



Founder President & Mentor

Dr. M.K. Sudarshan

9481778364

mksudarshan@gmail.com

President

Dr. D. H. Ashwath Narayana

9341948189

dhashwathnarayana@gmail.com

Vice-Presidents

Dr. Durga Madhab Satpathy

9861084185

drdurgams@rediffmail.com

Dr. Srikrishna Isloor

9449992287

kisloor@rediffmail.com

Secretary General

Dr. Sumit Poddar

9830059468

drsumitpoddar@gmail.com

Joint Secretary

Dr. Krishna Kumar

9973053088

kksingh29@gmail.com

Treasurer

Dr. Ravish H.S.

9900562743

dravishhs@rediffmail.com

Editor

Dr. Kajal Krishna Banik

9331048886

kajalbanik@gmail.com

Zonal Representatives

North

Dr. H. K. Gohil

9968097505

arnavgohil@gmail.com

Dr. Omesh Kumar Bharti

9418120302

bhartiomes@yaho.com

East

Dr. Gautam Prasad Sarkhel

9433381169

gpsarkhel@hotmail.com

Dr. Tapas Ranjan Behera

937183787

tapas4behera@gmail.com

West

Dr. Govardhan Meena

9414042908

Dr. M. K. Jhala

9824243564

mjkjala_2003@yahoo.co.in

Central

Dr. M. N. Siddique

9838071127

drsiddiquemn@gmail.com

Dr. Lakhan L Ahirwar

942444259

dockrocoxrino@gmail.com

South

Dr. Sunil Kumar K M

9740545615

drsnilvetmed@gmail.com

Dr. Sheela P. Haveri

8618629403

sheelaish@gmail.com

Advisory Board

Dr. S Abdul Rahman

Dr. B J Mahendra

Dr. Jyothi B Dutta

Dr. Jugul Kishore

Dr. Muralidhar Thambe

Dr. Chittaranjan Roy

Dr. Reeta S Mani

Dr. Thinly Bh tia

Date: 5.6.2021

Advisory of Rabies prophylaxis during Covid -19 pandemic

1. Should we give anti rabies vaccines and rabies immunoglobulin/ rabies monoclonal antibodies to stray animal bite cases, if they have received COVID-19 vaccine recently?

Yes; Post Exposure Prophylaxis (PEP) is life-saving in all animal exposures. A complete course of anti rabies vaccination and rabies immunoglobulin/rabies monoclonal antibodies in all category III exposure must be administered, even if they have received any dose of COVID-19 vaccine.

2. Should we give anti rabies vaccines and immunoglobulin/ rabies monoclonal antibodies to person exposed to pet animal, if they have received COVID-19 vaccine recently?

If they have documentation of complete immunization of the pet that is healthy; PEP may be deferred and biting dog/ cat may be observed for 10 days. If not; a complete course of anti rabies vaccination and rabies immunoglobulin/ monoclonal antibodies in category III exposure must be administered.

3. Is there a necessity to start PEP for provoked stray animal exposure (if the community animal seems to be normal and available for observation) for the patient who has received COVID-19 vaccine recently?

Yes; PEP should be started immediately since the vaccination/ health status of the animal is unknown even though it is a community dog and available for observation.

4. Can post exposure prophylaxis (PEP) for animal exposures & COVID-19 vaccine be given on same day; if circumstances necessitate?

Yes; since both COVID-19 vaccine and PEP are essential and life-saving; they can be given on the same day when situation demands, but at different sites.

5. If a person who has taken COVID-19 vaccine gets bitten by a stray animal on the same day; can both anti rabies vaccine and Inj. Td be given on the same day?

Yes; it has to be given at different sites, especially in category III exposures (severe injuries).

6. What should be done if there is animal exposure to lactating mothers who have received COVID-19 vaccine recently?

Since PEP is safe and life saving in lactating mothers; a complete course of anti rabies vaccination and rabies immunoglobulins/rabies monoclonal antibodies in category III exposure must be administered, even if they have received any dose of COVID-19 vaccine.



