

September 21, 2026

Health Awareness Notice for District of Columbia Healthcare Providers

Nationwide Increase in Reported Human Rabies Exposures and PEP Administration

SUMMARY

The Centers for Disease Control and Prevention (CDC) issued a Health Alert Network (HAN) Health Advisory on September 10, 2026, in response to recent reports of increases in human exposures to rabid or possibly rabid animals and rabies post-exposure prophylaxis (PEP) administration errors. Since July 2026, multiple United States jurisdictions have reported local increases in human rabies exposures involving known rabies vectors or animals in which rabies is less commonly reported. In the District, rabies positivity among animals continues to remain low, but administration of PEP in 2026 to date has increased by 37% compared to the same time period in 2025. DC healthcare providers should be aware of the importance of performing careful rabies risk assessments and following evidence-based recommendations for administering PEP.

BACKGROUND

Rabies is a viral disease that is nearly 100% fatal but preventable when post-exposure prophylaxis (PEP) is appropriately administered before symptoms begin.¹ The rabies virus spreads to people and animals primarily through exposure to the saliva of an infected animal via bite, scratch, or direct contact with the eyes, mouth, or open wounds.² Rarely, infection can occur through direct contact with the neural tissue of an infected animal.³ Only mammals can become infected with rabies; other animal classes (birds, reptiles, amphibians, fish) do not become infected with or transmit rabies.² Symptoms of rabies typically begin 1-3 months following an exposure and include fever, headache, weakness, and discomfort, prickling, or itching at the site of the bite. Severe disease occurs within two weeks of symptom onset and is characterized by encephalitis and neurological dysfunction including anxiety, confusion, agitation, hallucinations, hydrophobia, hypersalivation, and seizures.^{4,5} Death occurs within four weeks of symptom onset.⁵

Globally, rabies causes tens of thousands of deaths annually, and 99% of cases are caused by dog bites and scratches.² In the United States, fewer than 10 human deaths are reported each year, usually following exposure to wildlife.^{2,6} Rabies PEP is critical for disease prevention.

From July through August 2026, CDC received 17% more rabies-related inquiries than during the same period in 2025, including reports of mass exposure events (e.g., involving more than one person). During this time frame, CDC also received reports from at least eight state health departments of increased rabies PEP use, PEP administration errors, or both. Each year, an estimated 1.4 million people in the United States seek medical care after animal contact and undergo evaluation, and approximately 100,000 people receive rabies PEP following a potential exposure. According to weekly pharmacy data as of September 2, 2026, utilization for the two rabies vaccines and the two rabies immunoglobulins licensed in the United States has increased by an estimated 33% and 76%, respectively, compared with the same time period last year. Although there is currently no shortage of human rabies vaccine or human rabies immunoglobulin in the United States, it is

important for clinicians to administer PEP appropriately because errors in rabies risk assessment and PEP administration could result in unnecessary treatment (e.g., additional doses of vaccine or HRIG), potential adverse effects, and avoidable costs. A typical course of PEP can cost between \$11,000 and \$14,000 per person. Following rabies PEP administration guidance helps ensure that lifesaving vaccines are available for persons who need them and extraneous costs are avoided.¹

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RECOMMENDATIONS FOR HEALTHCARE PROVIDERS

Rabies is a 100% fatal disease without early administration of post-exposure prophylaxis. A thorough risk assessment and appropriate administration of PEP are critical to prevent rabies and avoid unnecessary treatment. DC healthcare providers should:

