Rabies Immune Globulin (RIG)

BIOLOGICAL PAGE

Alberta Health Services
Communicable Disease Control

Section 7	Biological Product Information	**Standard # 07.310**	
Created and approved by	Provincial Immunization Program		
Approval date	March 1, 2013	**Published**	March 2, 2026

	HyperRAB	**KamRAB**
Manufacturer	Grifols Therapeutics LLC. distributed by Grifols Canada Ltd.	Kamada Ltd. (Imported by: Valneva Canada, Inc.)
Classification	Passive: Immune Globulin	

Indications for Provincially Funded Rabies Immune Globulin	**Post exposure prophylaxis:**
	• Must be considered for individuals of all ages if potential human exposure to rabies virus has occurred and should be initiated as soon as possible after the exposure. However, if indicated based on risk assessment, rabies post-exposure prophylaxis (PEP) should be offered to exposed individuals regardless of the time interval after exposure.
	  ○ The animal species, the incident, and the type of exposure must be considered as well as immunization status of the animal (if applicable) and presence of rabies in the area.
	• For further disease information, assessment of exposure and reporting requirements refer to Rabies Prevention and Control Manual Guidance for Public Health and Veterinary Professionals.
	• The MOH/MOH designate within the PCA Zone will authorize the release of RIG or rabies vaccine for an individual.
	• Each zone has been provided with a stock supply of RIG and rabies vaccine to initiate post exposure prophylaxis. See Rabies Vaccine Biological Page Appendix A for detailed information on reporting of doses administered and process for ordering replacement vaccine.
	• Previous immunization (pre-or post-exposure) does not eliminate the need for prompt PEP when a significant exposure occurs. However, it may eliminate the need for RIG and may reduce the number of rabies vaccine doses required for PEP.
	  ○ Individuals who have completed appropriate rabies immunization and are known to have ever had an adequate antibody titre (rapid fluorescence focus inhibition test result of 0.5 IU/mL or greater) should not receive RIG. See Rabies Vaccine Biological Page for definition of appropriate rabies immunization.
	• Follow-up of individuals travelling out of province requiring continuation or completion of rabies PEP should be referred to the Provincial Immunization Team. The Provincial Immunization Team will coordinate a referral to the Primary and Preventative Health Services (PPHS) Immunization Program. The PPHS Nurse Consultant will send a referral to the appropriate jurisdiction to ensure follow-up is completed.	

Schedule	• RIG should be administered concurrently with the first dose of rabies vaccine using a separate syringe/needle and a different anatomical site. **Note:** • If RIG is not administered at the initiation of the rabies vaccine series (day 0), it can be administered up to and including day 7 after the first dose of rabies vaccine. • Additional doses may interfere with maximum immunity from the vaccine. RIG should be administered only once during rabies PEP.	

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	• RIG is not indicated for individuals who have been appropriately immunized. See Rabies Vaccine Biological Page. • RIG is recommended for those individuals who have not been appropriately immunized. See Rabies Vaccine Biological Page. • For further follow up information refer to the provincial guidelines Rabies prevention and control manual: guidance for public health and veterinary professionals as well as zone processes.	
Preferred Use	None. • All products are safe and immunogenic in all individuals. • Individuals with medical contraindications to one product should be offered the alternate product if supply is available.	
Dose	20 IU/kg (0.0665 mL/kg) of body weight **Note:** Concentration is 300 IU/mL • Rabies immune globulin is packaged as a 1 mL and 5 mL single use vials with 300 IU/mL • Do not exceed the recommended dose of RIG because of possible interference of RIG with the immune response to rabies vaccine.	20 IU/kg (0.1333 mL/kg) of body weight. **Note:** Concentration is 150 IU/mL • Rabies immune globulin is packaged as 2 mL or 10 mL single use vials with 150 IU/mL Do not exceed the recommended dose of RIG because of possible interference of RIG with the immune response to rabies vaccine.

Route	The most effective use of RIG is infiltration into and around the wound(s) or at the site of exposure. Remaining volume should be given IM.
	Note:
	• Wound infiltration is beyond the scope of practice for RNs, this procedure should be carried out by a physician.
	• If anatomically feasible, the physician should infiltrate the full dose in the wound and surrounding area. Any remaining volume should be injected intramuscularly at an anatomical site distant from the vaccine administration.
	• When more than one wound exists, locally infiltrate each wound with a portion of the RIG, using a separate needle.
	  ○ For HyperRAB - if the wound covers a large area and the dose has insufficient volume to infiltrate the entire wound, HyperRAB® may be diluted with an equal volume of dextrose, 5% (D5W) in water. Do not dilute with normal saline.
	  ○ For KamRAB - RIG can be diluted twofold to threefold in a solution of 0.9% sodium chloride to provide the full amount of RIG required for thorough infiltration of all wounds.
	  ○ For IMOGAM - the RIG can be diluted twofold to threefold in a solution of 0.9% sodium chloride to provide the full amount of RIG required for thorough infiltration of all wounds.
	• Infiltrate RIG whenever possible with the following exceptions:
	  ○ If the site of the wound/exposure is unknown, or
	  ○ If it is not anatomically feasible, or
	  ○ If the opportunity to provide RIG would otherwise be missed.
	In these situations, administer the entire dose of RIG intramuscularly.	

