11.0 Specialized and Annual Immunization Protocols (in alphabetic order)

- **Influenza**
  - Protocols will be distributed in the Fall

- **Rabies**
  - Imovax® Rabies Vaccine
  - Rabavert® Vaccine
    Rabies Vaccine Fact Sheets
    Rabies Post-Exposure Prophylaxis Consent Form
    Rabies Pre-Exposure Vaccination Consent Form
  - HYPERRAB® S/D Rabies Immune Globulin
  - Imogam® Rabies Immune Globulin
    Appendix A - Injection Technique for Rabies Immune Globulin (RabIg)
    Rabies Immune Globulin Fact Sheets

- **Palivizumab for Respiratory Syncytial Virus (RSV) prevention**
  - **Synagis®**
    Protocol will be distributed in the Fall

Protocol for Influenza

- See Protocols for Fluviral and FluMist distributed September 2013.
- Protocol for 2014-15 will be distributed in the fall of 2014.

Immunization Protocol for IMOVAX® Rabies

Purpose	To provide information and guidance for the rabies immunization program in Nunavut. Refer to the Canadian Immunization Guide (CIG) and product monograph or insert for specific information.
Objective	To prevent the infection of rabies in Nunavummiut.
Indication	The Rabies vaccine is indicated for individuals at risk for exposure, as well as for those requiring post-exposure prophylaxis. See section on eligibility below for specific information on who is eligible to receive the publically funded vaccine.
Product	IMOVAX® Rabies
Vaccine Type	Inactivated, human diploid cell rabies vaccine (HDCV)
Vaccine components	Freeze-dried suspension of rabies virus prepared from strain PM-1503-3M. The potency of one dose (1.0 mL) is equal to or greater than 2.5 international units (IU) of rabies antigen. Neomycin sulfate, Human serum albumin, and Phenol red indicator.
Formats available	Consists of 1 vial of freeze-dried rabies vaccine and 1 vial of sterile diluent. Follow package insert for reconstitution guidelines. The freeze-dried vaccine is creamy white to orange. After reconstitution it is pink to red.
Manufacturer	Sanofi Pasteur Ltd.
Administration	Intramuscular (IM) only. The preferred site of administration for infants < 1 year of age and in children with inadequate deltoid muscle mass is the anterolateral thigh (vastus lateralis). The preferred site of administration for children with adequate muscle mass and adults is the deltoid muscle. IMOVAX® Rabies should never be given in the gluteal region as this may result in a decreased immune response. The Rabies vaccine should be given in a site as far away as possible from the Rabies Immune Globulin (if indicated). **Note:** Intradermal (ID) injection is not recommended in Nunavut.

Post-exposure Prophylaxis				
Eligibility	Post-exposure prophylaxis is indicated **only** under the direction of the Chief Medical Officer of Health (CMOH) or delegate.			
Dose Series Post-exposure	**Volume (mL)**	**Schedule (in days)**	**Rabies Immune Globulin (RabIg)**	**Serology Testing (Rabies antibodies titer)**
Unimmunized Immune competent individuals	1 mL	0, 3, 7, and 14 days	Yes. One dose given on day 0.	Not routinely indicated
Unimmunized Immune compromised individuals or those taking anti-malarial medication	1 mL	0, 3, 7, 14, and 28 days	Yes. One dose given on day 0.	Should be checked 7 to 14 days after completion of series

Dose Series **Post-exposure**	**Volume (mL)**	**Schedule (in days)**	**Rabies Immune Globulin (RabIg)**	**Serology Testing (Rabies antibodies titer)**
Previously appropriately immunized Immunocompetent individuals	1 mL	0, 3	Not routinely indicated	Not routinely indicated
Previously appropriately immunized immune compromised individuals	1 mL	0, 3, 7, 14, and 28 days	Yes	Should be checked on day 0, prior to initiation of treatment. If antibody titers are >0.5 IU/mL, the series can be discontinued after the second dose on day 3. Otherwise complete full series of immunization.
Incompletely or inadequately immunized individuals or if antibody titers are unknown	1 mL	0, 3, 7, and 14 days	Yes	Should be checked on day 0, prior to initiation of treatment. If antibody titers are >0.5 IU/mL, the series can be discontinued after the second dose on day 3. Otherwise complete full series of immunization.
Special Instructions	The vaccination schedule for post-exposure prophylaxis should be adhered to as closely as possible and it is essential that all recommended doses of vaccine be administered. If a dose of vaccine is delayed, it should be given as soon as possible and the schedule resumed respecting the appropriate intervals from the latest dose. If the vaccination schedule has been altered such as there is doubt about an appropriate immune response, post-vaccination serology should be obtained 7 to 14 days after completing the vaccination series.			
Booster Dose	Routine booster vaccinations are only indicated in completely immunized individuals with an ongoing high-risk of exposure who have an antibody concentration of < 0.5 IU/mL. 1 booster dose of 1 mL IM is recommended.			
Contraindications	There are no specific contraindications to the use of IMOVAX® Rabies in the post-exposure situation; however, care should be taken if the vaccine is to be administered to persons known to be sensitive to neomycin or any other component of the vaccine (see section on vaccine composition) as even trace amounts may cause an allergic reaction in such individuals. Post-exposure vaccination **should not** be postponed in persons with moderate or severe acute illness.			

Pre-exposure Prophylaxis	
Eligibility	For Pre-exposure prevention the rabies vaccine is publically funded to **only** the following recommended recipients at increased risk in Nunavut**:** • Conservation officers • By law officers • Lay vaccinators • Government of Nunavut Biologists * Consult with the CMOH for others who are potentially at high risk of contact with rabid animals

Dose Series Pre-exposure	Volume (mL)	Schedule (in days)	Rabies Immune Globulin (RabIg)	Serology Testing (Rabies antibodies titer)
Immunization in immune competent individuals	1 mL	0, 7, and any time between 21 to 28 days	No	Should be checked every 2 years only in those with ongoing high risk of exposure.
Immunization in immune-compromised individuals *see section on special instructions	1 mL	If necessary the schedule is 0, 7, and between 21 to 28 days.	No	Should be checked 7 to 14 days after completion of series to ensure adequate immune response.
Special Instructions	The vaccination should be adhered to as closely as possible and it is essential that all recommended doses of vaccine be administered. If a dose of vaccine is delayed, it should be given as soon as possible and the schedule resumed respecting the appropriate intervals from the latest dose. If the vaccination schedule has been altered such as there is doubt about an appropriate immune response, post-vaccination serology should be obtained 7 to 14 days after completing the vaccination series. *If possible to avoid exposure, immunization should be deferred in those who are immune compromised.			
Booster Dose	Routine booster vaccinations are only indicated in completely immunized individuals with an ongoing high-risk of exposure who have an antibody concentration of < 0.5 IU/ml. 1 booster dose of 1 mL IM is recommended. Immune compromised individuals with ongoing high-risk of exposure should be assessed on an individual basis, in consultation with the regional CDC.			
Contraindications	For pre-exposure immunization with IMOVAX® Rabies, a history of anaphylaxis to the vaccine, or any of the vaccine components (see full list below) is considered a contraindication. Pre-exposure immunization with rabies vaccine should be postponed in persons with moderate or severe acute illness. Persons with minor acute illness (with or without fever) may be vaccinated.			

Vaccine Supply and Distribution	Regional pharmacy is responsible for publicly funded territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with usual practices.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	Once initiated, rabies prophylaxis should not be interrupted or discontinued because of local

	or mild systemic adverse reactions. Usually such reactions can be successfully managed with anti-inflammatory and antipyretic agents. Local reactions include pain, erythema, and swelling or itching at the injection site. Mild systemic reations include headache, nausea, abdominal pain, muscle aches and dizziness. Serious systemic anaphylactic or neuroparalytic reactions following immunization have been reported.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. All completed forms should be faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-8272
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	Rabies Immunization Fact Sheet Rabies Pre-exposure Consent Form Rabies Post-exposure Consent Form Rabies Public Health Protocol in the Communicable Disease Manual
References	1. IMOVAX® Rabies Product Monograph. Sanofi Pasteur Limited. November 2, 2005. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Source: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Immunization Protocol for RabAvert®

Rabies

Purpose	To provide information and guidance for the rabies immunization program in Nunavut. Refer to the Canadian Immunization Guide (CIG) and product monograph or insert for specific information.
Objective	To prevent the infection of rabies in Nunavummiut.
Indication	The Rabies vaccine is indicated for individuals at risk for exposure, as well as for those requiring post-exposure prophylaxis. See section on eligibility below for specific information on who is eligible to receive the publically funded vaccine.
Product	RabAvert® Rabies
Vaccine Type	Inactivated, purified chick embryo cell rabies vaccine (PCECV)
Vaccine components	Freeze-dried vaccine for reconstitution with a diluent / ≥ 2.5 IUs of rabies antigen per 1 mL. Neomycin, Polygeline (gelatin), Human serum albumin, Chlortetracycline, Amphotericin B, Ovalbumin (chick protein)
Formats available	Consists of 1 vial of freeze-dried rabies vaccine and 1 vial of sterile diluent. Follow package insert for reconstitution guidelines.
Manufacturer	Novartis Pharmaceuticals Canada Inc.
Administration	Intramuscular (IM) only. The preferred site of administration for infants < 1 year of age and in children with inadequate deltoid muscle mass is the anterolateral thigh (vastus lateralis). The preferred site of administration for children with adequate muscle mass and adults is the deltoid muscle. RabAvert® should never be given in the gluteal region as this may result in a decreased immune response. The Rabies vaccine should be given in a site as far away as possible from the Rabies Immune Globulin (if indicated). **Note:** Intradermal (ID) injection is not recommended in Nunavut.

