

Summary of Risk Assessment of Rabies-prone Exposure and Post Exposure Treatment

This summary of assessing rabies prone exposures (RPEs) should always be used in conjunction with [Guidelines on Post-exposure Assessment and Treatment of Rabies-prone Exposures \(October 2025\)](#).

1. Determine the combined [country/animal risk](#) – irrespective of country, a significant bat exposure is always LOW (not NO) risk for rabies.

2. Determine the category of exposure

Category	Terrestrial mammals	Bats
1	No physical contact with saliva	No physical contact with the bat's saliva
2	Minimal contact with saliva, with no evidence of transdermal inoculation or mucosal exposure	Uncertain or potentially unrecognised physical contact (i.e. no observed direct physical contact with saliva but where it <i>could have occurred</i>)
3	Direct contact with mammal's saliva	Direct contact with bat's saliva

3. Determine the Composite Rabies Risk

Combined Country/ Animal risk	Category 1 exposure	Category 2 exposure	Category 3 exposure
No risk ^s (terrestrial mammals)	Green	Green	Green
Low risk	Green	Amber	Amber
High risk	Green	Amber	Red
Confirmed rabies in an animal	Green or amber	Red	Red

^sNo risk refers to countries that have no risk for terrestrial rabies – all countries are at least low risk for bat rabies

4. Determine the post-exposure treatment required

Composite Rabies Risk	Non-immunised	Partially immunised	Fully immunised	Immunosuppressed ¹
Green	None	None	None	None
Amber	4 doses of vaccine on days 0, 3, 7, 14-28	4 doses of vaccine on days 0, 3, 7, 14-28	2 doses of vaccine days 0 and 3	HRIG and 5 doses of vaccine on days 0, 3, 7, 14 and 28d
Red	HRIG and 4 doses of vaccine on days 0, 3, 7 and 14-28	4 doses of vaccine on days 0, 3, 7 and 14-28	2 doses of vaccine days 0 and 3	HRIG and 5 doses of vaccine on days 0, 3, 7, 14 and 28d

HRIG is not required if >7 days after 1st vaccine dose, or >1 day after 2nd vaccine dose (interferes with natural immune response). HRIG is not indicated if exposure >12 months previously. With a reliable history of an RPE exposure (irrespective of how long ago), always vaccinate – **there is no safe “cut-off” interval following a plausible RPE when vaccine can be considered not necessary.**

¹ For categorisation of immunosuppressed patients, please refer to Chapter 3 ([Immunisation of Immunocompromised Persons](#)) in Immunisation Guidelines for Ireland.