

Rabies Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Rabies vaccine can prevent **rabies**.

Rabies is a serious illness that almost always results in death.

Rabies virus infects the central nervous system. Symptoms may occur from days to years after exposure to the virus and include delirium (confusion), abnormal behavior, hallucinations, hydrophobia (fear of water), and insomnia (difficulty sleeping), which precede coma and death.

People can get rabies if they have contact with the saliva or neural tissue of an infected animal, for example through a bite or scratch, and do not receive appropriate medical care, including rabies vaccine.

2. Rabies vaccine

Certain **people with a higher risk for rabies exposures, such as those who work with potentially infected animals, are recommended to receive vaccine** to help prevent rabies if an exposure happens. If you are at higher risk of exposure to the rabies virus:

- You should receive 2 doses of rabies vaccine given on days 0 and 7.
- Depending on your level of risk, you may be advised to have one or more blood tests or receive a booster dose within 3 years after the first 2 doses. Your health care provider can give you more details.

Rabies vaccine can prevent rabies if given to a person after an exposure. After an exposure or potential exposure to rabies, the wound site should be thoroughly cleaned with soap and water. If your health care provider or local health department recommend vaccination, the vaccine should be given as soon as possible after an exposure but may be effective any time before symptoms begin. Once

symptoms begin, rabies vaccine is no longer helpful in preventing rabies.

- If you have not been vaccinated against rabies in the past, you need 4 doses of rabies vaccine over 2 weeks (given on days 0, 3, 7, and 14). You should also get another medication called rabies immunoglobulin on the day you receive the first dose of rabies vaccine or soon afterwards.
- If you have received rabies vaccination in the past, you typically need only 2 doses of rabies vaccine after an exposure.

Rabies vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of rabies vaccine**, or has any **severe, life-threatening allergies**
- Has a **weakened immune system**
- Is **taking or plans to take chloroquine or a drug related to chloroquine**
- Has **received rabies vaccine in the past** (your provider will need to know when you received any rabies vaccine doses in the past)

In some cases, your health care provider may decide to postpone routine (pre-exposure) rabies vaccination until a future visit. Or your health care provider may perform a blood test before or after rabies vaccines are given to determine your level of immunity against rabies.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting a routine (pre-exposure) dose of rabies vaccine. **If you have been exposed to rabies virus, you should get vaccinated regardless of concurrent illnesses, pregnancy, breastfeeding, or weakened immune system.**

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness, redness, swelling, or itching at the site of the injection, and headache, nausea, abdominal pain, muscle aches, or dizziness can happen after rabies vaccine.
- Hives, pain in the joints, or fever sometimes happen after booster doses.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's rabies website at www.cdc.gov/rabies





Addendum to Rabies Vaccine:
What You Need to Know
Vaccine Information Statement

- I agree that the person named below will get the vaccine checked below.
- I received or was offered a copy of the Vaccine Information Statement (VIS) for the vaccine listed above.
- I know the risks of the disease this vaccine prevents.
- I know the benefits and risks of the vaccine.
- I have had a chance to ask questions about the disease the vaccine prevents, the vaccine, and how the vaccine is given.
- I know that the person named below will have the vaccine put in his/her body to prevent the disease this vaccine prevents.
- I am an adult who can legally consent for the person named below to get the vaccine. I freely and voluntarily give my signed permission for this vaccine.

Biological(s) given: ☐ Human Rabies Immune Globulin (HRIG) ☐ Rabies Vaccine

Information about person to receive rabies vaccine and/or Human Rabies Immune Globulin (HRIG) (Please type or print clearly)				
Name: Last	First	Middle Initial	Birthdate (mm/dd/yy)	Sex (circle one) M F
Address: Street	City	County	State TX	Zip
x _____ Signature of person to receive rabies vaccine and/or HRIG or person authorized to make the request (parent or guardian)			Date: _____ (mm/dd/yy)	
x _____ Signature of person who reviewed this form with recipient of rabies vaccine and/or HRIG (witness)			Date: _____ (mm/dd/yy)	
x _____ Signature of attending physician			Date: _____ (mm/dd/yy)	

PRIVACY NOTIFICATION - With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Privacy Notice: I acknowledge that I have received a copy of my immunization provider's HIPAA Privacy Notice.

FOR CLINIC USE ONLY

Biologicals	Dosage	Date Administered	Lot Number	Expiration Date
HRIG				
Rabies Vaccines # 1				
Rabies Vaccines # 2				
Rabies Vaccines # 3				
Rabies Vaccines # 4				
Rabies Vaccines # 5				

Notice: Alterations or changes to this publication is prohibited

Instructions: File this consent statement in the patient's chart.