Post-exposure Prophylaxis				
Eligibility	Post-exposure prophylaxis is indicated **only** under the direction of the Chief Medical Officer of Health (CMOH) or delegate.			
Dose Series **Post-exposure**	**Volume (mL)**	**Schedule (in days)**	**Rabies Immune Globulin (RabIg)**	**Serology Testing (Rabies antibodies titer)**
Unimmunized Immune competent individuals	1 mL	0, 3, 7, and 14 days	Yes. One dose given on day 0.	Not routinely indicated
Unimmunized Immune compromised individuals or those taking anti-malarial medication	1 mL	0, 3, 7, 14, and 28 days	Yes. One dose given on day 0.	Should be checked 7 to 14 days after completion of series

Dose Series Post-exposure	Volume (mL)	Schedule (in days)	Rabies Immune Globulin (RabIg)	Serology Testing (Rabies antibodies titer)
Previously appropriately immunized Immunocompetent individuals	1 mL	0, 3	Not routinely indicated	Not routinely indicated
Previously appropriately immunized immune compromised individuals	1 mL	0, 3, 7, 14, and 28 days	Yes	Should be checked on day 0, prior to initiation of treatment. If antibody titers are >0.5 IU/mL, the series can be discontinued after the second dose on day 3. Otherwise complete full series of immunization.
Incompletely or inadequately immunized individuals or if antibody titers are unknown	1 mL	0, 3, 7, and 14 days	Yes	Should be checked on day 0, prior to initiation of treatment. If antibody titers are >0.5 IU/mL, the series can be discontinued after the second dose on day 3. Otherwise complete full series of immunization.
Special Instructions	The vaccination schedule for post-exposure prophylaxis should be adhered to as closely as possible and it is essential that all recommended doses of vaccine be administered. If a dose of vaccine is delayed, it should be given as soon as possible and the schedule resumed respecting the appropriate intervals from the latest dose. If the vaccination schedule has been altered such as there is doubt about an appropriate immune response, post-vaccination serology should be obtained 7 to 14 days after completing the vaccination series.			
Booster Dose	Routine booster vaccinations are only indicated in completely immunized individuals with an ongoing high-risk of exposure who have an antibody concentration of < 0.5 IU/mL. 1 booster dose of 1 mL IM is recommended.			
Contraindications	RabAvert® should not be given if there is a history of allergy to eggs, unless it is needed for post-exposure prophylaxis and the IMOVAX® Rabies vaccine is not available. Extreme caution should be used, and the person should be monitored medically for symptoms of anaphylaxis. Post-exposure vaccination **should not** be postponed in persons with moderate or severe acute illness.			

Pre-exposure Prophylaxis	
Eligibility	For Pre-exposure prevention the rabies vaccine is publically funded to **only** the following recommended recipients at increased risk in Nunavut**:** • Conservation officers • By law officers • Lay vaccinators • Government of Nunavut Biologists * Consult with the CMOH for others who are potentially at high risk of contact with rabid animals

Dose Series **Pre-exposure**	**Volume (mL)**	**Schedule (in days)**	**Rabies Immune Globulin (RabIg)**	**Serology Testing (Rabies antibodies titer)**
Immunization in immune competent individuals	1 mL	0, 7, and any time between 21 to 28 days	No	Should be checked every 2 years only in those with ongoing high risk of exposure.
Immunization in immune-compromised individuals *see section on special instructions	1 mL	If necessary the schedule is 0, 7, and between 21 to 28 days.	No	Should be checked 7 to 14 days after completion of series to ensure adequate immune response.
Special Instructions	The vaccination should be adhered to as closely as possible and it is essential that all recommended doses of vaccine be administered. If a dose of vaccine is delayed, it should be given as soon as possible and the schedule resumed respecting the appropriate intervals from the latest dose. If the vaccination schedule has been altered such as there is doubt about an appropriate immune response, post-vaccination serology should be obtained 7 to 14 days after completing the vaccination series. *If possible to avoid exposure, immunization should be deferred in those who are immune compromised.			
Booster Dose	Routine booster vaccinations are only indicated in completely immunized individuals with an ongoing high-risk of exposure who have an antibody concentration of < 0.5 IU/ml. 1 booster dose of 1 mL IM is recommended. Immune compromised individuals with ongoing high-risk of exposure should be assessed on an individual basis, in consultation with the regional CDC.			
Contraindications	For pre-exposure immunization with RabAvert®, a history of anaphylaxis to the vaccine, or any of the vaccine components including an allergy to eggs (see full list below) is considered a contraindication. Pre-exposure immunization with rabies vaccine should be postponed in persons with moderate or severe acute illness. Persons with minor acute illness (with or without fever) may be vaccinated.			

Vaccine Supply and Distribution	Regional pharmacy is responsible for publicly funded territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with usual practices.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in:

	Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	Local injection site reactions consisting of pain, tenderness, swelling, erythema and induration at the injection site lasting for 2 to 3 days. Systemic reactions are generally less common and may consist of malaise, myalgia, arthralgia, headache and fever. Lymphadenopathy, nausea and rash have been reported occasionally. Anaphylaxis following immunization has been reported. Temporally associated neurologic events have also been very rarely reported but causal association with vaccination has not been established.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. All completed forms should be faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot 867-983-4088; Kivalliq: 867-645-8272
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	Rabies Immunization Fact Sheet Rabies Pre-exposure Consent Form Rabies Post-exposure Consent Form Rabies Public Health Protocol in the Communicable Disease Manual
References	1. RabAvert® Product Monograph. Novartis Pharmaceuticals Canada Inc. February 5, 2010. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Source: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Formulaire de consentement - Prophylaxie post-exposition à la rage

No. Maison/Immeuble : _____
No. Boîte postale : _____
Information sur le parent/tuteur : _____
No. Téléphone (cell./maison/travail/autre)**:** _____
No. Téléphone (cell./maison/travail/autre)**:** _____
No. Téléphone (cell./maison/travail/autre)**:** _____
Travail/école : _____

Veuillez compléter OU apposer une étiquette :
Nom: _____
Prénom: _____
Genre (M/F): _____
DDN (jj/mm/aaaa): _____
No. Fiche: _____
No. Prof. Santé: _____
Communauté de résidence: _____

Veuillez répondre aux questions suivantes :

1 Avez-vous des allergies : ☐ Oui (lesquelles?) _____ ☐ Non

2 Avez-vous expérimenté l'une ou l'autre des réactions ou situations suivantes à la suite d'un vaccin? :
- ☐ Respiration sifflante ou serrements de poitrine
- ☐ Difficulté à respirer ou à avaler
- ☐ Aucune
- ☐ Gonflement/enflure de la bouche ou de la gorge
- ☐ Hospitalisation
- ☐ Syndrome de Guillain-Barré
- ☐ Autre réaction grave(veuillez préciser) : _____

3 Présentez-vous des troubles de coagulation ou prenez-vous des anticoagulants? ☐ Oui ☐ Non

4 Présentez-vous un déficit isolé en immunoglobulines A (IgA)? ☐ Oui ☐ Non

CONSENTEMENT À L'ADMINISTRATION DU VACCIN CONTRE LA RAGE :

J'ai lu ou l'on m'a expliqué la *Feuille de renseignements sur le vaccin contre la rage* et j'ai posé des questions, s'il y a lieu, lesquelles ont été répondues à ma satisfaction. Je comprends les avantages et les risques du vaccin.

Je consens à recevoir ___ dose(s) du vaccin contre la rage pour : ☐ Moi-même ou ☐ Mon enfant ou ☐ Ma personne à charge/en tutelle

Nom complet en lettres moulées Signature du client ou du parent/tuteur légal *(le cas échéant)* Date (jj/mm/aaaa)

CONSENTEMENT À L'ADMINISTRATION DE L'IMMUNOGLOBULINE ANTIRABIQUE:

J'ai lu ou l'on m'a expliqué la *Feuille de renseignements sur l'immunoglobuline antirabique* et j'ai posé des questions, s'il y a lieu, lesquelles ont été répondues à ma satisfaction. Je comprends les avantages et les risques du vaccin.

Je consens à recevoir ce produit pour : ☐ Moi-même ou ☐ Mon enfant ou ☐ Ma personne à charge/en tutelle

Nom complet en lettres moulées Signature du client ou du parent/tuteur légal *(le cas échéant)* Date (jj/mm/aaaa)

ᐱᕐᕆᙱᓴᖅᑐᒥᒃ ᐅᐸᒍᑎᓯᒪᔪᖄᓂᒃᑎᓪᓗᒍ ᑲᐱᔭᐅᔾᔪᑎᒧᑦ ᐊᖏᕈᑎ

ᐃᒡᓗᕕᑦ ᓈᓴᐅᑖ: ____________________

ᑎᑎᖅᑲᒃᑯᕕᒃ: ____________________

ᐊᖓᔪᖅᑳᑉ/ᑲᒪᔨᐅᑉ ᑐᑭᓯᒋᐊᕈᑖ: ____________________

ᐅᖃᓘᑖ (ᐃᒃᐱᐊᕐᔪᖕᒥᐅᑕᖅ/ᐅᕙᑦᑎᒥ/ᐃᖅᑲᓇᐃᔭᕐᕕᖕᒥ/ᐊᓯᐊᓂ): ____________________

ᐅᖃᓘᑖ (ᐃᒃᐱᐊᕐᔪᖕᒥᐅᑕᖅ/ᐅᕙᑦᑎᒥ/ᐃᖅᑲᓇᐃᔭᕐᕕᖕᒥ/ᐊᓯᐊᓂ): ____________________

ᐅᖃᓘᑖ (ᐃᒃᐱᐊᕐᔪᖕᒥᐅᑕᖅ/ᐅᕙᑦᑎᒥ/ᐃᖅᑲᓇᐃᔭᕐᕕᖕᒥ/ᐊᓯᐊᓂ): ____________________

ᐃᖅᑲᓇᐃᔭᕐᕕᒃ/ᐃᓕᓐᓂᐊᕐᕕᒃ: ____________________

ᑕᑕᑎᓇᐊᓕᒃ ᐅᕝᕙᓘᓐᓃᑦ ᑐᕐᕉᑎᒃᓴᓕᐅᕐᓗᒍ/ᓂᐱᑎᒐᕐᒥ:
ᐊᑎᕈᓯᖅ: ____________________
ᓯᕗᓪᓕᖅ ᐊᑎᖅ: ____________________
ᑭᓲᖕᒪᖔᖅᐱᑦ (ᐊᕐᓇᖅ/ᐊᖑᑦ):____________________
ᐃᓅᕝᕖᑦ (ᐅᓪᓗᖅ/ᑕᖅᑭᖅ/ᐊᕐᕌᒍ): ____________________
ᑎᑎᖅᑲᖁᑎᕕᑦ ᓈᓴᐅᑖ: ____________________
ᐋᓐᓂᐊᕐᕕᓕᐊᕈᓐᓇᐅᑎᑦ: ____________________
ᓄᓇᖃᕐᕖᑦ: ____________________

ᐅᑯᐊ ᑭᐅᓗᒋᑦ:

