

# Pre-Exposure Prophylaxis (PrEP)



Vaccinated  
before  
exposure  
(PrEP)

## Recommendations

### Questions 1, 2, 3, 4



Rabid dog



Only  
vaccine



**Question 1:** Does novel evidence support the use of **PREP in particular sub-populations**, apart from persons bearing an occupational rabies exposure risk?

1. Due to the low cost-effectiveness in most settings, PrEP as a large-scale intervention is not recommended.
  - PrEP can be considered in areas where control in the animal reservoir is impossible (e.g. areas endemic for bat and wildlife rabies), and where there is limited access to timely and adequate PEP. This should be based on strong epidemiological evidence and local context. (See [Table 4](#), p 43)

**Question 2:** Does novel evidence support the need for **rabies booster** doses in persons at continual or frequent risk of occupational rabies exposure?

1. Individuals at a very high risk of rabies exposure from occupation, travel or with limited access to timely and adequate PEP, should be considered for PrEP and/or vaccine boosters in accordance with recommended vaccine schedules (see [Table 4](#), p 43).
2. Routine boosters are only recommended for those who face occupational exposure.
  - If available, pre-booster serology can inform the need for a booster (see [Table 4](#), p 43).

**Question 3:** Can the **duration** of the entire course of current PREP regimens be reduced while maintaining immunogenicity and clinical protection?

**Question 4:** Can the **number of doses** administered in current PREP regimens be reduced while maintaining immunogenicity and clinical protection?

1. The following 2-visit PrEP schedules (days 0, 7) for immunocompetent individuals of all ages are recommended:
  - 2-site ID (0.1ml per site); or
  - 1-site IM (1 vial per site, 0.5 or 1 ml)
2. Although a 1-visit PrEP schedule likely confers some protection, it is not considered a complete course.
  - Those who have received PrEP only on day 0 should receive a second dose as soon as possible.
  - In the event of a potential rabies exposure prior to the second dose, full PEP (vaccine  $\pm$  RIG) should be given.

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3. Individuals who are immunocompromised should receive a 3-visit PrEP schedule (days 0, 7 and 21 to 28), ID (2-site) or IM (1-site), as these individuals may have a decreased immune response to vaccine.
  - A 2-visit PrEP schedule (days 0, 7) in immunocompromised individuals has not been studied.
  - Where possible, serology can be used to assess seroconversion after a 2-visit PrEP schedule, and additional doses administered if needed.
4. Individuals under treatment with chloroquine or related drugs should receive PrEP or PEP as indicated for the general population (IM or ID).
  - Although there is limited evidence on the effect of chloroquine or other related drugs on immune response to rabies vaccine if administered ID, studies in the general population showed clinical equivalence
  - Out of an abundance of caution for pre-planned travel, PrEP should be completed before antimalarial prophylaxis is started.