The following recommendations are only a guide. In applying them, one should consider the nature of the exposure, the postexposure treatment protocol appeared to have occurred (25).

**Indications and Usage**

RabAvert is indicated for preexposure vaccination, in both primary and secondary regimens. RabAvert is the only approved rabies vaccine product. No clinical studies have been conducted that document the efficacy of RabAvert. It is indicated for postexposure treatment.

**Population Groups**

Immediate postexposure treatment with RabAvert was shown to elicit protective antibody responses, and to maintain a serum titer corresponding to at least complete neutralization of rabies virus in 100% of rabbits. RabAvert is also indicated for preexposure vaccination, in both primary and secondary regimens. RabAvert is the only approved rabies vaccine product. No clinical studies have been conducted that document the efficacy of RabAvert. It is indicated for postexposure treatment.

**Dosage and Administration**

The recommended dosage of RabAvert for postexposure treatment is one IM injection (deltoid) given on days 0, 3, and 7 or 28. The recommended dosage of RabAvert for preexposure vaccination is one IM injection (deltoid) given on days 0, 3, and 7 or 30. RabAvert is formulated as a suspension of rabies virus in Freund's complete adjuvant for primary regimens or in Freund's incomplete adjuvant for secondary regimens. RabAvert is stable to temperatures of 2°C to 8°C and may be stored for up to 24 months at these temperatures. RabAvert is stable to temperatures of 2°C to 8°C and may be stored for up to 24 months at these temperatures. RabAvert is stable to temperatures of 2°C to 8°C and may be stored for up to 24 months at these temperatures. RabAvert is stable to temperatures of 2°C to 8°C and may be stored for up to 24 months at these temperatures.
Local reactions such as induration, swelling and reddening have been observed more often than systemic reactions. In a comparative trial in adults, administration of RabAvert was generally well tolerated. None of the adverse events were serious, almost all adverse events were of mild or moderate intensity. Statistically significant differences in the incidence of any adverse events were observed when comparing RabAvert and HDCV groups. Localized lymphadenopathy was observed in 11% of patients in the RabAvert group, and 34% of the HDCV group. Localized lymphadenopathy has been reported in 7% of patients in the RabAvert trials in the USA (5), 83 subjects received RabAvert and 82 received HDCV. The incidence of lymphadenopathy occurring more than 6 months postexposure prophylaxis with RabAvert is about 3% (12, 19, 26). Adverse reactions occurring more than once in at least 1% of patients are noted in Table 1. Localized lymphadenopathy has been reported in 7% of patients in the RabAvert trials in the USA (5), 83 subjects received RabAvert and 82 received HDCV. The incidence of lymphadenopathy occurring more than 6 months postexposure prophylaxis with RabAvert is about 3% (12, 19, 26). Adverse reactions occurring more than once in at least 1% of patients are noted in Table 1.

**Table 1: Adverse Reactions in RabAvert Studies**

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>RabAvert</th>
<th>HDCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local: Extensive limb swelling</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>Local: Pain at injection site</td>
<td>45%</td>
<td>52%</td>
</tr>
<tr>
<td>Cardiac: Palpitations, hot flush</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>CNS: Neuroparalysis, encephalitis, meningitis, transient paralysis, comatosogenic form</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Allergic: Anaphylaxis, Type III hypersensitivity-like reactions, bronchia</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Autonomic: Diaphoresis, hypertension, hypotension, sweating</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Observed During Clinical Practice (See section).**

**Precautions**

**Immunization should begin as soon as possible after exposure.**

**Infant:** In infants, the initial dose or doses may be given by the subcutaneous route even if the injury is deep. The site should be observed for 15 minutes after injection to ensure that there is no reaction.

**Preexposure Prophylaxis of Previously Exposed Persons:**

In the event that preexposure prophylaxis with RabAvert is initiated more than 7 days after exposure, the following schedule should be used:

- One dose of RabAvert given on day 0
- Two doses of RabAvert given on day 7
- Followup doses of RabAvert given on days 21 or 28

**Postexposure Prophylaxis in:**

**Human Factors:**

**Human Factors: rabies virus in a human victim:**

- One dose of RabAvert given on day 0
- Followup doses of RabAvert given on days 7, 21 or 28 (for criteria for discontinuing therapy refer to section). The recommendation for postexposure prophylaxis with RabAvert has been satisfactory, routine postexposure prophylaxis with RabAvert or other tissue culture derived rabies vaccines in children. Asian Pacific J Allergy Immunol 2000; 18:70-76. One dose of RabAvert given on day 0 and one on day 7, and one either on day 21 or 28 (for criteria for discontinuing therapy refer to section). The recommendation for postexposure prophylaxis with RabAvert has been satisfactory, routine postexposure prophylaxis with RabAvert or other tissue culture derived rabies vaccines in children. Asian Pacific J Allergy Immunol 2000; 18:70-76.