1	ᖃᓄᑐᐃᓐᓇᖅ ᑎᒥᒃᑯᑦ ᓈᒻᒪᙱᓕᐅᕈᑎᖃᖅᐱᑦ:	☐ ᐄ (ᑎᑎᕋᕐᓗᒋᑦ) ____________________ ☐ ᐋᒃᑲ
2	ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᑎᑦ ᑭᖑᓂᐊᒍᑦ ᒪᑯᓂᖓ ᓈᒻᒪᙱᓕᐅᕈᑎᖃᖃᑦᑕᖅᓯᒪᓂᑰᕕᑦ: ☐ ᐊᓂᖅᑎᓇᓪᓗᑎᑦ ᐳᕙᖅᐸᓗᒃᓱᑎᑦ ᐅᕝᕙᓘᓐᓃᑦ ᖁᖅᑲᖅᓱᑎᑦ ☐ ᐃᔾᔨᖑᓕᖅᑕᖅᓱᑎᑦ ᐄᓯᒡᓚᓕᕐᓱᑎᓪᓗᓃᑦ ☐ ᓇᓕᐊᖑᙱᑦᑐᖅ ☐ ᖃᓂᒃᑯᑦ ᐃᒡᒋᐊᒃᑯᓪᓗᓃᑦ ᐳᕕᓕᖅᓱᑎᑦ ☐ ᐋᓐᓂᐊᕕᖕᒥ ᐅᓂᒃᓯᒪᔭᓇᐊᖅᑲᓕᕐᓱᑎᑦ ☐ Guillain-Barré Syndrome-ᖃᓕᕐᓱᑎᑦ ☐ ᐊᓯᖏᑦ ᑎᒥᒃᑯᑦ ᓈᒻᒪᙱᓕᐅᕈᑎᕐᔪᐊᑦ(ᓇᓗᓇᐃᕐᓗᒋᑦ): ____________________	
3	ᐊᐅᓈᖅᓯᖃᑦᑕᖅᓯᒪᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᐅᑦ ᑭᓂᓗᐊᕈᓐᓃᖅᑎᑕᐅᔭᓇᐊᖃᖃᑦᑕᖅᓯᒪᕙ?	☐ ᐄ ☐ ᐋᒃᑲ
4	ᐃᑖᒃᑯᖅᑐᒥᒃ ᐊᐅᓕᖅᓯᖅᑕᐅᔭᓇᐊᖅᓯᖑᕕᑦ ᑕᐃᒎᓯᓕᖕᒥᒃ A-ᒥ (IgA)?	☐ ᐄ ☐ ᐋᒃᑲ

ᐱᕐᕆᙱᓴᕐᓇᙱᑦᑐᒥᒃ ᑲᐱᔭᐅᔾᔪᑎᒧᑦ ᐊᖏᕈᑎ:

ᐅᖃᓕᒫᖅᓯᒪᕗᖓ ᐅᖃᐅᔾᔭᐅᓯᒪᕗᖓᓗᓐᓃᑦ ᐱᕐᕆᙱᓴᕐᓇᙱᑦᑐᓂᒃ ᑲᐱᔭᐅᖃᑦᑕᖅᓯᒪᔪᑦ ᒥᒃᓵᓄᑦ ᐊᐱᖅᓱᖅᓯᒪᓪᓗᖓᓗ ᑭᐅᔭᐅᑦᑎᐊᖅᑲᑦᑕᓚᐅᖅᓱᖓᓗ. ᑐᑭᓯᐅᒪᓕᖅᑐᖓ ᐃᑲᔫᑎᒃᓴᖏᓐᓂᒃ ᐊᒻᒪ ᐊᑦᑕᕐᓇᓕᕈᓐᓇᖅᑐᓂᒃ ᑳᐳᑎᐅᑉ ᒥᒃᓵᓄᑦ.

ᐊᖏᕈᑎᖃᖅᐳᖓ ᑲᐱᔭᐅᖁᓪᓗᒋᑦ ___ ᐊᑕᐅᓯᐊᕐᓗᒍ(ᐅᖓᑖᓄᓪᓘᓐᓃᑦ) ᐱᕐᕆᙱᓴᖅᑐᓂᒃ: ☐ ᐅᕙᓐᓇᓐᓄᑦ ᐅᕝᕙᓘᓐᓃᑦ ☐ ᕿᑐᖕᖓᓐᓄᑦ ᐅᕝᕙᓘᓐᓃᑦ ☐ ᐸᖅᑭᔭᕋ/ᑲᒪᔭᕋ

ᐊᑏᑦ ᑎᑎᕋᕐᓗᒍ ᓴᖑᐃᐱᓗᙱᓪᓗᒍ — ᐃᑲᔪᖅᑕᐅᔫᑉ ᐊᑎᓕᐅᕈᓯᐊ ᐅᕝᕙᓘᓐᓃᑦ ᐊᖓᔪᖅᑳᑉ/ᑲᒪᔨᐅᑉ (ᐊᑑᑎᖃᖅᐸᑦ) — ᐅᓪᓗᖅ (ᐅᓪᓗᖅ/ᑕᖅᑭᖅ/ᐊᕐᕌᒍ)

ᐱᕐᕆᙱᓴᕐᓇᙱᑦᑐᒧᑦ ᑲᐱᔭᐅᔾᔪᑎᒧᑦ ᐊᖏᕈᑎ:

ᐅᖃᓕᒫᖅᓯᒪᕗᖓ ᐅᖃᐅᔾᔭᐅᓯᒪᕗᖓᓗᓐᓃᑦ ᐱᕐᕆᙱᓴᕐᓇᙱᑦᑐᓂᒃ ᑲᐱᔭᐅᖃᑦᑕᖅᓯᒪᔪᑦ ᒥᒃᓵᓄᑦ ᐊᐱᖅᓱᖅᓯᒪᓪᓗᖓᓗ ᑭᐅᔭᐅᑦᑎᐊᖅᑲᑦᑕᓚᐅᖅᓱᖓᓗ. ᑐᑭᓯᐅᒪᓕᖅᑐᖓ ᐃᑲᔫᑎᒃᓴᖏᓐᓂᒃ ᐊᒻᒪ ᐊᑦᑕᕐᓇᓕᕈᓐᓇᖅᑐᓂᒃ ᑳᐳᑎᐅᑉ ᒥᒃᓵᓄᑦ.

ᐊᖏᕈᑎᖃᖅᐳᖓ ᑲᐱᔭᐅᖁᓪᓗᒋᑦ : ☐ ᐅᕙᓐᓇᓪᓗ ᐅᕝᕙᓘᓐᓃᑦ ☐ ᕿᑐᖕᖓᒐ ᐅᕝᕙᓘᓐᓃᑦ ☐ ᐸᖅᑭᔭᕋ/ᑲᒪᔭᕋ

ᐊᑏᑦ ᑎᑎᕋᕐᓗᒍ ᓴᖑᐃᐱᓗᙱᓪᓗᒍ — ᐃᑲᔪᖅᑕᐅᔫᑉ ᐊᑎᓕᐅᕈᓯᐊ ᐅᕝᕙᓘᓐᓃᑦ ᐊᖓᔪᖅᑳᑉ/ᑲᒪᔨᐅᑉ (ᐊᑑᑎᖃᖅᐸᑦ) — ᐅᓪᓗᖅ (ᐅᓪᓗᖅ/ᑕᖅᑭᖅ/ᐊᕐᕌᒍ)

Nakimayunik Aktuqtautinani Kappuut Prophylaxis-nik Angirutit

Iglu/Igluqpak #: _____

Titiqqiqivia #: _____

Angayuqqaanik/Munaqtiuyunik Ilitturidjut: _____

Hivayaut # (cell/home/work/other)**:** _____

Hivayaut # (cell/home/work/other)**:** _____

Hivayaut # (cell/home/work/other)**:** _____

Work/School: _____

Titirarvigilugu Naniittaaqhat/Naunaitkut nipittaaqtut:
Kinguliq atiit: _____
Qablunaatuq atiit : _____
kituuvit (M/F): _____
DOB (dd/mm/yyyy): _____
Chart #: _____
HCP #: _____
Nunallaaq nayuqtat: _____

Ukua Kiulugit:

1	Timingnut Aanniaqtaaqqiit: ☐ Hii (titirarlugit) _____		☐ Piisak
2	Mihigimavakpigit kitlulliqaak ukunannga nakimayunut kapuqtaugavit : ☐ aniqhaaktaruvit nivyaaqtrut hatqat hukattuni ☐ ayuqhaqqit aniqhaatariarni iihiyaarni ☐ Piisak ☐ puvitpa qaniit iggiallu ☐ Aanniarvingmiipkatauvit ☐ Guillain-Barré Syndrome-mik pivit ☐ aallanik qayangnaqtunik mihingnaqqa (naunairlugu): _____		
3	Auliraangavit auguilimaiqpakpit imaluuniit aungmut avukhanik?	☐ Hii	☐ Imannaq
4	Uuminga piqaqit Avaliingaaq immunoglobulin A (IgA) piqalluanngitpiit?	☐ Hii	☐ Imannaq

NAKIMAYUNUT KAPPUURNIQ ANGIRUTIT:

Taiguqtatka kangiqhipkatitaublungalu *Nakimayunut Kappuutuutit Ilitturidjutikhat* apiqhuutitkalu kiuyauyut naammagiyamnik. Kangiqhiyatka ikayuutikhat qayaanganutillu kapuutip.

Angiqtunga ___ kapuffaatautit Nakimayunik Kappuutit: ☐ Uvamnut ☐ Nutaramnut ☐ Pamiqtamnut/Munariyamnut

Titirattiarlugu atiit	Atiliurvia Ikayuqtauyup Angayuqqaap/Munaqtiataluunit	Ublua (dd/mm/yyyy)

NAKIMAYUNUT IMMUNE GLOBULIN-NIK ANGIRUTIT:

Taiguqtatka kangiqhipkatitaublungalu *Nakimayunut Immune Globulin-kut Ilitturidjutikhaq* apiqhuutitkalu kiuyauyut naammagiyamnik. Kangiqhiyatka ikayuutikhat qayaanganutillu kapuutip.

Angiqtunga kapiyauyaamni uminnga : ☐ Uvamnut ☐ Nutaramnut ☐ Pamiqtamnut/Munariyamnut

Titirattiarlugu atiit	Atiliurvia Ikayuqtauyup Angayuqqaap/Munaqtiataluunit	Ublua (dd/mm/yyyy)

Rabies Post-Exposure Prophylaxis Consent Form

House/Building #: _____

P.O. Box #: _____

Parent/Guardian Information: _____

Phone # (cell/home/work/other)**:** _____

Phone # (cell/home/work/other)**:** _____

Phone # (cell/home/work/other)**:** _____

Work/School: _____

Please fill in OR addressograph/affix label:
Last Name: _____
First Name: _____
Sex (M/F): _____
DOB (dd/mm/yyyy): _____
Chart #: _____
HCP #: _____
Community of Residence: _____

Please Answer:

1	Do you have any allergies: ☐ Yes (please list) _____	☐ No
2	Have you ever experienced any of the following after a previous vaccine: ☐ Wheezing or chest tightness ☐ Difficulty breathing or swallowing ☐ None ☐ Swelling of the mouth or throat ☐ Hospitalization ☐ Guillain-Barré Syndrome ☐ Other severe reaction(specify): _____	
3	Do you have bleeding problems or take blood thinners?	☐ Yes ☐ No
4	Do you have isolated immunoglobulin A (IgA) deficiency?	☐ Yes ☐ No

RABIES VACCINE CONSENT:

I have read or had explained to me the *Rabies Vaccine Fact Sheet* and have asked questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine.

