

# Rabies Vaccine:

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

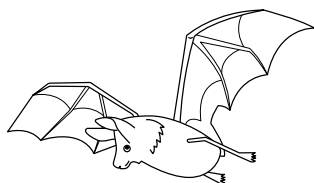
Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

Rabies vaccine can prevent rabies.

Rabies is mainly a disease of animals. Humans get rabies when they are bitten or scratched by infected animals.

- Human rabies is rare in the United States. Wild animals like bats, raccoons, skunks, and foxes are the most common source of human rabies infection in the United States.
- Rabies is more common in other parts of the world where dogs still carry rabies. Most rabies deaths in people around the world are caused by bites from unvaccinated dogs.



Rabies infects the central nervous system. After infection with rabies, at first there might not be any symptoms. Weeks or even months after a bite, rabies can cause general weakness or discomfort, fever, or headache. As the disease progresses, the person may experience delirium, abnormal behavior, hallucinations, hydrophobia (fear of water), and insomnia.

If a person does not receive appropriate medical care after an exposure, human rabies is almost always fatal.

Rabies can be prevented by vaccinating pets, staying away from wildlife, and seeking medical care after potential exposures and before symptoms start.

### 2 Rabies vaccine

Rabies vaccine is given to people at high risk of rabies to protect them if they are exposed. **People at high risk of exposure to rabies should be offered pre-exposure rabies vaccination**, including:

- Veterinarians, animal handlers, and veterinary students
- Rabies laboratory workers
- Spelunkers (people who explore caves), and
- Persons who work with live vaccine to produce rabies vaccine and rabies immune globulin.

Pre-exposure rabies vaccination should also be considered for:

- People whose activities bring them into frequent contact with rabies virus or with possibly rabid animals.
- International travelers who are likely to come in contact with animals in parts of the world where rabies is common and immediate access to appropriate care is limited.

For pre-exposure protection, 3 doses of rabies vaccine are recommended. People who may be repeatedly exposed to rabies virus should receive periodic testing for immunity, and booster doses might be necessary. Your health care provider can give you more details.

**Rabies vaccine can prevent rabies if given to a person after they have had an exposure.** Anyone who has been bitten by an animal suspected to have rabies, or who otherwise may have been exposed to rabies, should clean the wound and see a health care provider immediately regardless of vaccination status. The health care provider can help determine if the person should receive post-exposure rabies vaccination.



For post-exposure protection:

- A person who is exposed and has never been vaccinated against rabies should get 4 doses of rabies vaccine. The person should also get another shot called rabies immune globulin (RIG).
- A person who has been previously vaccinated should get 2 doses of rabies vaccine and does not need Rabies Immune Globulin.

Your health care provider can give you more information.

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### **Talk with your health care provider**

Tell your vaccine 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**.

In some cases, your health care provider may decide to postpone a routine (non-exposure) dose of rabies vaccination to a future visit.

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 (non-exposure) dose of rabies vaccine. **If you have been exposed to rabies virus, you should get vaccinated regardless of concurrent illnesses, pregnancy, or breastfeeding.**

Your health care provider can give you more information.

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### **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.
- Very rarely, nervous system disorders such as Guillain-Barré syndrome (GBS) have been reported after rabies vaccine.

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.

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### **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](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

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### **How can I learn more?**

- Ask your health care provider.
- Call your local or state health department.
- 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](http://www.cdc.gov/rabies)

Vaccine Information Statement  
**Rabies Vaccine**



Office use only

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### Rabies Vaccine Consent Form

I have read and understood the above information about Rabies vaccination. I have had a chance to ask questions. I understand the benefits and risks of Rabies vaccination and request that vaccine be given to me or the person named below whom I am authorized to sign for.

Information of Person to Receive Vaccine			
Name (Please print): Last Name, First Name    Date of Birth			
Address: Street		City	State    Zip
Phone Number			
X			
Signature (Person receiving Vaccine or Parent or Guardian)			Date

For Clinic Use Only	
Date of Vaccination:	
Manufacture/ Lot Number:	
Site of Injection:	
Chronic Diseases:	<input type="checkbox"/> Yes <input type="checkbox"/> No



# Immunize Los Angeles

5901 W. Olympic Blvd, Ste 103, Los Angeles, CA 90036

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## Screening Questionnaire

The following questions will help us determine which vaccines may be given today. If a question is not clear, please ask your health care provider to explain it.

	Yes	No	Don't Know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, or any vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have cancer, leukemia, AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had x-ray treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. For women: Are you pregnant or is there a chance you could become pregnant in the next three months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature (Person receiving Vaccine or Parent or Guardian)

\_\_\_\_\_  
Date

**Did you bring your immunization record card with you?** Yes  No

It is important for you to have a personal record of your vaccinations. If you don't have a record card, ask your health care provider to give you one. Bring this record with you every time you seek medical care. Make sure your health care provider records all your vaccinations on it.