PHS Health Protection Alert

Title	Description
Event	Counterfeit Rabies Vaccine in India
Alert reference number	2025/26
Recipients of this alert	PHS On Call Staff, PHS Comms, PHS CPH teams Health Boards Immunisation Coordinators and Health Protection Teams (to cascade to local: infectious disease clinicians, emergency departments, GPs, health board travel teams) Directors of Public Health Directors of Pharmacy (to cascade to community/ hospital pharmacy teams) Scottish Government Health Protection & CMO Office (CMO/DCMO)
Alert status	for action - monitoring, wider dissemination and specific measures to be taken by recipient
Date of issue	3 November 2025
Source of event information	UKHSA
Contact	PHS Incident 009 - Rabies Vaccine Incident **PHS.incident009@phs.scot**
Authorised by	Jim McMenamin
HPZone context	N/A

Situation

In early 2025, Public Health Authorities in India issued an **alert** in relation to a report of a batch of counterfeit rabies vaccine. It was highlighted that the counterfeit product replicated a genuine batch of Abhayrab rabies vaccine manufactured in India.

A UKHSA-led National IMT (NIMT) was convened in September 2025 and after carrying out a dynamic risk assessment, the NIMT recommended that action be undertaken to identify individuals who:

- Received the rabies vaccine (Abhayrab or where the brand is not known) as part of post-exposure treatment (PET) in India from 1st November 2023
- AND
- Received fewer than 3 vaccines in the UK (or in another location without concerns of falsified vaccine) as part of that PET course if non-immune prior to exposure, or fewer than 2 vaccines in the UK (or in another location without concerns of falsified vaccine) as part of that PET course if fully immune prior to the exposure.

The UKHSA-led National IMT recommended that individuals who fulfil these criteria should be identified where possible both retrospectively (i.e. lookback) and prospectively, and that they should be assessed and managed to ensure that they have received sufficient PET (see **Recommendations Section** for details).

The 'go live' date for the UK lookback to identify relevant individuals was Tuesday 28th of October, as specified in initial PHS Alert number 2025-23.

The aim of this updated Alert is to make relevant colleagues in Scotland aware of the situation and latest guidance in full, in order to:

1. Enable territorial Health Board services carry out appropriate lookback and prospective follow-up activities in Scotland.

2. Allow Health Protection Teams (HPTs) and Immunisation Coordinators (ICs) to advise frontline services of actions to take should this situation lead to enquiries by health professionals or members of the public.

Background

Rabies is caused by one of 14 species of lyssavirus, with rabies virus being the most important in the context of human infection. All mammal species can be infected with rabies virus.

Transmission of the virus usually occurs following a bite or scratch from an infected animal, resulting in an infection of the central nervous system. The incubation period is highly variable ranging from a few days to as long as several years. Human cases are almost always fatal without timely and appropriate PET.

In early 2025, Public Health Authorities in India issued an **alert** in relation to a report of a batch of counterfeit rabies vaccine, Abhayrab (Batch no. KA24014) circulating in India. However, UKHSA first became aware of this in September 2025 when they were informed by CDC colleagues who were investigating a rabies fatality with travel links to India.

The alert from the Indian authorities noted that, as of January 2025, the counterfeit batch was being sold in Mumbai, Ahmedabad, Lucknow and Delhi. In addition to identical batch numbers, both the legitimate and counterfeit versions had the same manufacturing dates. At this time, there is no further information on the circulation of the counterfeit Abhayrab batch in India.

Abhayrab is not available on the UK market. Therefore, the situation affects only individuals who may have received one or more doses of the vaccine while in India from 1st November 2023, following exposure to a potentially rabid animal.

A retrospective lookback exercise to identify individuals who may have received this vaccine as part of PET in India is being undertaken in the UK. It is expected that only a very small number of individuals in Scotland will be identified.

Assessment

UKHSA have reported that falsified rabies vaccine has been identified in some parts of India in early 2025. Evidence available to date suggests this is limited to one batch of a particular brand of vaccine called Abhayrab, produced by Indian Immunologicals Limited. This brand of rabies vaccine is not licenced for use in the UK.

The falsified product differed in several ways from the legitimate product (e.g. packaging, labelling, formulation) and may not have been kept in an appropriate cold chain. There is a risk that individuals who received the falsified vaccine may not be fully protected against rabies.

There is also uncertainty associated with the distribution of the counterfeit vaccine in India, both in terms of number of doses and geography.

While the probability that a UK traveller to India will be adversely affected is low, a precautionary approach is being taken due to the potentially high severity of impact associated with inadequate rabies PET.

Recommendations

Rabies is a **notifiable disease**. There is a statutory duty for clinicians in Scotland to report to their local **NHS Board Health Protection Team** any patient where there is reasonable suspicion of rabies.