I consent to receiving ___ dose(s) of the Rabies vaccine for : ☐ Myself or ☐ My Child or ☐ My Dependant/Ward

Print Name | Signature of Client or Parent/Legal Guardian *(if applicable)* | Date (dd/mm/yyyy)

RABIES IMMUNE GLOBULIN CONSENT:

I have read or had explained to me the *Rabies Immune Globulin Fact Sheet* and have asked questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine.

I consent to receiving this product for : ☐ Myself or ☐ My Child or ☐ My Dependant/Ward

Print Name | Signature of Client or Parent/Legal Guardian *(if applicable)* | Date (dd/mm/yyyy)

ᐱᕐᓱᙱᓯᒃᑐᒥᒃ ᐅᐸᒍᑎᔪᖃᓚᐅᙱᑎᓪᓗᒍ ᑲᐱᔭᐅᔾᔪᑎᒧᑦ ᐊᖏᕈᑎ

ᐃᓪᓗᕕᑦ ᓈᓴᐅᑖ: ______________________

ᑎᑎᖅᑲᒃᑯᕖᑦ: ______________________

ᐊᖓᔪᖄᑉ/ᑲᒪᔾᔨᐅᑉ ᑐᑭᓯᒋᐊᕈᑖ: ______________________

ᐅᖃᓘᑖ (ᐃᒃᐱᐊᕐᔪᙱᒥᐅᑕᖅ/ᐅᕙᑦᑎᓂ/ᐃᖅᑲᓇᐃᔮᕐᕕᖓᓂ/ᐊᓯᐊᓂ): ______________________

ᐅᖃᓘᑖ (ᐃᒃᐱᐊᕐᔪᙱᒥᐅᑕᖅ/ᐅᕙᑦᑎᓂ/ᐃᖅᑲᓇᐃᔮᕐᕕᖓᓂ/ᐊᓯᐊᓂ): ______________________

ᐅᖃᓘᑖ (ᐃᒃᐱᐊᕐᔪᙱᒥᐅᑕᖅ/ᐅᕙᑦᑎᓂ/ᐃᖅᑲᓇᐃᔮᕐᕕᖓᓂ/ᐊᓯᐊᓂ): ______________________

ᐃᖅᑲᓇᐃᔮᕐᕕᒃ/ᐃᓕᓐᓂᐊᕐᕕᒃ: ______________________

ᑕᑎᕆᓇᐊᓕᒃ ᐅᖁᕙᓘᓐᓃᑦ ᑐᕌᕈᑎᒃᓴᓕᐅᕐᓗᒍ/ᓂᐱᑎᒐᕐᒥ:
ᐊᑎᕈᓯᖅ: ______________________
ᓯᕗᓪᓕᖅ ᐊᑎᖅ: ______________________
ᑭᓴᖓᓕᖅᐱᑦ (ᐊᕐᓇᖅ/ᐊᖑᑦ): ______________________
ᐃᓅᖕᕖᑦ (ᐅᓪᓗᖅ/ᑕᖅᑭᖅ/ᐊᕐᕌᒍ): ______________________
ᑎᑎᖅᑲᖁᑎᕖᑦ ᓈᓴᐅᑖ: ______________________
ᐋᓐᓂᐊᕐᕕᓕᐊᕈᓐᓇᐅᑎᑦ: ______________________
ᓄᓇᖅᑲᕖᑦ: ______________

ᐅᑯᐊ ᑭᐅᓗᒋᑦ:

ᖃᓄᐃᓐᓇᖅ ᑎᒥᒃᑯᑦ ᓈᒻᒪᙱᓕᐅᕈᑎᖃᖅᐱᑦ: ☐ ᐋ (ᑎᑎᕋᕐᓗᒋᑦ) ______________________ ☐ ᐋᒃᑲ

ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᑎᑦ ᑭᖑᓂᐊᒍᑦ ᒪᑯᓂᖓ ᓈᒻᒪᙱᓕᐅᕈᑎᖃᖃᑦᑕᖅᓯᒪᓂᒎᕖᑦ:

- ☐ ᐊᓂᖅᑎᓇᓪᓗᑎᑦ ᐳᕙᒃᐸᓗᒃᑐᑎᑦ ᐅᖁᕙᓘᓐᓃᑦ ᖁᖅᑲᕐᑐᑎᑦ
- ☐ ᖃᓂᒃᑯᑦ ᐃᒡᒋᐊᒃᑯᓪᓘᓐᓃᑦ ᐳᕕᓕᖅᑐᑎᑦ
- ☐ Guillain-Barré Syndrome-ᖃᓕᕐᑐᑎᑦ
- ☐ ᐃᔾᔪᙳᓕᖅᑕᕐᑐᑎᑦ ᐄᓯᒡᒐᓕᕐᑐᑎᓪᓘᓐᓃᑦ
- ☐ ᐋᓐᓂᐊᕝᕕᖓ ᐅᓂᒃᓯᒪᔭᓇᐊᖃᓕᕐᑐᑎᑦ
- ☐ ᐊᓯᖏᑦ ᑎᒥᒃᑯᑦ ᓈᒻᒪᙱᓕᐅᕈᑎᔪᐊᑦ(ᓇᓗᓇᐃᕐᓗᒋᑦ): ______________
- ☐ ᐋᑐᑎᖃᙱᑦᑐᖅ

1

ᐱᕐᓱᙱᓯᕐᓇᖅᑐᖅᑲᙱᒃᑲᓗᐊᕐᒪᖔᑦ ᑎᒥᖓᓂ ᖃᐅᔨᓴᖅᑕᐅᓚᐅᖅᓯᒪᕕᑦ? ᐋᒃᑲ ☐ ᐋ ☐ ᖃᓄᐃᓕᖓᓂᖅᐸ ______________ ᐅᓪᓗᖅ_____/_____/_____

ᐊᖏᕈᑎ:

ᐅᖃᐅᔭᐅᓯᒫᓂᒃᑐᖓ ᐱᕐᓱᙱᓯᕐᓇᙱᑦᑐᒥᒃ ᑲᐱᔭᐅᖃᑦᑕᖅᓯᒪᔪᑦ ᑐᑭᓯᒋᐊᕈᑎᓂᒃ ᐊᐱᖅᓲᑎᒋᖃᑦᑕᓚᐅᖅᑕᒃᑲᓗ ᑭᐅᔭᐅᑦᑎᐊᖃᑦᑕᓚᐅᖅᑐᑎᒃ.

ᐊᖏᖅᐳᖓ ᑲᐱᔭᐅᔪᒪᓪᓗᖓ ᐱᕐᓱᙱᓯᕐᑐᒥᒃ ᐅᐸᒍᑎᓚᐅᙱᓐᓂᓐᓂ:

ᐊᑏᑦ ᑎᑎᕋᕐᓗᒍ ᓯᖁᐃᐱᓗᖕᒋᓪᓗᒍ ᐃᑲᔪᖅᑕᐅᔫᑉ ᐊᑎᓕᐅᕈᓯᖓ ᐅᓪᓗᖅ (ᐅᓪᓗᖅ/ᑕᖅᑭᖅ/ᐊᕐᕌᒍ)

ᑲᐱᔭᐅᔾᔪᓰᑦ ᓇᓖᒃᑲᖏᑦ - ᐊᓪᓚᕝᕕᖓ ᑭᓯᒥ ᐊᑐᖅᑕᐅᔭᓇᐊᓕᒃ							
ᓯᕗᓪᓖᓪ ᐱᕐᓱᙱᓯᒃᑐᒥᒃ ᐱᓕᕆᐊᖑᓚᐅᖅᑎᓪᓗᒋᑦ ᑲᐱᔭᐅᔾᔪᑏᑦ ☐							
ᑲᐴᑦ	ᐅᓪᓗᖅ	ᓇᒧᙵᕐᑎᓪᓗᒍ	ᑭᓯᑯᑦᑎᐊᒍᑦ ᑲᐱᔭᐅᖕᒪᖔᑦ	ᑲᐴᑦ	ᑲᐴᑎ	ᓇᓖᒃᑲᖓᑕ ᓈᓴᐅᑖ	ᑎᑎᕋᖅᐸᓪᓚᐊᔫᑉ ᐊᑎᓕᐅᕈᓯᐊ
1	___/___/___ ᐅᓪᓗᖅ ᑕᖅᑭᖅ ᐊᕐᕌᒍ		IM	1.0 mL			
2	___/___/___ ᐅᓪᓗᖅ ᑕᖅᑭᖅ ᐊᕐᕌᒍ		IM	1.0 mL			
3	___/___/___ ᐅᓪᓗᖅ ᑕᖅᑭᖅ ᐊᕐᕌᒍ		IM	1.0 mL			
ᑲᐱᔭᐅᒃᑲᓐᓂᖅᑕᖓ ☐							
	___/___/___ ᐅᓪᓗᖅ ᑕᖅᑭᖅ ᐊᕐᕌᒍ		IM	1.0 mL			

Nakimayunik Aktuqtautinani Kappuut Angirut

Iglu/Igluqpak #: _____
Titiqqiqivia #: _____
Angayuqqaanik/Munaqtiuyunik Ilitturidjut: _____
Hivayaut # (cell/home/work/other)**:** _____
Hivayaut # (cell/home/work/other)**:** _____
Hivayaut # (cell/home/work/other)**:** _____
Work/School: _____

Titirarvigilugu Naniittaaqhat/Naunaitkut nipittaaqtut:
Kinguliq atiit: _____
Qablunaatuq atiit : _____
Sex (M/F): _____
DOB (dd/mm/yyyy): _____
Chart #: _____
HCP #: _____
Nunallaaq nayuqtat: _____

Ukua Kiulugit :

Timingnut Aanniaqtaaqqiit: ☐ Hii (titirarlugit) _____ ☐ Piisak

Mihigimavakpigit kitlulliqaak ukunannga nakimayunut kapuqtaugavit :

☐ aniqhaaktaruvit nivyaaqtrut hatqat hukattuni ☐ ayuqhaqqit aniqhaatariarni iihiyaarni ☐ Piisak
☐ puvitpa qaniit iggiallu ☐ Aanniarvingmiipkatauvit
☐ Guillain-Barré Syndrome-mik pivit ☐ aallanik qayangnaqtunik mihingnaqqa (naunairlugu): _____

1

Nakinaniqaravit timimut aanniarutauyut naunaiyaqtauvakpat? imannaq ☐ hii ☐ qanuritpa _____
Ubluani _____/_____/_____

ANIRUTIT:

Kangiqhipjkaqtauyunga taapkua *Nakimayunut Kapurniq Ilitturipkaidjutit* kiuyaatka apiqhuutit ihuariyamnik. Kangiqhiyatka ikayuutait qayangnautait kappuutip.