Contraindications/ Precautions	**Contraindications:** • Do not give RIG to individuals who have completed appropriate rabies immunization and are known to have ever had an adequate antibody titre (rapid fluorescence focus inhibition test result of 0.5 IU/mL or greater). **Precautions:** • Do not administer RIG later than day 7 after initiation of a rabies vaccine series.	

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	HyperRAB	KamRAB

	• Only give RIG one time during rabies PEP. Additional doses may interfere with maximum immunity from the vaccine.
	• Administer with caution to individuals with a history of prior systemic allergic reactions following the administration of human immune globulin preparations.
	• Individuals with IgA deficiency have increased potential for developing antibodies to IgA and could have anaphylactic reactions to subsequent administration of blood products that contain IgA.
	• Do not give more than the recommended dose (may partially suppress active production of antibody).
	• HyperRAB, KamRAB and IMOGAM are made from human plasma. Products made from human plasma may contain infectious agents that can cause disease. The risk that such products will transmit an infectious agent has been reduced by screening plasma donors for prior exposure to certain viruses, testing for the presence of certain current viral infections and inactivating and/or removing certain viruses. Despite these measures, such products can still potentially transmit disease.
	  ○ A signed consent is required before administering immune globulin products.
	  ○ Refer to the Connect Care Consent and eforms Navigator Quick Start Guide.	

Possible Reactions	**Common:** • Pain, redness, induration at the injection site • Fever, fatigue, dizziness, feeling faint, headache, insomnia • Myalgia, arthralgia • Abdominal pain, nausea, vomiting, diarrhea, flatulence • Nasal congestion, upper respiratory tract infection, oropharyngeal pain. • Bruising • Sunburn • Blood in urine, white blood cells in urine **Rare:** • Angioneurotic edema, rash, nephrotic syndrome • Anaphylaxis • As with any immunization, unexpected or unusual side effects can occur. Refer to the product monograph for more detailed information.	
Pregnancy	May use during pregnancy.	
Lactation	May use for people who are lactating and feeding their milk to infants or children.	
Composition	Each 1 mL contains: • 300 IU/mL rabies immune globulin (average potency value) • 15% to 18% protein solution • 0.16 to 0.26 M glycine No preservative	Each 1 mL contains: • 150 IU/mL rabies immune globulin • Glycine • Water for Injection, • Sodium Hydroxide No preservative
Blood/Blood Products	Made from pooled human venous plasma	
Bovine/Porcine Products	• Bovine-derived materials are used in the early manufacturing processes but are not present in the final product. • Does not contain porcine products.	• Does not contain bovine or porcine products.
Latex	Does not contain latex.	Does not contain latex.
Interchangeability	When at all possible, use the same product.	

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Administration with Other Products	• Administer the first dose of rabies vaccine and RIG at the same time for PEP whenever possible. • When administering RIG and rabies vaccine concurrently, use separate needles/syringes and different anatomical sites. • The recommended interval between RIG and subsequent immunization with MMR, MMR-Var or Varicella vaccine is 4 months. When it is necessary to administer RIG within 14 days after receiving MMR, MMR-Var, or Varicella vaccines, repeat the vaccine 4 months after the RIG administration. If RIG is given more than 14 days after the MMR, MMR-Var, or Varicella vaccines, the dose does not need to be repeated. • RIG cannot be given concurrently with live virus vaccines. **Note:** • For further information, see Standard for Recommended Immunization Schedules.	
Additional Preparation Instructions	None. Follow the Standard for the Administration of Immunizations.	
Appearance	Clear to opalescent, colourless or pale yellow or pale brown solution.	Clear to opalescent liquid.
Storage	• Store at +2° to +8°C. • Do not freeze. • Do not use beyond the labeled expiry date. • Store in original packaging, when possible, to protect from light.	
Vaccine Code	RIG	
Antigen Code	RIG	
Licensed for	All ages	
Program Notes	• 1983 September: Introduced into the program.	
Related Resources	Rabies Immune Globulin Information Sheet	

References

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