It is recommended that patients who, while in India, had exposure to a potentially rabid animal and then received one or more doses of either Abhayrab vaccine or of a rabies vaccine of unknown type, on or after 1st November 2023, should be assessed as detailed in **Annex 1** and **Annex 2**, to ensure they have completed an appropriate PET course.

It is recommended that HPTs and ICs should make local frontline services in primary and secondary care, including travel health services, aware of this situation as appropriate, and should ensure that local pathways for any patient who has received a PET course in India to be offered further rabies vaccinations as required are clear.

It is recommended that 3 doses of rabies vaccine be given in the UK for any persons in the affected group who are not fully immune, i.e. who began a course of PET in India from 1st November 2023. In effect this means that total vaccine doses given (Indian and UK) will range from 4 to 7 (See **Annex 1** and **Annex 2**). This approach is taken due to uncertainty regarding the effectiveness of any counterfeit rabies vaccine circulating. It ensures a minimum of four doses of PET in total, in line with Scottish guidance, including a minimum

of 3 doses in the UK. Current Scottish guidance should be followed for anyone who has received no vaccination subsequent to a rabies prone exposure.

Actions for Immunisation Coordinators and Health Protection Teams

Retrospective patient identification and management (records lookback):

Because there is no centralised rabies vaccine and immunoglobulin service in Scotland to enable the identification of individuals who meet the criteria for the lookback, PHS request that Health Board services undertake the actions described below.

- Relevant data held by your Health Board and/or HSCPs and/or independent NHS contractors (as applicable) should be used to identify **individuals who have received post-exposure rabies vaccination in your area**, and who received one or more doses of rabies vaccine in India on or after 1st November 2023 as part of rabies PET.
- Patients who you identify as meeting these criteria should be assessed to determine if further doses of rabies vaccination are indicated as outlined in **Annex 1**, as soon as possible.
- If any patient is reported or referred by local healthcare services as having presented with a history of receiving rabies PET in India and subsequent rabies vaccination in Scotland, but they have not been identified via the lookback of existing local records, they should be assessed to determine if further doses of rabies vaccination are indicated as outlined in the **Annex 1**, as soon as possible.
- Please advise Public Health Scotland of the details of your assessments, the outcomes of your discussions with the patients, and arrangements made to vaccinate them as appropriate, via **PHS.incident009@phs.scot**. Health Protection Teams are requested to complete a retrospective pro forma template (sent out as an Excel document to health protection teams only), noting that only one response per Board is required.

- Please note there is **no requirement** for Health Boards, independent contractors or other services to interrogate records to identify individuals who have received a complete course of PET in India and **no** post-exposure rabies vaccinations in Scotland. Guidance covering patients who have received a full course of PET in India was included in the **Annex 1** table for completeness. However, such patients are likely to be few in number and unlikely to have presented to, and been recorded by, UK health services following their return.

Local clinical Infectious Diseases teams should be contacted for advice on risk assessment and management (including testing) of potential rabies exposures as required. Contact details and further information can be found in the **Scottish Rabies Guidance**.

Prospective patient identification and management

Any new presentations to clinicians in primary or secondary care, or in travel health services, following potential exposure to rabies overseas should be referred for risk assessment and management via existing Health Board pathways for rabies post-exposure.

Where this assessment identifies that the patient received one or more PET rabies vaccinations in India from 1st November 2023, they should be offered at least 3 further rabies vaccines in the UK, as specified in **Annex 2**.

For any patients who have received rabies PET in India who are identified prospectively in this way, please advise Public Health Scotland of the details of your assessments, the outcomes of your discussions with the patients, and arrangements made to vaccinate them as appropriate, via **PHS.incident009@phs.scot**. Health Protection Teams are requested to complete a prospective pro forma template (sent out as an Excel document to health protection teams only), noting that duplicate returns from one Health Board should be avoided.

Actions for clinicians in primary and secondary care or other patient-facing services

Clinicians may be contacted by patients who:

1. Have received a full course of rabies PET in India; or
2. Have received a partial course of rabies PET in India and one or more further rabies vaccinations in the UK (or in another location without concerns of falsified vaccine); or
3. Have received a partial course of rabies PET in India and no further rabies vaccinations elsewhere; or
4. Had a suspected rabies exposure in India but have not received any PET

In all these scenarios, existing local referral pathways for rabies risk assessment and management should be followed. Where required, the local Health Protection Team or Immunisation Coordinator may be contacted to request further advice and support. When referring or contacting colleagues about a patient who has received one or more doses of rabies vaccine in India, please draw attention to this history and provide as much information as possible about the timing and number of doses of rabies vaccination they have received.

