

Rabies: exposure categories & what to do (quick guide)

Educational summary. Seek urgent local medical advice after any possible rabies exposure.

Immediate first aid (do this now)

Flush and wash the wound or exposed area immediately and thoroughly for at least 15 minutes with soap and running water. Then apply an antiseptic such as povidone-iodine if available. Seek urgent medical care as soon as possible.

WHO exposure categories (simplified)

Category	Typical exposure examples	What to do
I	Touching/feeding animals; licks on intact skin	No PEP if reliable history and intact skin. Clean area and monitor.
II	Nibbling of uncovered skin; minor scratches/abrasions without bleeding	Without bleeding, start vaccine series as soon as possible.
III	Transdermal bites/scratches; saliva to mucosa or broken skin; bat exposures	With bleeding or mucosal exposure, start vaccine + rabies immunoglobulin (RIG/HRIG) as soon as possible.

Typical vaccine schedule (unvaccinated, immunocompetent)

A commonly used intramuscular schedule is vaccine doses on Days 0, 3, 7 and 14. Some settings add a Day 28 dose for people with immune disorders. Your clinician may use alternative WHO-endorsed regimens, including intradermal dose-sparing schedules, depending on local policy and vaccine availability.

If you were vaccinated previously (PrEP or prior PEP)

Post-exposure management is usually simplified (often 2 booster doses, three days apart) and immunoglobulin is generally not required. Follow local public health guidance.

Key reminders

Do not delay starting PEP while waiting for laboratory testing if rabies is plausible and the animal is unavailable for observation/testing. Avoid injecting rabies vaccines into the gluteal area. Always follow local clinical protocols.

Sources (see site References page for links)

World Health Organization (WHO) rabies vaccination & immunization guidance; US Centers for Disease Control and Prevention (CDC) rabies PEP and PrEP clinical guidance.