Angiqqunga piyaamni Nakimayunit Aktuqtautinani Kapuqtauyaamni:

Titirattiarlugu atiit | Atiliurvia Ikayuqtauyup | Ublua (dd/mm/yyyy)

Kapuqtauningit Naunaitkutait – Titiqqiqiyit titirarvikhaa							
Hivulliit Nakimayunik Kappuutit ☐							
Havaut	Ubluani	ikaarniq	Hukkut	Havaut	Kappuut	Kituuyut Naahautaa	Atiliuriva & Humut
1	_____/_____/_____ dd mm yyyy		IM	1.0 mL			
2	_____/_____/_____ dd mm yyyy		IM	1.0 mL			
3	_____/_____/_____ dd mm yyyy		IM	1.0 mL			
Tugliit Kappuutit ☐							
	_____/_____/_____ dd mm yyyy		IM	1.0 mL			

Fact Sheet
Rabies Vaccine

What is rabies?
Rabies is a serious disease for both animals and humans. It is transmitted through exposure to an animal that has rabies. The disease can cause confusion, breathing problems, seizures, brain infections and death. These signs may not show up for two to eight weeks or longer. There is no cure for rabies. Prevention is the only way to protect both humans and animals.

Does the rabies vaccine protect you against rabies? How long does protection last?

Yes. The vaccine will protect you if you get all the recommended injections. These injections are usually given in the arm.

It is expected that the rabies vaccine will protect you for a long period of time. If you are at continued risk of exposure, you will need to have a blood test to measure your level of protection every two years and may require a single booster rabies vaccine. Even when you are fully vaccinated, it is important to see your health care provider immediately if you have had any exposure to a potentially rabid animal.

Who should get vaccinated against rabies and when should the vaccine be given?

At risk for exposure: Conservation officers, By law officers, lay vaccinators, and Government of Nunavut Biologists in Nunavut are at risk of exposure due to their work and should be vaccinated before a possible exposure. Others at high risk of exposure due to the rabies virus may also require non-publically funded pre-exposure vaccination. Consult your health care provider. Pre exposure vaccination should be given before a person's work puts them at high risk of contact with rabid animals.

Post exposure: Any person who has been bitten, scratched or licked on an open wound or sore by an animal suspected of having rabies should be assessed by their health care provider, who may recommend vaccination. For those who have had an exposure to an animal suspected of having rabies, the vaccine series should be started as soon as possible.

Is the vaccine safe?

Yes. Some people have mild pain, swelling, and redness for a few days where the needle was given. A few people may have headaches, abdominal pain, fatigue and dizziness. Rarely, people will experience severe reactions such as anaphylaxis or other allergic reactions.

Who should talk with their healthcare provider before getting the rabies vaccine?

Tell your health care provider if you have had any of the following:

- Severe allergic reaction to a previous dose of anything in the vaccine. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- Allergy to any ingredient of the vaccine, including an egg allergy.
- A severe reaction after a previous dose of rabies vaccine.

Rabies Vaccine After Care

- To control fever and relieve pain or soreness, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle.
- Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

Feuille de renseignements
Vaccin contre la rage

Qu'est-ce que la rage ?
La rage est une maladie grave affectant autant les animaux que les humains. Elle est transmise par le contact avec un animal qui a la rage. Cette maladie peut causer de la confusion, des problèmes respiratoires, des convulsions, des infections au cerveau et la mort. Ces signes peuvent ne pas apparaître pendant deux à huit semaines ou même plus longtemps. Il n'existe aucun traitement pour la rage. La prévention est la seule manière de protéger les humains et les animaux.

Le vaccin contre la rage vous protège-t-il efficacement contre la rage ? Pendant combien de temps la protection est-elle efficace ?
Oui. Le vaccin vous protégera si vous recevez toutes les injections recommandées. Ces injections sont habituellement administrées dans le bras.

On s'attend à ce que le vaccin contre la rage vous protège pendant une longue période. Si vous êtes régulièrement à risque d'être exposé à la maladie, vous devrez faire analyser votre sang tous les deux ans afin de mesurer votre niveau de protection et pourriez devoir vous faire administrer un rappel de vaccin contre la rage. Même lorsque vous êtes entièrement vacciné, il est important de consulter un professionnel de la santé immédiatement si vous avez été exposé d'une façon quelconque à un animal potentiellement atteint de la rage.

Qui devrait se faire vacciner contre la rage et quand le vaccin devrait-il être administré ?
À risque d'exposition : Les agents de conservation de la faune, les fonctionnaires chargés de l'application de la loi et les agents de vaccination travaillant au Nunavut, de même que les biologistes du gouvernement du Nunavut sont à risque d'exposition en raison de leur travail et devraient être vaccinés avant une exposition éventuelle. D'autres personnes à risque en raison de leur exposition au virus de la rage peuvent également devoir recevoir un vaccin préventif non payé par les programmes publics. Demandez l'avis d'un professionnel de la santé. La vaccination préventive devrait être administrée avant que le travail d'une personne la place en situation de risque élevé de contact avec des animaux atteints de la rage.

Post-exposition : Toute personne qui a été mordue, griffée ou léchée sur une plaie ou une lésion par un animal suspecté d'avoir la rage devrait être évaluée par un professionnel de la santé, lequel pourrait recommander la vaccination. Pour ceux et celles qui ont été exposés à un animal suspecté d'avoir la rage, la série de vaccins devrait être commencée aussitôt que possible.

Est-ce que le vaccin est sécuritaire ?
Oui. Certaines personnes ressentiront des effets mineurs (légère douleur, enflure et rougeur) pendant quelques jours au point d'injection. Quelques personnes pourraient subir des maux de tête, des douleurs abdominales, de la fatigue et des étourdissements. Rarement, les gens présenteront des symptômes graves tels qu'une réaction de type anaphylactique ou d'autres réactions allergiques.

Qui devrait discuter avec un professionnel de la santé avant de recevoir le vaccin contre la rage ?
Mentionnez-le au professionnel de la santé si l'une des situations suivantes vous concerne :

- Vous avez déjà eu une réaction allergique grave suite à une dose d'un des ingrédients du vaccin. Les réactions graves incluent une respiration sifflante, des serrements de poitrine, une sensation d'étranglement dans la gorge et une difficulté à respirer ou à avaler.
- Une allergie à tout ingrédient contenu dans le vaccin, y compris une allergie aux oeufs.
- Une réaction grave suite à une dose précédente de vaccin contre la rage.

Soins à apporter après l'administration du vaccin contre la rage

- Afin de contrôler la fièvre et soulager la douleur ou les courbatures, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). En ce qui concerne les enfants, administrez la quantité recommandée par le professionnel de la santé ou celle indiquée sur la bouteille.
- L'aspirine (ASA) ne devrait **JAMAIS** être administrée à toute personne de moins de 20 ans en raison du risque d'apparition du syndrome de Reye, lequel peut causer des dommages permanents au cerveau et la mort.
- Si vous ressentez quelque effet secondaire important que ce soit tel que le gonflement/l'enflure de la bouche ou des lèvres, de l'urticaire ou des convulsions, veuillez vous rendre à l'urgence de l'hôpital ou dans un centre de santé immédiatement.
- Si vous avez d'autres questions ou êtes inquiet par une réaction due au vaccin, consultez un professionnel de la santé.

Ilitturidjutikhaq

Nakimayunik Kappuutit

Hunali Nakimayuq?

Rabies is a serious disease for both animals and humans. It is transmitted through exposure to an animal that has rabies. The disease can cause confusion, breathing problems, seizures, brain infections and death. These signs may not show up for two to eight weeks or longer. There is no cure for rabies. Prevention is the only way to protect both humans and animals.

Nakimayuq kappuutit nakimmaktailiyautauva? Qanuraaluk Nakuuva?

Yes. The vaccine will protect you if you get all the recommended injections. These injections are usually given in the arm.

It is expected that the rabies vaccine will protect you for a long period of time. If you are at continued risk of exposure, you will need to have a blood test to measure your level of protection every two years and may require a single booster rabies vaccine. Even when you are fully vaccinated, it is important to see your health care provider immediately if you have had any exposure to a potentially rabid animal.

Who should get vaccinated against rabies and when should the vaccine be given?

At risk for exposure: Conservation officers, By law officers, lay vaccinators, and Government of Nunavut Biologists in Nunavut are at risk of exposure due to their work and should be vaccinated before a possible exposure. Others at high risk of exposure due to the rabies virus may also require non-publically funded pre-exposure vaccination. Consult your health care provider. Pre exposure vaccination should be given before a person's work puts them at high risk of contact with rabid animals.

Post exposure: Any person who has been bitten, scratched or licked on an open wound or sore by an animal suspected of having rabies should be assessed by their health care provider, who may recommend vaccination. For those who have had an exposure to an animal suspected of having rabies, the vaccine series should be started as soon as possible.

Is the vaccine safe?

Yes. Some people have mild pain, swelling, and redness for a few days where the needle was given. A few people may have headaches, abdominal pain, fatigue and dizziness. Rarely, people will experience severe reactions such as anaphylaxis or other allergic reactions.

Who should talk with their healthcare provider before getting the rabies vaccine?

Tell your health care provider if you have had any of the following:

- Severe allergic reaction to a previous dose of anything in the vaccine. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- Allergy to any ingredient of the vaccine, including an egg allergy.
- A severe reaction after a previous dose of rabies vaccine.

Rabies Vaccine After Care

- To control fever and relieve pain or soreness, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle.
- Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

Fact Sheet

Rabies Immune Globulin

What is rabies?

Rabies is a serious disease for both animals and humans. It is transmitted through exposure to an animal that has rabies. The disease can cause confusion, breathing problems, seizures, brain infections and death. These signs may not show up for two to eight weeks or longer. There is no cure for rabies. Prevention is the only way to protect both humans and animals.

Who should get Rabies Immune Globulin?

Any person who has not been immunized against rabies who has been bitten, scratched or licked on an open wound or sore by an animal suspected of having rabies may require Rabies Immune Globulin.

What is Rabies Immune Globulin (RabIg) and how is it given?

