



WRHN

Waterloo Regional
Health Network

Date:	September 4, 2025
To:	ED Providers & Nurses , Pharmacy Staff
From:	Kandis Lunney, Pharmacy Clinical Practice Coordinator
Regarding:	Rabies Immunoglobulin Shortage Update

Quick Details:

- Rabies Immunoglobulin (RabIg) is in short supply provincially
- WRHN has limited supply, but the supply is being closely monitored by Public Health and redistribution of supply will occur when necessary
- Pharmacy is working closely with Public Health daily to update on supply levels and communicate when additional supply is required
- Conservation strategies are still suggested, with more details below
- Rabies vaccine supply is also impacted but there is less concern

What's Happening?

We have been dealing with a provincial shortage of Rabies immunoglobulin and vaccine as a result of a massive administration required to a large number of patients. Since the initial report, Public Health has begun closely working with all local hospitals to closely monitor supply. Pharmacy is required to report supply levels to Public Health daily and will receive resupply if stock drops below a specific cut off.

As a result of this additional information and stock monitoring, changes to the initial conservation recommendations have been made. The following should be considered:

1. Treatment with RabIg is only indicated when direct contact has been confirmed. Please see attached information below from Ontario Ministry of Health for additional guidance ([Management of Potential Rabies Exposures Guideline, 2020](#))

2.2 Type of Exposure

Rabies is transmitted only when the virus is introduced into a bite wound, open cuts in skin, or onto mucous membranes such as the mouth or eyes. Three broad categories of exposure are recognized as warranting PEP: bite, non-bite and bat exposures.

Bite exposures: Transmission of rabies occurs most commonly through bites. A bite is defined as any penetration of the skin by teeth.

Non-bite exposures: This category includes contamination of scratches, abrasions or cuts of the skin or mucous membranes by saliva or other potentially infectious material, such as the brain tissue of a rabid animal. Non-bite exposures, other than organ or tissue transplants, have almost never been proven to cause rabies, and PEP is not indicated unless the non-bite exposure involves saliva or neural tissue being introduced into fresh, open cuts or scratches in skin or onto mucous membranes. These exposures require a risk assessment that considers the likelihood of salivary contamination.

Petting a rabid animal or handling its blood, urine or feces is not considered to be an exposure; however, such contact should be avoided. Being sprayed by a skunk is also not considered an exposure. These incidents do not warrant PEP.



Bat exposures: Post-exposure rabies prophylaxis following bat contact is recommended when **both** the following conditions apply:

- There has been direct contact with a bat; **AND**
- A bite, scratch, or saliva exposure into a wound or mucous membrane cannot be ruled out.

Direct contact with a bat is defined as the bat touching or landing on a person. When there is no direct contact with a bat, the risk of rabies is extremely rare and rabies PEP is not recommended.

