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To: Health Care Providers

RE: Change in HyperRab Format - Update

Dear Colleagues:

Please be advised that HyperRab Format 1 x 2mL of 150 IU/mL injectable solution is now out of stock at MDA and effective immediately any orders received at MDA for RIG will be filled with the HyperRab Format 1 x 1mL of 300 IU/mL, injectable solution.

The Report of Suspected Rabies Exposure form has been updated in order to reflect changes in the RIG dosage schedule based on the 1ml x 300 IU/ml format, and is available on the Public Health website at: https://www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu_7224.pdf. Additionally the Rabies Protocol for Management of Human Rabies and Management of Animal Exposures to Prevent Human Rabies will be updated to reflect this change.

Please share this important update with others as you see fit. It is our understanding that some regions pre-position stock and therefore, we expect that there will be a mix of dosages in the regions for awhile. It is very important that providers in your regions make sure they are aware of this change and take to all the necessary precautions to ensure which format of RIG they are using and the correct dosage is administered.

Also, according to the product monograph for HyperRab Format 1 x 1ml of 300 IU/ml, **“if the wound covers a large area and the HyperRAB® dose has insufficient volume to infiltrate the entire wound, the HyperRAB® dose may be diluted with an equal volume of dextrose, 5% (D5W) in water. Do not dilute with normal saline”**. This is a change from the Hyper Rab Format 1 x 2ml of 150 IU/ml and from what is currently stated in the Rabies Protocol. The Rabies Protocol has been revised and will be posted soon. This change is reflected in the revised Rabies Protocol.

For your reference below is a link to **Highlights for Prescribing Information** on the manufacturers website for HyperRab Format 1 x 1 of 300 IU/ml.

https://www.grifols.com/documents/10192/60862/ft_hyperrab_eeuu_en/09f14ece-e450-48f8-9137-3ce7e0aaa8c6.

Sincerely,

Richard Baydack, PhD
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