Registered Office:

Department of Community Medicine, Kempegowda Institute of Medical Sciences, (2nd Floor),
Banashankari 2nd Stage, Bangalore – 560 070, Karnataka State, INDIA

Secretariat:

H.P. Poddar Memorial Clinic & Nursing Home, 56H Beliaghata Main Road, Kolkata- 700010, WB
Email: drsumitpoddar@gmail.com, info@apcri.org Website: www.apcri.org, www.apcrijournal.com

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7. What should be done for patients re-exposed to animals, who have received COVID-19 vaccine recently?

Post exposure prophylaxis should be started immediately as per recommended schedule; since both COVID-19 vaccine and PEP against rabies are essential and life-saving.

8. What will be the preferred route of rabies vaccination (ID/IM); if they have received COVID-19 vaccine recently?

There is no evidence currently to choose one route over the other. Hence, in Government hospital it may be by intradermal (ID) route and in private hospital by intramuscular (IM) route. WHO recognizes the equivalent clinical effectiveness of both IM & ID routes.

9. Can we give intradermal rabies vaccine (IDRV) for PEP in the same arm where COVID-19 Vaccine was given IM?

No. Since we have to give IDRV to both the arms, it shall be preferably given at other sites such as the suprascapular region and anterolateral thigh. This can also avoid the discomfort of multiple pricks on the same arm.

10. Does it require any dose adjustment for rabies vaccination (ID/IM) if they have received COVID-19 vaccine recently?

No. The dosage is same irrespective of their age and body weight and COVID-19 vaccine doses.

11. Is there any requirement to change the schedule of rabies vaccination after receiving COVID-19 vaccine recently?

No; same schedule for both IM & ID as approved by Government of India/ package insert has to be followed.

12. Can rabies vaccines be interchangeable (brand/ route of administration) as per the availability for completing the course; if they have received COVID-19 vaccines?

Evidence suggests that changes in the rabies vaccine product and/or the route of administration should be allowed in unavoidable circumstances to ensure completion of PEP. PEP need not be restarted and the schedule of new route of administration should be adopted.

13. When should the second dose of COVID vaccine be scheduled, if the person is exposed to animals after the 1st dose of COVID vaccine?

Wherever feasible, the second dose of COVID vaccine should be scheduled at a minimum gap of two weeks after completing the last dose of rabies vaccine; till that time the person has to follow COVID appropriate behaviour.



ASSOCIATION FOR PREVENTION AND CONTROL OF RABIES IN INDIA (APCRI)

Registered Office:

Department of Community Medicine, Kempegowda Institute of Medical Sciences, (2nd Floor),
Banashankari 2nd Stage, Bangalore – 560 070, Karnataka State, INDIA

Secretariat:

H.P. Poddar Memorial Clinic & Nursing Home, 56H Beliaghata Main Road, Kolkata- 700010, WB

Email: drsumitpoddar@gmail.com, info@apcri.org Website: www.apcri.org, www.apcrijournal.com

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14. After receiving anti rabies vaccination, when can one take 1st dose of COVID Vaccine?

The first dose of Covid-19 vaccination shall be given after a minimum gap of two weeks following the last dose of rabies vaccine; till that time the person has to follow COVID appropriate behaviour.

15. Is there any need to test for vaccine-induced neutralizing antibody (VNA) for rabies vaccine co-administered with COVID-19 vaccine?

Currently there is no evidence to suggest its requirement. The WHO specified minimum serum antibody concentration of 0.5 IU/mL for adequate seroconversion after vaccination is reached by 7–14 days after PEP in most individuals. Testing of VNA titres is not routinely recommended after PEP except in certain groups (e.g. HIV/AIDS, cancer, patients on chemotherapy or long term steroid therapy etc) after 2-4 weeks of vaccination.