RabIg is a medication used to prevent rabies in a case where somebody may have been exposed to the virus. It is made from the plasma (blood) of people who have immunity (protection) against rabies. Part of the RabIg is put into the area around and in the open wound using a needle and the remainder is given into a muscle in the leg and/or arm.

Does Rabies Immune Globulin protect you against rabies?

Yes, Rabies Immune Globulin, when given with the full series of the Rabies Vaccine, will protect you from getting Rabies.

Is Rabies Immune Globulin safe?

Yes. Some people have mild pain, swelling, and redness for a few days where the needle was given. A few people may have headaches, muscle ache, and fatigue. Rarely, people will experience severe reactions such as anaphylaxis or other allergic reactions.

RabIg is made from human plasma (blood) and may contain infectious agents that can cause disease. This risk has been reduced by a thorough screening of donors, however there is still a rare possibility for disease transmission.

Who should talk with their healthcare provider before receiving Rabies Immune Globulin?

Tell your health care provider if you have had any of the following:

- Severe allergic reaction to a previous dose of Immune Globulin. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- An allergy to any ingredient in RabIg.
- You have bleeding problems or take blood thinners.
- You have isolated immunoglobulin A (IgA) deficiency.

What is the risk of not getting Rabies Immune Globulin?

If you are recommended to take the Rabies Immune Globulin but choose not to, you are increasing your risk of becoming sick with rabies which can cause confusion, breathing problems, seizures, brain infections, and will eventually cause death. There is no medical treatment for Rabies once a person is infected.

Where can I get more information?

For more information about this product, talk to your healthcare provider.

Ilitturidjutikhaq

Nakimayunut Immune Globulin-kut

Hunali Nakimayuq?

Nakimayuq qayangnaqtuq niryutinut inungnullu. Nakimmangnaqtuq nakimayunit niryutinit.taamna aanniarut . naluqharnaqhinaqhuni, aniqhaaqtariami ayurnaqhiluni, qiiqilaqinnaqhuni, qariatrlirnaqhuni tuqunnaqhunilu. Hapkua ilitturinnaqhiyunaittut marlungni iinut havailaarnut avatquluguluuniit. Nakuuhinnaittuq nakimaniq. Nakimaktaililuni kihimi inungnit nirutiniluuniit.

Kina pittaaqqa Nakimayuq Immune Globulin-mik?

Kinaliqaak kapuqtauhimanngittuq nakimaktailitinik kiittiqhimayuq, qittuqtauhimayuq, aluktauhimayuq killiqarumi kilaaqhimagumi nakimmangnahugiyauyunit kapiyauyukhauyuq Nakimayuq Immune Globulin-mik.

Hunali Nakimayuq Immune Globulin (RabIg) kialu kapuqtuittaaqqa?

RabIg havautauyuq nakimmatailidjutauyuq kimulliqaak nakimayunit piyauhimakpat aaniarutiqaqtunit. Havaktauhimayuq aunganit inuup nakimmaktitaulimaitumit. Ilanga RabIg-tip iliyauvaktuq avataigut iluanut killiup kappuunmut ilangattauq nukianut kanaangata taliatalu/luuniit.

Nakimayuq Immune Globulin nakimmaktailiyautauva?

Hii, Nakimayuq Immune Globulin, piyaugumi tamainik atuqtauyukhanik Nakimayuq Kapurutainik, nakimaktailiyutauvaktuq.

Nakimayuq Immune Globulin aannialaqinaitpa?

Hii. Ilangit uluriahukpajtut mikiyumik , puvipkaqhutiglu, aupayaalaqiblutiglu qaffini ubluni kapuqhirviagut. Ilangit niaqurliurlutik, nukiilu ulurianarlutik unaguhuglutiglu. Kapuqtauyut qanuriliyuittuugaluit ….yuittutik aannialaqidjutigiyuitugulu.

RabIg havakpagaat inuup aunganit imaalu hunaqarniarunaqtut aanniarutinitaarvinik, kihimi una mikiyuq ihivriuqtauvangmata aut tuniyauhimayut, kihimitauq aannialaqinaqtaaqtut.

Kia uqaqatigittaaqqagit munaqhit kapuqhiqtinnatik Nakimayuq Immune Globulin-mik?

Unniutidjavat munaqhit ukuninnga aanniarutiqahimaguvit:

- Aanniarutiningniaqtut timit nakuuginngitainik piyariiqhimayamingnut taaffuminga Immune Globulin. Aniqhaaktaraangat tuhaanaqhiluni, hatqat hukatirluni iggiallu aniqhaaktariami iihiluniluuniit ayurnaqhiluni
- Timimut nakuuginngitainik hunanut iluaniittunut talvani RabIg-mi.
- Auglaqittaaruvit aturuviluuniit aungnut imaqtirutinik.
- Avaliinaqtut immunoglobulin A (IgA) piqalluanginik.

Nakimmangnaqtaaqqa kapuqhinngitkumik Nakimayuq Immune Globulin-mik?

Pitquyauguvit Nakimayuq Immune Globulin-mik kihimi piyumanngitkuvit, aannialaqinginarnaiqtutit nakimanirmik imaa qauyimairlutit, aniqhaaktariarni ayuqharlutit, qiiqinalirlutit, qaritarlirlutit imaalu tuqunnaqtuq, havautaittuq nakimmakkuvit.

Humit ilitturiyuuminiaraluaqqik?

Ilitturiyuumirumaguvit haffumuuna havutikkut, auqaqatigilugit munaqhit.

Feuille de renseignements

L'immunoglobuline antirabique

Qu'est-ce que la rage ?

La rage est une maladie grave affectant autant les animaux que les humains. Elle est transmise par le contact avec un animal qui a la rage. Cette maladie peut causer de la confusion, des problèmes respiratoires, des convulsions, des infections au cerveau et la mort. Ces signes peuvent ne pas apparaître pendant deux à huit semaines ou même plus longtemps. Il n'existe aucun traitement pour la rage. La prévention est la seule manière de protéger les humains et les animaux.

Qui devrait recevoir l'immunoglobuline antirabique?

Toute personne qui n'a pas été immunisée contre la rage et qui a été mordue, griffée ou léchée sur une plaie ou une lésion par un animal suspecté d'avoir la rage peut avoir besoin de l'immunoglobuline antirabique.

Qu'est-ce que l'immunoglobuline antirabique (RIg) et comment est-elle administrée ?

La RIg est un médicament utilisé pour prévenir la rage dans les cas où des personnes auraient été exposées au virus. Ce médicament est produit à partir du plasma (sang) des personnes qui sont immunisées (protégées) contre la rage. Une partie de la RIg est disposée dans la région autour de la plaie puis à l'intérieur de celle-ci à l'aide d'une aiguille et le reste est administré dans un muscle de la jambe et/ou du bras.

L'immunoglobuline antirabique vous protège-t-elle contre la rage ?

Oui, l'immunoglobuline antirabique, lorsqu'elle est administrée avec la série complète du vaccin contre la rage, vous protégera contre cette maladie.

L'immunoglobuline antirabique est-elle sécuritaire?

Oui. Certaines personnes ressentiront des effets mineurs (légère douleur, enflure et rougeur) pendant quelques jours au point d'injection. Quelques personnes subiront des maux de tête, des douleurs musculaires et de la fatigue. Rarement, les gens présenteront des symptômes graves tels qu'une réaction de type anaphylactique ou d'autres réactions allergiques.

La RIg est fabriquée à partir du plasma humain (sang) et peut contenir des agents infectieux pouvant provoquer des maladies. Ce risque a été réduit par un contrôle rigoureux des donneurs, toutefois une faible possibilité de transmission des maladies existe tout de même.

Qui devrait discuter avec un professionnel de la santé avant de recevoir l'immunoglobuline antirabique ?

Mentionnez-le au professionnel de la santé si l'une des situations suivantes vous concerne :

- Vous avez déjà eu une réaction allergique grave suite à une dose d'immunoglobuline. Les réactions graves incluent une respiration sifflante, des serrements de poitrine, une sensation d'étranglement dans la gorge et une difficulté à respirer ou à avaler.
- Une allergie à tout ingrédient compris dans la RIg.
- Vous avez des troubles de coagulation ou vous prenez des anticoagulants.
- Vous présentez un déficit isolé en immunoglobulines A (IgA).

Quel est le risque lié au fait de ne pas recevoir l'immunoglobuline antirabique?

Si l'on vous a recommandé de vous faire administrer l'immunoglobuline antirabique, mais que vous choisissez de refuser cette alternative, vous augmentez votre risque de développer la rage, laquelle peut occasionner de la confusion, des problèmes respiratoires, des convulsions, des infections au cerveau et éventuellement la mort. Il n'existe aucun traitement médical pour la rage une fois qu'une personne est infectée.

Où puis-je obtenir davantage d'information ?

Pour plus d'informations sur ce produit, adressez-vous à un professionnel de la santé.

ᐊᑐᖅᑕᐅᓯᒪᔪᑦ
ᐱᕐᕋᙳᕐᑎᓴᕐᓇᙱᑦᑐᓂᒃ ᑲᐱᔭᐅᖃᑦᑕᖅᓯᒪᔪᑦ

ᐱᕐᕋᙳᕐᑎᓴᕐᓇᖅ ᑭᓱᖕᒪᑦ?

ᐱᕐᕋᙳᕐᑎᓴᕐᓇᖅ ᐱᕐᔪᐊᒻᒪᕆᓇᐊᓘᓪᓗᓂ ᐋᓐᓂᐊᖑᕗᖅ ᑕᒪᐃᓐᓄᑦ ᓂᕐᔪᑎᓄᑦ ᐊᒻᒪ ᐃᓄᖕᓄᑦ. ᐱᕐᕋᙳᕐᑎᓴᖅᑐᒥᒃ ᓂᕐᔪᑎᒥᙱᓪᓗᓂ ᐊᐃᑦᑑᑕᐅᔪᓐᓇᖅᐳᖅ. ᐱᕐᕋᙳᕐᑎᓴᖅᓱᓂ ᓂᐊᖅᑭᓇᓐᓇᖅᑐᖅ, ᐊᓂᖅᑎᓇᑦᑎᐊᕐᓇᙱᑦᑐᖅ, ᕿᐸᖅᓯᕐᓇᖅᑐᖅ, ᖃᕋᓴᒃᑯᑦ ᓱᑯᕐᓇᖅᑐᖅ ᐊᒻᒪ ᑐᕐᑯᓇᖅᑐᖅ. ᐱᕐᕋᙳᕐᑎᓴᖅᑐᖅᑲᓕᕋᓗᐊᖅᐸᑦ ᓇᓗᓇᐳᓇᖅᐳᖅ ᐱᓇᓱᐊᕈᓯᑦ ᒪᕐᕉᖕᓂ 8-ᓄᑦ ᐅᖓᑖᓄᑦ ᔫᓐᓃᑦ. ᐱᕐᕋᙳᕐᑎᓴᕐᓇᒧᑦ ᐃᓅᓕᓴᐅᑎᑦᑲᙱᑦᑐᖅ. ᐱᑖᖅᑎᑦᑎᑦᑕᐃᓕᒪᓂᖅ ᓴᐳᔾᔨᔪᑎᒃᓴᑐᐊᑦᑎᐊᙳᔪᓇᖅᐳᖅ ᑕᒪᐃᓐᓄᑦ ᐃᓄᖕᓄᑦ ᓂᕐᔪᑎᓄᓪᓗ.