- **Conduct appropriate rabies PEP assessments and administration:**
 - Contact DC Health at 844-493-2652 for information on local rabies epidemiology or to consult on individual situations.
 - Be familiar with the complete CDC [rabies post-exposure prophylaxis guidance](#).
 - Learn [common errors when administering rabies PEP](#) and what to do to correct them.
 - Ask patients about immunocompromising conditions, immunosuppressive medications, and prior rabies vaccination both [in the United States](#) and [outside the country](#).
 - Consult your hospital pharmacist if you have questions about rabies PEP administration for an individual patient.
- **Provide immediate wound care:**
 - Immediately and thoroughly wash each wound with water and soap (or water alone). If available, [irrigate wounds with a virucidal agent such as povidone-iodine solution](#).
 - Do not close the wound until after HRIG has been administered.
- **Confirm that a rabies exposure occurred and that PEP is indicated:**
 - Promptly conduct a rabies [risk assessment](#) that considers the risk of rabies in the animal, the circumstances that led to the exposure, if the animal had any clinical signs consistent with rabies, and the type and severity of the wound.
 - DC Health can help conduct the risk assessment if needed.
 - To help guide risk assessments, a CDC tool is available to help [evaluate the risk of rabies in animals](#) that are unable to undergo testing or observation periods.
 - Verify prior rabies vaccination history to determine if the patient previously completed pre- or post-exposure prophylaxis.
 - Check with your jurisdictional public health authorities to determine if suspect rabies exposures are reportable.
 - In general, PEP is not recommended when the animal is available for a 10-day post-exposure observation, rabies test results are negative, or health officials determine the exposure does not pose a rabies risk.
- **Administer HRIG only if the patient has not previously received rabies vaccine:**

- A person is considered vaccinated for rabies if they have received either a full pre-exposure or post-exposure prophylaxis series OR a partial series followed by documentation of a serologic titer ≥ 0.5 IU/mL using the Rapid Fluorescent Focus Inhibition Test (RFFIT) assay.
- When administering HRIG:
 - Calculate the dose in international units at 20 IU/kg based on the patient's body weight first, and then convert the dose to milliliters using the concentration of the product on hand. Products made in the [United States](#) are available in different concentrations; verify the label before preparation and administration.
 - Infiltrate HRIG into and around every identifiable wound to the extent that is anatomically feasible. Administer only the remaining volume in a different anatomic site from the first vaccine dose. If there is no identifiable wound, administer the entire HRIG dose intramuscularly at a site far from vaccine at a different anatomical site.
 - If HRIG was inadvertently administered in another anatomic site, additional HRIG may be administered to infiltrate the wound, as long as the total dose of HRIG administered to the patient doesn't exceed 40 IU/kg.
- Do not delay vaccination if HRIG is unavailable. HRIG can be administered until the patient's third vaccine dose (day 7). HRIG administration is not recommended after three or more doses of vaccine have been given.
- Do not administer more than 40 IU/kg of HRIG, as higher doses might reduce vaccine-induced immunity. When the volume of HRIG is insufficient to cover all wounds, dilute with an appropriate diluent rather than increasing the total HRIG dose.
- Do not mix HRIG and vaccine in the same syringe or administer them in the same anatomical site. These products could neutralize each other, potentially making both ineffective.
- Do not give HRIG to a person who previously has completed PEP or a recognized pre-exposure prophylaxis course.
- **Administer rabies vaccine:**
 - For persons who were previously vaccinated against rabies, administer two doses of rabies vaccine on days 0 and 3.
 - For persons who were never vaccinated against rabies, administer four total doses of rabies vaccine: 1 at the time of the first medical visit (day 0), followed by an additional dose on days 3, 7, and 14 after the first dose, per [ACIP recommendations](#).
 - Administer 1.0 mL of vaccine intramuscularly. Use the deltoid for adults and children older than 2 years; the anterolateral thigh is acceptable for children 2 years of age and younger.
 - Do not administer rabies vaccine in the gluteal area. A dose given in the gluteal area is not considered valid and must be repeated at an appropriate site.
- **Determine if PEP is appropriate for people with compromised immune systems:**
 - If there is clinical suspicion that a patient's medical history might negatively impact their ability to respond to vaccination (i.e., for patients who are immunocompromised), complete a five-dose vaccine series (days 0, 3, 7, 14, and 28) and confirm adequate vaccine response using serologic evidence via laboratory testing. DC Health can help coordinate expedited requests with the testing laboratory.

