurhiqtinnatit:

Taiguaqaqtumik atit titiraqlugu

Sainiqlugu

Ublumi (dd/mm/yyyy)

KAPURHIQNIQMUT NAUNAITKUTAQ – HAVAKTIINGIT TITIRAQTAKHAINNAA HAMNA							
Hivulliqpaami Nakimatjutiniqmut Pipkaijtutingit <input type="checkbox"/>							
Havautinga	Ublua	Humunngaqtumi	Qanurittuq	Qaffinik	Kapurhiqniq	Qanuraaluk Nampaa	Sainiutinga Humilu
1	____/____/____ dd mm yyyy		IM	1.0ml			
2	____/____/____ dd mm yyyy		IM	1.0ml			
3	____/____/____ dd mm yyyy		IM	1.0ml			
Kapurhiqniqmut havaut <input type="checkbox"/>							
	____/____/____ dd mm yyyy		IM	1.0ml			



CONSENTEMENT À LA VACCINATION PRÉVENTIVE CONTRE LA RAGE

No de maison/bâtiment _____
C.P. : _____
Information parent/tuteur : _____
Tél. (cell/maison/travail/autre): _____
Tél. (cell/maison/travail/autre): _____
Tél. (cell/maison/travail/autre): _____
Travail/école: _____

Veillez remplir OU apposer une étiquette :

Nom : _____
Prénom : _____
Sexe (M/F) : _____
Date de naissance (jj/mm/aaaa) : _____
No de dossier _____
No ass. Maladie : _____
Collectivité de résidence: _____

Veillez répondre à ces questions :

Êtes-vous allergique aux : œufs Néomycine Chlorotétracycline Amphotéricine B Aucun

Avez-vous déjà éprouvé l'un ou l'autre des symptômes suivants à la suite d'une vaccination antérieure contre la rage?

Respiration sifflante ou oppression dans la poitrine Difficulté à respirer ou avaler Aucun
 enflure de la bouche ou de la gorge Hospitalisation
 Syndrome de Guillain-Barré Autre réaction grave (veuillez préciser) : _____

Vos anticorps antirabiques ont-ils déjà été mesurés? Non Oui résultat _____
Date ____/____/____

CONSENTEMENT :

On m'a expliqué la *Fiche d'information sur le vaccin contre la rage* et j'ai pu poser des questions auxquelles on a répondu à ma satisfaction. Je comprends les avantages et les risques du vaccin.

Je consens à recevoir le vaccin préventif contre la rage :

Nom en caractères d'imprimerie

Signature du client

Date (jj/mm/aaaa)

FICHE DE VACCINATION – À DES FINS ADMINISTRATIVES UNIQUEMENT

Première série de vaccins

Dose	Date	Heure	Voie	Dose	Vaccin	Numéro de lot	Signature et désignation
1	____/____/____ jj mm aaaa		IM	1,0 mL			
2	____/____/____ jj mm aaaa		IM	1,0 mL			
3	____/____/____ jj mm aaaa		IM	1,0 mL			
Dose de rappel <input type="checkbox"/>							
	____/____/____ jj mm aaaa		IM	1,0 mL			