ᑭᒃᑯᑦ ᐱᕐᕋᙳᕐᑎᓴᕐᓇᙱᑦᑐᒥᒃ ᑲᐱᔭᐅᔭᕆᐊᖃᕐᒪᑕ?

ᑭᒃᑯᑐᐃᓇᓇᑦᑎᐊᑦ ᑲᐱᔭᐅᓚᐅᖅᓯᒪᙱᑦᑐᑦ ᐱᕐᕋᙳᕐᑎᓴᕐᓇᙱᑦᑐᒥᒃ ᕿᔭᐅᓂᑰᔪᑎᒃ, ᖁᓯᒃᑕᐅᓂᑰᔪᑎᒃ ᐅᕝᕙᓘᓐᓃᑦ ᐊᑐᐱᖅᑕᐅᓂᑰᔪᑎᒃ ᑭᓪᓚᐊᒍᑦ ᐋᓐᓂᐊᕐᑎᑦᑐᓘᓐᓃᑦ ᓂᕐᔪᑎᒥᒃ ᐱᕐᕋᙳᕐᑎᓴᕆᓯᒪᔪᕙᓂᒃ ᐱᕐᕋᙳᕐᑎᓴᕐᓇᙱᑦᑐᓂᒃ ᑲᐱᔭᐅᔭᕆᐊᖃᖅᐳᑦ.

ᑭᓱᙵᑦ ᐱᕐᕋᙳᕐᑎᓴᕐᓇᙱᑦᑐᒧᑦ ᑳᐳᑦ (RabIg) ᖃᓄᐃᓕᐅᖅᑕᐅᔭᕆᐊᖃᖅᐸᓘ?

RabIg ᐃᓅᓕᓴᐅᑕᐅᕗᖅ ᐱᕐᕋᙳᕐᑎᓴᕐᓇᙱᑦᑑᓇᓱᒃᓱᓂ ᑭᓇᑭᐊᖅ ᐱᕐᕋᙳᕐᑎᓴᖅᑐᒧᑦ ᖃᓂᕝᕙᓯᐅᓚᐅᕐᓂᖅᐸᑦ ᐊᑐᖅᑕᐅᔭᕆᐊᖃᕆᔭᖅᓱᓂ. ᓴᓇᔭᐅᓯᒪᔪᖅ ᑭᓂᖅᑐᒥᒃ (ᐊᐅᖕᒥ) ᑕᐃᒃᑯᓇᖓ ᐃᓄᖕᓂᑦ ᑲᐱᔭᐅᓯᒪᔪᓂᑦ (ᓴᐳᔾᔭᐅᓇᓱᒃᓱᑎᒃ) ᐱᕐᕋᙳᕐᑎᓴᕐᓇᙱᑦᑐᒧᑦ. RabIg ᑳᐳᒻᒥᑦᑐᖅ ᐃᓚᖓ ᐱᕐᕋᙳᕐᑎᓴᖅᑐᒧᑦ ᖃᓄᐃᓕᔭᐅᓂᑯᒧᑦ ᐊᕙᑖᒍᑦ ᑭᓪᓕᐊᒍᓪᓗᓐᓃᑦ ᐊᓪᓚᖅᑕᐅᔭᕆᐊᖃᖅᐳᖅ ᐊᒥᐊᒃᑯᐊᓗ ᓂᐅᖓᑕ ᓄᑭᐊᓄᑦ ᐊᒻᒪ/ᐅᕝᕙᓘᓐᓃᑦ ᑕᓕᐊᑕ ᓄᑭᐊᓄᑦ ᑳᐳᑕᐅᓗᓂ.

ᐱᕐᕋᙳᕐᑎᓴᕐᓇᙱᑦᑐᒧᑦ ᑳᐳᑦ ᓴᐳᔾᔨᔪᑎᒋᔭᐅᖕᙵᕙᑦ ᐱᕐᕋᙳᕐᑎᓴᖅᑐᒧᑦ?

ᐄ, ᐱᕐᕋᙳᕐᑎᓴᖅᑐᒧᑦ ᑳᐳᒧᑦ, ᑲᐱᔭᐅᔪᑦ ᐱᕐᕋᙳᕐᑎᓴᕐᓇᙱᑦᑐᒥᒃ ᐃᓚᐅᖅᓯᒪᑮᔭᖅᑐᒥ, ᓴᐳᔾᔨᔪᑎᒋᔭᐅᖕᙵᓯ ᐱᕐᕋᙳᕐᑎᓴᕐᓇᙱᑦᑐᒧᑦ.

ᐱᕐᕋᙳᕐᑎᓴᕐᓇᙱᑦᑐᒧᑦ ᑳᐳᑦ ᐊᑦᑕᕐᓇᙱᓚᖅ?

ᐄ. ᐃᓚᖏᑦ ᐃᓄᐃᑦ ᐋᓐᓂᐊᓗᐊᕈᓐᓇᙱᓪᓚᑕ, ᐹᓚᖅᐸᙱᖅᓱᑎᒡᓗ, ᐊᐅᐸᖅᓯᕙᙱᖅᓱᑎᒡᓗ ᖃᔅᓯᐊᔪᖅᓄᑦ ᐅᑦᑐᖅᓄᑦ ᑲᐱᔭᐅᓯᒪᓕᖅᑐᐊᖅᑎᑦᑐᑎᑦ. ᖃᔅᓯᐊᔪᐃᑦᑐ ᐃᓄᐃᑦ ᓂᐊᖁᑦᓚᖓᑐᐃᓇᓇᐊᖅᑲᖅᓱᑎᒃ, ᓴᐅᓂᙳᑐᑎᒃ, ᐊᒻᒪ ᑕᖅᑲᓴᖃᐃᑦᑐᑎᒃ. ᖃᔾᔫᓇᕈᐃᑦᑐ, ᐃᓄᐃᑦ ᑲᐱᔭᐅᕌᓂᒃᓯᒪᓕᖅᑎᑦᑐᑎᑦ ᑎᒥᖏᑦᑎᒍᑦ ᓈᒻᒪᖏᓕᐅᕈᑎᖃᕈᓇᖅᑐᑎᒃ ᓲᖅᑐ ᐃᓅᔪᓐᓃᖅᑐᑎᒃ ᐊᓯᖏᓐᓂᒡᓗᓐᓃᑦ ᑎᒥᖏᑦᑎᒍᑦ ᓈᒻᒪᖏᓕᐅᕈᑎᖃᓕᖅᑐᑎᒃ.

RabIg ᓴᓇᔭᐅᓯᒪᕗᖅ ᐃᓄᖕᓂᙶᖅᑐᑎᒃ ᑭᓂᖅᑐᑦ (ᐊᐅᒃ) ᐊᐅᖕᒦᑦᑐᖃᑐᐃᓇᓇᐊᖅᑲᖅᓱᓂᑐ ᓯᐊᒻᒪᔭᑦᑐᓂᒃ ᓱᕈᕈᑕᐅᔪᓇᖅᑐᓂᒃ ᐋᓐᓂᐊᓕᕈᑕᐅᔪᓇᖅᑐᓂᒡᓗ. ᑕᒪᓐᓇ ᐊᑦᑕᕐᓇᔭᑦᑐᖅ ᒥᒃᓵᕆᐊᖅᑕᐅᓯᒪᓕᖅᑭᔪᖅ ᖃᐅᔨᓴᖅᑕᐅᑎᐊᖅᐸᒃᑐᑎᒃ ᐊᐅᖕᒥᖅᑕᐅᓯᒪᔪᑦ, ᑕᐃᒪᐃᒃᑲᓗᐊᖅᑎᑦᑐᒍᑐ ᓱᓕ ᐋᓐᓂᐊᓇᔭᐅᕙᔪᖕᒥᑦᑐᒥᒃ ᐋᓐᓂᐊᓕᕈᑕᐅᑐᐃᓇᓇᐊᖅᑲᕐᒪᑦ.

ᑭᒃᑯᑦ ᐅᖅᑲᖅᑎᖃᕐᓯᐅᓇᓱᒃᑐᐊᖅᐸᓕᕆᐊᖃᙱᑦᑐᑦ ᐃᓗᐊᖅᓴᐃᓯᒥᓄ ᐱᕐᕋᙳᕐᑎᓴᖅᑐᓂᒃ ᑲᐱᔭᐅᓚᐅᕐᓂᖏᓐᓂᒃ?

ᐋᓐᓂᐊᕙᕐᒥ ᐃᓗᐊᖅᓴᐃᔨ ᐅᖅᑲᐅᕆᔭᐅᓇᖅᐸᓯᐅᒃ ᐃᒪᐃᓕᕐᒐᐅᒪᐅᓯᔾ:

- ᑎᒥᒃᑯᑦ ᓈᒻᒪᖏᓕᐅᕈᑎᖃᕝᕙᔪᐊᓕᕈᓯ ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᓯ ᐱᕐᕋᙳᕐᑎᓴᕐᓇᙱᑦᑐᒧᑦ. ᓈᒻᒪᖏᓕᐅᕈᑕᐅᓕᖅᑐᐊᕈᓇᖅᑐᑦ ᒪᑯᐊᖑᓪᓗᑎᒃ ᐊᓂᖅᑎᓇᓗᑎᒃ ᐳᕝᕙᓗᒃᑐᑦ, ᖁᖅᑲᖅᑐᑦ, ᐃᒋᐊᖅᓗᒃᑐᑦ ᐃᔾᔪᖅᔪᑦᑐᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐄᓯᖃᓕᖅᓗᑎᒃ.
- RabIg-ᒦᑦᑐᑦ ᐃᓚᐅᖅᓯᒪᔪᓐᓇᓄ ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᒍ ᑎᒥᐊᒍᑦ ᓈᒻᒪᖏᓕᐅᕈᑎᖃᖅᐸᑦ.
- ᐊᐅᓈᖅᓯᔭᐸᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᐅᖕᒧᑦ ᑭᓂᕈᒃᑯᓯᓇᐊᖅᑲᑦᑕᖅᐸᑦ.
- ᐃᑖᒃᑰᖅᑐᒥᒃ ᐊᐅᓚᖅᓱᖅᑕᐅᓴᓇᐊᖅᑲᕐᕕᑦ ᑕᐃᔫᓯᓚᖕᒥᒃ A-ᒥ (IgA).