- CDC's National Rabies Reference Laboratory can conduct serologic testing for U.S. patients who are immunocompromised or have evidence of failure to mount an adequate vaccine response. Contact DC Health to request serologic testing and discuss timing.
- CDC has recorded vaccination response failures among immunocompromised people who were exposed to rabies after completing a PEP series. These patients require additional consideration and immediate consultation with DC Health.
- **Handle deviations in rabies post-exposure prophylaxis schedule:**
 - In general, deviations from the recommended vaccine schedule of up to several days are not of concern, but longer deviations require public health consultation.
 - Use [CDC's rabies PEP calculator](#) to generate and evaluate rabies PEP schedules and consult DC Health if a patient reports a long deviation.
- **Be aware of commonly reported errors in rabies PEP administration:**
 - Administering rabies vaccine in the gluteal area.
 - Failing to infiltrate HRIG into and around all identifiable wounds to the extent anatomically feasible.
 - Administering HRIG and vaccine in the same syringe or anatomical site.
 - Forgetting to give HRIG to someone who needs it.
 - Administering HRIG to a person who was previously vaccinated against rabies.
 - Misclassifying previous vaccination history or immune status, resulting in omitted or unnecessary biologics doses.
 - Using an incorrect rabies vaccine schedule.
 - Unnecessarily restarting the rabies vaccine series after a schedule deviation.

RECOMMENDATIONS FOR THE PUBLIC

The risk of rabies to the general public is low. Nevertheless, DC residents should:

- Keep your distance from wildlife. Never approach animals who appear to be injured, sick, or dead, especially if you see animals during the day who are usually active at night (e.g., bats, raccoons, etc.). Contact Animal Control at 202-888-7387 for assistance when needed.
- If you have pets, keep them up to date on rabies vaccines and away from wildlife when possible.
- If you or your pets have been in contact with any wildlife or sick-acting animals, particularly if you've been bitten or scratched, do the following:
 - Wash any wounds immediately with water and soap (or water alone) for 15 minutes.
 - Report the exposure to Animal Control at 202-888-7387.
 - Talk with a clinician or DC Health about your risk and if you might need rabies-related care.
 - If the animal that bit you was not your pet, ask the owner for proof that the animal is up to date on their rabies vaccination.
 - If you can do so safely, capture or confine the animal and contact Animal Control at 202-888-7387 for assistance.

REPORTING REQUIREMENTS

Animal bites must be reported to DC Health immediately upon provisional diagnosis by [submission of a case report](#) within 24 hours.

ADDITIONAL RESOURCES

- [About Rabies | CDC](#)
- [Rabies and Animal Exposures | DC Health](#)
- [Rabies Post-Exposure Prophylaxis Guidance | CDC](#)
- [Global Rabies: What You Should Know | CDC](#)
- [Rabies PEP Training Module | Maryland Department of Health](#)

REFERENCES

1. "Health Alert Network (HAN) – Nationwide Increase in Reported Human Rabies Exposures: Rabies Post-exposure Prophylaxis Administration." Centers for Disease Control and Prevention, 10 Sept. 2026, <https://www.cdc.gov/han/php/notices/han00533.html>.
2. "Rabies." World Health Organization, 5 Jun. 2024, <https://www.who.int/news-room/fact-sheets/detail/rabies>.
3. "Rabies: Infection Control in Healthcare Personnel." Centers for Disease Control and Prevention, 25 Mar. 2026, <https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/rabies.html>.
4. "Clinical Overview of Rabies." Centers for Disease Control and Prevention, 15 Jul. 2025, <https://www.cdc.gov/rabies/hcp/clinical-overview/index.html>.
5. "Clinical Features of Rabies." Centers for Disease Control and Prevention, 9 Mar. 2026, <https://www.cdc.gov/rabies/hcp/clinical-signs/index.html>.
6. "Rabies in the United States: Protecting Public Health." Centers for Disease Control and Prevention, 30 Sept. 2025, <https://www.cdc.gov/rabies/php/protecting-public-health/index.html>.

Please contact the DC Health Division of Epidemiology-Disease Surveillance and Investigation at:
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