However, patients / physicians may be encouraged to submit serum samples of individuals (who had concurrent COVID-19 vaccine and rabies vaccination) to NIMHANS, Bangalore which is “WHO Collaborating Center for Reference & Research on Rabies” for VNA testing two weeks after the last dose of rabies vaccine, on voluntary basis. This will help to generate the scientific data.

16. Is there any data on safety & immunogenicity of rabies vaccine co-administered with COVID-19 vaccine?

Currently, there is no data on safety & immunogenicity of rabies vaccine co-administered with COVID-19 vaccines. However, the available evidence supports safe co-administration of cell culture vaccines i.e., rabies vaccine with other inactivated vaccines, such as DTP, JE and polio vaccines and also with live vaccine such as MMR vaccine.

17. Which passive immunisation is preferred in category III exposures, if they have received COVID-19 vaccines recently?

All of them i.e., HRIG, ERIG & RmAb are equally good and anyone can be given depending upon the availability and affordability of the patient.

18. Is there any change in the volume of RIG/ RmAb infiltration, if they have received COVID-19 vaccines recently?

No; the volume of RIG/ RmAb infiltration is as recommended by Government of India/package insert, even if they have received COVID-19 vaccines recently.

19. What should be done to a COVID 19-patient in home isolation, if exposed to pet animals?

If they have documentation of complete immunization of the pet, that is otherwise healthy; PEP can be deferred and observation of the dog/cat for 10 days has to be done. If not, a complete course of vaccination and immunoglobulins/monoclonal antibodies in category III exposure must be administered as it is life saving. The



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administration of PEP shall be done by the health professional to the person (infective) in home isolation by duly following the Covid protocol like wearing of N95 mask, PPE kit, gloves, face shield, etc.

20. If an animal bite victim receiving the course of anti rabies vaccine gets infected with COVID-19; shall he/she continue the further course of anti rabies vaccination or to stop?

The person has to continue and complete full course of anti rabies vaccination, since it is life-saving.

21. What should be done for patient who is on anti rabies vaccination and later had COVID-19 infection put on anti viral drugs (Oseltamivir, Favipiravir, Remdesivir, Interferon alpha 2B, etc.)?

The course of anti rabies vaccination should be continued as per the schedule since it is life saving.

22. What should be done for patient who has taken rabies monoclonal antibodies (Rabishield/ Twinrab) and later requires COVID-19 monoclonal antibodies for treatment or vice-versa?

Yes; since both COVID-19 monoclonal antibodies and rabies monoclonal antibodies are essential and life-saving it has to be given as recommended, whenever necessary.

23. What should be done to a COVID 19 recovered patient who is on steroids and/ anti platelets and / anti coagulants, if exposed to animals?

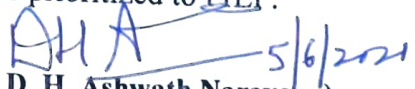
Since PEP is life-saving; a complete course of vaccination by IM/ID route and rabies immunoglobulins/rabies monoclonal antibodies in category III exposure must be administered even to a COVID 19 recovered patient who is on steroids and / anti platelets and / anti coagulants.

24. Can a Covid-19 positive person in home isolation stay in contact with the pet dog or cat?

The dogs and cats can get infected with Covid-19 virus from Covid -19 positive persons, but currently there is no evidence to suggest that it is transmitted further to humans. Hence, Covid-19 positive persons are advised to stay away from dogs/cats for duration of isolation (usually 10 days) in home.

25. Can PrEP against rabies be given in risk individuals who have received COVID-19 vaccine recently?

PrEP can be deferred based on individual risk assessment. It may be initiated with a minimum gap of 2 weeks after complete course of Covid vaccination. In the current context of Covid pandemic, Covid 19 vaccination shall be prioritized to PrEP.


(Dr. D. H. Ashwath Narayana)
President, APCRI