ᖃᓄᖅᓚ ᐊᑦᑕᕐᓇᖅᑎᕆᔪᓇᖅᐸ ᐱᕐᕋᙳᕐᑎᓴᕐᓇᙱᑦᑐᒧᑦ ᑲᐱᔭᐅᖕᙵᕐᓗᓂ?

ᐱᕐᕋᙳᕐᑎᓴᕐᓇᙱᑦᑐᒧᑦ ᑲᐱᔭᐅᓇᓱᐊᖅᐸᑎᑦ ᑭᓯᐊᓂ ᑲᐱᔭᐅᔪᒪᙱᒃᑯᕕᑦ, ᐊᑦᑕᕐᓇᖅᑐᒧᑦ ᑎᑭᐅᑎᔪᓇᖅᐸᑎᑦ ᐋᓐᓂᐊᓕᖅᐸᑦᑕᓗᑎᑦ ᐱᕐᕋᙳᕐᑎᓕᑐᐃᓇᓇᐊᖅᑲᖅᓗᑎᑦ ᓂᐊᖅᑭᓇᓕᖅᓗᑎᑦ ᐃᔾᔪᖑᓗᑎᑦ, ᕿᐸᖅᓯᕐᐸᓗᑎᑦ, ᖃᕋᓴᒃᑯᑦ ᓱᑯᑎᓗᑎᑦ, ᑭᖑᓂᐊᒍᑦᑐ ᑐᖅᑯᓗᑎᑦ. ᐃᓅᓕᓴᐅᑎᑦᑲᙱᑦᑎᐊᖅᑐᖅ ᐱᕐᕋᙳᕐᑎᓴᖅᑐᓄᑦ ᐃᓄᒃ ᐱᕐᕋᙳᕐᑎᓴᖅᑐᒧᑦ ᕿᔭᐅᓚᐅᖅᓂᖅᐸᑦ ᐱᐅᔪᓐᓃᕈᑎᑐᓂᑐ.

ᑭᒃᑯᓐᓄᑦᑕ ᖃᐅᔨᒋᐊᒃᑲᓐᓂᕈᓇᖅᐸᖓ?

ᑐᑭᓯᒋᐊᒃᑲᓐᓂᕈᒪᒍᕕᔾ ᐱᕐᕋᙳᕐᑎᓴᕐᓂᐅᑉ ᒥᒃᓵᓄᑦ, ᐃᓗᐊᖅᓴᐃᔨ ᐅᖅᑲᐅᕆᕙᓪᓗᓯᐅᒃ.

Immunization Protocol for IMOGAM® Rabies

Rabies Immune Globulin (RabIg)

Purpose	To provide information and guidance for the use of rabies immune globulin (RabIg) in Nunavut. Refer to the Canadian Immunization Guide (CIG) and product monograph or insert for specific information.
Objective	To prevent the infection of rabies in Nunavummiut.
Indication	Rabies Immune Globulin (RabIg) is indicated for individuals requiring post-exposure prophylaxis, as identified through the Rabies Public Health Protocol in the Communicable Disease Manual under the guidance of the Chief Medical Officer of Health (CMOH) for Nunavut.
Eligibility	RabIg is given **only** as directed by the office of the CMOH in unimmunized or under immunized individuals requiring post-exposure prophylaxis (see Dose Series Post-exposure section of the Rabies Vaccine Protocol).
Product	IMOGAM® Rabies
Vaccine Type	Passive Immunizing Agent
Vaccine components	Human proteins containing (IgG-class) human rabies immunoglobulin's with a minimum titre of 150 IU/mL. Glycine, Sodium chloride, and water for injection.
Formats available	Packaged in 2 mL single use vials with a total value of 300 IU and an average potency value of 150 IU/mL
Manufacturer	Sanofi Pasteur Limited
Administration	If anatomically feasible, as much of the RabIg as possible should be infiltrated into and around the wound. The remainder should be administered intramuscularly (IM) in the ventrogluteal site (hip) or the anterolateral thigh (vastus lateralis) using a separate syringe and needle. The site should be distant from the site of the Rabies vaccine administration.The dorsogluteal site (buttocks) should not be used, due to risk of injury to the sciatic nerve (see Appendix A).
Dose Series	Given as a single dose of 20 IU/kg (no maximum volume) as soon as possible after exposure. The first dose of the rabies vaccine should be given at the same time at a separate anatomical site. RabIg may be administered up to the 7th day after the first dose of the rabies vaccine is given.
Booster Dose	Not applicable
Vaccine interchangeability	Not applicable
Contraindications	No known contraindications. RabIG should be given with caution to patients with a history of prior systemic allergic reactions following the administration of human immunoglobulin preparations. RabIg should be used with caution in those with bleeding disorders as bleeding complications may be encountered due to intramuscular injection. RabIg should be given with caution in patients with isolated immunoglobulin A (IgA)

	deficiency, due to the increased risk of anaphylactic reactions to subsequent administration of blood products that contain IgA.
Precautions and Additional Notes	Live vaccines should be deferred for at least 3 months after RabIg, as RabIg may interfere with the immune response. For specific guidelines, discuss with the regional CDC. RabIg is made from human plasma and may contain infectious agents that can cause disease. This risk has been reduced by a thorough screening of donors, however there is still a potential for disease transmission. The risks and benefits of RabIg should be discussed with the patient or their parent/guardian before administration. Under no circumstances should RabIg be administered in the same syringe or at the same site as Rabies Vaccine.
Vaccine Supply and Distribution	Regional pharmacy is responsible for publicly funded territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with usual practices.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	Local tenderness, soreness, or stiffness of the muscles may occur at the injection site and may persist for several hours after injection. Urticaria and angioedema may occur. Systemic reactions such as headache and malaise may also occur. Anaphylactic reactions are rare, but have been reported.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. All completed forms should be faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-8272
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and	RabIg Fact Sheet

Resources	Rabies Post-exposure Consent Form Rabies Public Health Protocol in the Communicable Disease Manual Injection Techniques for Rabies Immune Globulin
References	1. IMOGAM® Rabies Product Monograph. Sanofi Pasteur Limited. October 24, 2005. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Source: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

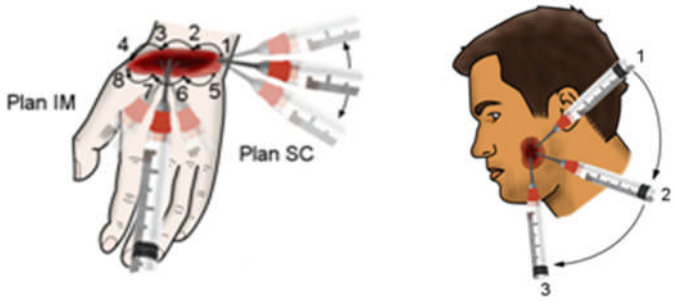
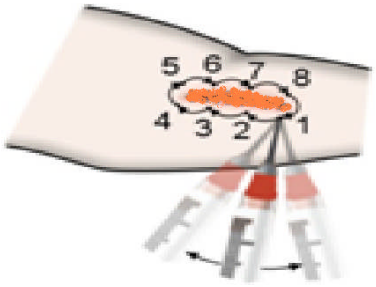
Appendix A

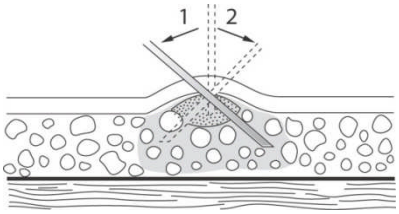
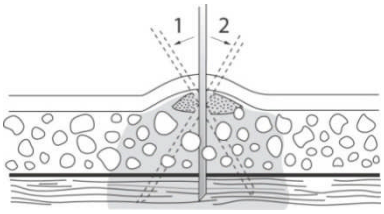
Injection Technique for Rabies Immune Globulin (RabIg)

Injection Site	Needle	Procedure
In and around a wound caused by a rabid or potentially rabid animal (including the face)	• 23–25 gauge • Length of the needle is dependent on the depth of the wound	**Before injection:** • Take several minutes to clean the wound with soapy water (4 parts water to 1 part soap), even if the wound occurred several hours before. • Apply a virucidal agent (i.e. povidine-iodine solution, also known as Betadine) as soon as possible after washing. • Prepare the immunizing agent according to the number and size of the wounds. • If needed, dissolve the RabIg in two or three parts 0.9% NaCl, being sure to divide this solution equally among the sites. • Use a new needle and syringe for each new wound site (ex.: face, thigh). • Use non-sterile gloves.

Remember

- The quantity of RabIg to use is proportional to the size and depth of the wounds.
- The rest of the RabIg must be administered intramuscularly in the ventrogluteal or vastus lateralis muscle.
- For open wounds, inserting the needle in subcutaneous tissue is less painful than inserting it through healthy skin.
- If a little blood fills the syringe, reposition the needle and continue. If a lot of blood fills the syringe, discard the materials and start over.
- The first dose of the rabies vaccine must be administered intramuscularly in a different site than where the RabIg will be injected (preferably in the deltoid in individuals > 1 year of age).

Injection in an Open Wound	Injection in a Closed Wound
	
Choose the angle based on the depth of the wound and the tissues affected. Insert the needle **in the edges of the wound** at a 30˚ to 90˚ angle, with the bevel of the needle turned upward.	Choose the angle based on the depth of the wound and the tissues affected. Insert the needle **through healthy skin** at a 30˚ to 90˚ angle, with the bevel of the needle turned upward and **pointed toward the wound.**

Subcutaneous	Intramuscular
	

- Lightly aspirate the needle to be sure it is not inside a blood vessel.
- Slowly inject some of the product until the tissue swells slightly or goes pale.
- Withdraw the needle a few millimetres. Change the angle of the needle—imagine the needle making the shape of a fan. Then, reinsert the needle into the tissue and continue with the injection.
- Remove the needle entirely and reinsert it nearby.
- Repeat these steps along the entire edge of the wound.
- Cover the wound with a sterile bandage.

References

1. Adapted from Quebec Immunization Manual, by the Government of Quebec, 2013. Adapted with permission.

Protocol for Synagis®

(Palivizumab)

- See Protocol distributed November 2013.
- Protocol for 2014-15 will be distributed in the fall of 2014