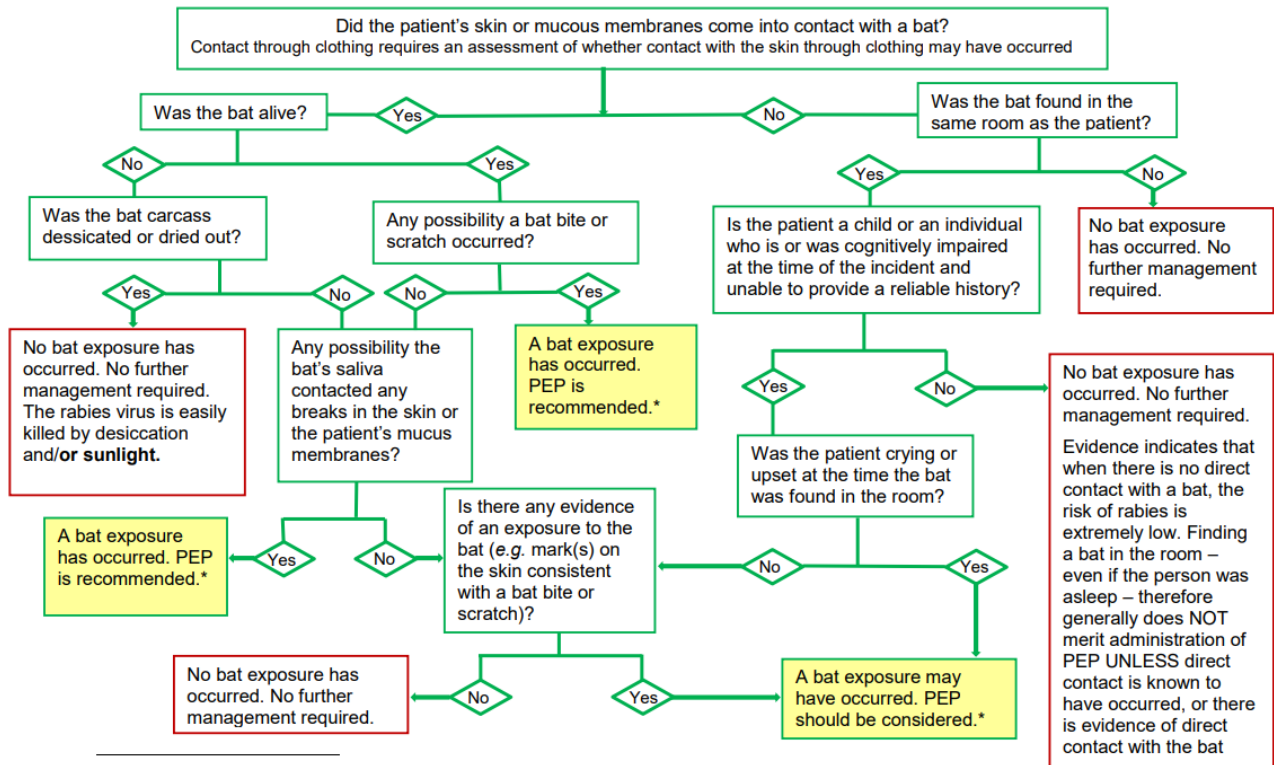
In an adult, a bat landing on clothing would be considered reason for PEP administration only if a bite, scratch, or saliva exposure into a wound or mucous membrane could not be ruled out. Therefore, if a bat lands on the clothing of a person who can be sure that a bite or scratch did not occur and that the bat's saliva did not contact an open wound or mucous membranes, then PEP is not required.

In a child, any direct contact with a bat (*i.e.*, the bat landing on or touching the child, including contact through clothes) could be considered a reason for PEP administration, as a history to rule out a bite, scratch or mucous membrane exposure may not be reliable.

When a bat is found in the room with a child or adult who is unable to give a reliable history, assessment of direct contact can be difficult. Factors indicating that direct contact may have occurred in these situations include the individual waking up crying or upset while the bat was in the room, or observation of an obvious bite or scratch mark.

Management of Potential Rabies Exposures Guideline, 2020

Figure 1: Algorithm for Bat Exposures and PEP administration*



* See Section 2.2 for information on testing the bat for rabies and Section 3 for PEP management

Reference: [Management of Potential Rabies Exposures Guideline, 2020](#), page 7

2. Dosing of Rablg is weight-based. The weight-based dose should be calculated along with the corresponding volume. **Wait to draw up the dose volume until just prior to administration** to avoid wastage if the decision to treat changes. Discard any remaining immunoglobulin in partly used vials. If multiple patients require treatment,



please calculate dose volumes for all patients to allow most diligent number of vials are used.

3. Where a wound is seen, as much of the dose as possible should be infiltrated in the wound. **The remainder of the dose should be administered IM at a site away from the vaccine site.**
4. Where no wound is seen but risk of exposure is still high, administer the whole dose IM at a site away from the vaccine site.

Public Health may still send patients to the department for assessment. If unable to determine confidently that exposure risk is low per Ministry of Health guidelines, follow the above strategies.

For additional dosing information, please see [Management of Potential Rabies Exposures Guideline, 2020](#).

Thank you.

