

Rabies pre-exposure prophylaxis guide – United States, 1999

Risk category	Nature of risk	Typical populations	Pre-exposure recommendations
Continuous	Virus present continuously, often in high concentrations. Specific exposures likely to go unrecognized. Bite, non-bite or aerosol exposure.	Rabies research laboratory workers;* rabies biologics production workers.	Primary course. Serologic testing every 6 months; booster vaccination if antibody titer is below acceptable level. +
Frequent	Exposure usually episodic with source recognized, but exposure also might be unrecognized. Bite, non bite or aerosol exposure.	Rabies diagnostic lab workers,*spelunkers, veterinarians and staff, and animal- control and wildlife workers in rabies-enzootic areas.	Primary course. Serologic testing every 2 years; booster if antibody titer is below acceptable level.+
Infrequent (greater than population at large)	Exposure nearly always episodic with source recognized. Bite or non-bite exposure	Veterinarians and animal-control and 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.	Primary course. No serologic testing or booster vaccination.
Rare (population at large)	Exposure always episodic with source recognized. Bite or non-bite exposure.	U.S. population at large, including persons in rabies- epizootic areas.	No vaccination necessary.

* Judgment of relative risk and extra monitoring of vaccination status of laboratory workers is the responsibility of the laboratory supervisor (43).

+ 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.