**RED RIVER COLLEGE-ANIMAL HEALTH TECHNOLOGY PROGRAM**

**RABIES PRE-EXPOSURE VACCINATION**

**Rabies** is a viral disease that attacks the central nervous system of warm blooded animals including humans. In Canada, the animals most often found to have rabies are foxes, skunks, dogs, cats and bats.

Rabies can be fatal. Rabies is transmitted by saliva primarily through bites from the infected animal. It can also be contracted through contamination of scratches or wounds with saliva or breathed in virus found in droplets in the air in bat caves.

The time from exposure to the virus and the onset of symptoms may be from a few weeks to many months. The length of time depends on the strain of virus and the location of the bite on the body. The closer to the brain, the sooner symptoms develop.

Symptoms usually begin with malaise, loss of appetite, fatigue, headache and fever. It then progresses to neurological symptoms such as hyperactivity, confusion, hallucinations, seizures and paralysis. This eventually leads to coma and/or death.

Two rabies vaccines are currently marketed for active immunization of humans in Canada. Both

products may be used for pre-exposure and post-exposure prophylaxis. The vaccine you will be receiving is Rabavert.

**When should this vaccine be given?**

Rabavert vaccine for pre-exposure will be administered intradermally, at the deltoid region, in 3 doses. Dose 1 on day 0,Dose 2 on day 7 and Dose 3 on day 21 or day 28. Booster doses may be recommended after 2 – 5years if continued exposure is expected. Note: you must remain in the Health Center for 15 minutes after receiving each dose of the vaccine.

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**How well will this vaccine protect?**

Vaccination is not 100% protective. If you are bitten or scratched by any animal that might have

rabies, wash the wound immediately for several minutes with lots of soap and clean water. You

must see a doctor immediately for treatment, even if you have been vaccinated.

**Possible Side Effects**

The most common reaction to immunization is redness, tenderness and swelling where the shot was given. Fever, nausea, dizziness and headache can also occur. Difficulty breathing has been reported very rarely. Allergic reactions like hives, wheezing, or swelling of the face and mouth are very rare. You should always discuss the benefits and risks of any vaccine with your doctor or healthcare professional.

**Always report any serious reactions to your doctor.**

Go to a hospital emergency room if you have any of the following symptoms – a bad allergic reaction such as itchy hives, swelling of the lips, face, tongue, legs/arms or difficulty breathing.

**Who should get the Rabavert vaccine?**

Persons spending one month or more in countries where rabies exist.

Persons working in a job that potentially exposes them to rabies (certain laboratory workers,

veterinarians, animal control and wild life workers, spelunkers, forest rangers and conservation

officers).

**Who should NOT get the Rabavert vaccine?**

Anyone allergic to any component of the vaccine

Persons with an acute febrile illness

Persons who have had a previous severe reaction to Imovax and /or Rabavert vaccine.

**Who should I talk to if I have any questions?**

Contact Red River Colleges’ Health Services at HM08 M-F from 8:00am-4:00pm PH: 204-632-2238 or after hours contact Health Links Info Line at 204-788-8200.

**Your record of protection**

Your immunizations are entered into the Health Services electronic database and record will be submitted for entry to the Manitoba Immunization Monitoring System (MIMS). This is done under your Manitoba Personal Health Information Number (PHIN). The database is maintained by Manitoba Health in order to provide public health services; assist with diagnosis and treatment; and to control the spread of vaccine preventable diseases.

The information collected for immunization may be used for public health purposes which could include the sharing of information with other health workers and medical practitioners including your family physician.

**I have read and understand the above information:**

**Name( *Print clearly)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**