

Rabies Exposure Assessment and Post-Exposure Prophylaxis: Avoiding Common Errors in Care

Earlier this month, the Centers for Disease Control and Prevention (CDC) issued a [health advisory](#) to clinicians, health departments and the public about increases in animal rabies activity and human exposures.

Although human rabies is rare, the disease is nearly always fatal once symptoms develop. Prompt and appropriate post-exposure prophylaxis (PEP) remains highly effective at preventing disease after exposure.

In Kentucky, rabies is most often found in wildlife such as bats and skunks, although any mammal can be infected, including dogs, cats, horses, and livestock.

In Jefferson County, three bats tested positive for rabies in 2025. No rabid animals have been identified so far in 2026. However, the Louisville Metro Department of Public Health and Wellness (LMPHW) reports that positive rabies cases in bats are identified most years, reinforcing the need for careful exposure assessment.

Assessing Rabies Exposure Risk

Not every animal encounter requires post-exposure prophylaxis. Before initiating treatment, clinicians should evaluate:

- The species involved.
- Whether the exposure was a bite, scratch, or mucous membrane contact.
- The availability of the animal for observation or testing.
- Whether the animal showed signs consistent with rabies.
- The vaccination status of the animal. (Domestic animals)
- Consultation recommendations from public health authorities.

Kentucky's public health veterinarian, Dr. Kelly Giesbrecht, recommends that any dog or cat bite should result in quarantine of the animal for 10 days OR testing of the animal. If the animal can't be located, rabies post-exposure prophylaxis is recommended.

Important for Providers to Know before Administering PEP

It is important for clinicians to administer post exposure prophylaxis (PEP) appropriately to ensure it is effective in preventing rabies. Also, errors in rabies risk assessment and PEP administration could result in unnecessary treatment (e.g., additional doses of vaccine or human rabies immune globulin (HRIG)), potential adverse effects, and avoidable costs. A typical course of PEP can cost between \$11,000 and \$14,000 per person or more. Following rabies PEP administration guidance helps ensure that lifesaving vaccines are available for persons who need it and extra costs are avoided.

For a Patient with Potential Rabies Exposure

Persons Not Previously Vaccinated

- Administer both HRIG and rabies vaccine.
- HRIG is given once at the start of treatment.
- If omitted initially, HRIG may be administered through day 7 (before the third vaccine dose).
- Infiltrate HRIG into and around wounds whenever anatomically feasible; administer any remaining volume intramuscularly at a site distant from the vaccine, but not in the gluteals.
- Administer vaccine intramuscularly on days 0, 3, 7, and 14.
- Do not administer vaccine in the gluteal area.

Persons Previously Vaccinated

- Administer rabies vaccine on days 0 and 3.
- Do not administer HRIG.

Important Reminder

- Never administer HRIG and rabies vaccine in the same syringe or at the same anatomical site.
- Additional recommendations apply to people with altered immunity.

The Louisville Metro Department of Public Health and Wellness is available to help clinicians assess rabies exposure risk and determine whether PEP is indicated. For consultation, call 502-574-6640. Additional rabies information and resources are available at the department's [website](#).