Anyone who received PET rabies vaccinations in India before 1st November 2023 can be reassured that there is no increased concern regarding the safety or effectiveness of rabies vaccinations available in India at that time. No additional doses of vaccination are now required in the UK for these patients if they have previously completed a full course of PET.

Advice regarding pre-exposure rabies vaccination for UK travel advice services

A pre-exposure rabies vaccine course should be considered for travellers to any high-risk country and/or visiting remote areas, where medical care and rabies post-exposure treatment may not be readily available. Rabies is found in all continents, except Antarctica.

For information on which countries are affected, see GOV.UK guidance on rabies risk by country **https://www.gov.uk/government/publications/rabies-risks-by-country/rabies-risks-in-terrestrial-animals-by-country**. For rabies pre-exposure vaccine recommendations for travellers, please see **https://travelhealthpro.org.uk/countries**

Travellers should be advised to avoid contact with animals while away and to immediately wash the area thoroughly with soap and lots of water if they have a bite, scratch or lick on broken skin from an animal. They should then seek medical attention locally for PET assessment and not wait until they return to the UK before starting any necessary treatment.

The counterfeit rabies vaccine identified in India only affects one batch of one brand of vaccine, Abhayrab. There have been no concerns raised about any other brand of rabies vaccine. Reputable clinics in India will likely be aware of this issue with the batch of Abhayrab vaccine and should be able to check whether their stock has been affected.

Further information

Scottish rabies guidance: **Rabies- guidance on pre-exposure and post-exposure measures for humans in Scotland**

NHS: **www.nhs.uk/conditions/rabies**

The Green Book, Immunisation against Infectious Disease: **https://www.gov.uk/government/publications/rabies-the-green-book-chapter-27**

TravelHealthPro: **Falsified Rabies Vaccine: India**

UKHSA rabies pages: **Rabies: risk assessment, post-exposure treatment, management - GOV.UK**

Annex 1 - Proposed vaccination mitigations for lookback

This table details the recommended management for patients who are identified through the retrospective lookback as having previously been assessed and managed in the UK for potential rabies exposure, after receiving one or more initial PET rabies vaccinations in India from 1st November 2023.

Post exposure treatment received	Requirement for further vaccination	Additional considerations
Patient has received 4 or 5 vaccines in the UK* (i.e. all vaccines in the UK)	No additional treatment recommended	
Patient has received 3 vaccines in the UK* (i.e. only one dose in India)		
Patient has received 2 vaccines in the UK* (i.e. two doses in India)	One additional rabies vaccine to be offered in the UK	• If patient/health professional has confirmation that Abhayrab has not been given in India (i.e. vaccine received was confirmed as a different brand), no further rabies vaccines are needed • If patient was exposed to a known animal (i.e. not stray or wild, and can be followed up with the owner) and the animal is still alive more than 15 days after exposure, no further treatment is needed • If patient is immunosuppressed and has already had a serology result, review result before advising on need for further vaccines
Patient has received 1 vaccine in the UK* (i.e. three doses in India)	Two additional rabies vaccines to be offered in the UK	
Patient has received no vaccines in the UK (i.e. all doses in India)	Three additional rabies vaccines to be offered in the UK	

* Or another country where there is confidence that the type of vaccine received will have been effective

Patients considered to have been fully immune prior to their potential rabies exposure in India (i.e. from a documented complete pre-exposure prophylaxis course, or previous post-exposure vaccination), and who would have been assessed as requiring two doses of post-exposure vaccine, should be offered a total of two vaccines in the UK.

Rabies vaccine can be obtained via local Vaccine Holding Centres.

Annex 2 - Proposed vaccination mitigations for patients identified prospectively

This table details the recommended management for patients who present following potential exposure to rabies and who may have already received one or more initial PET rabies vaccinations in India from 1st November 2023.

Risk assessment for post-exposure treatment (non or partially immune)	Post-exposure treatment required in UK	Additional considerations
Patient is assessed as requiring 4 or 5 vaccines in UK (i.e. all vaccines to be given in the UK)	No additional treatment recommended, continue with routine management as per risk assessment	
Patient is assessed as requiring 3 further vaccines in the UK (i.e. 1 dose already given in India)	No additional treatment recommended, continue with routine management as per risk assessment	
Patient is assessed as requiring 2 further vaccines in the UK (i.e. 2 doses already given in India)	One additional rabies vaccine to be offered in the UK, therefore a total of 3 rabies vaccines to be given in the UK (start from dose 3 on schedule)	• If patient/health professional has confirmation that Abhayrab has not been given in India (i.e. vaccine received was confirmed as a different brand), then there is no need to offer further rabies vaccines beyond routine risk assessment in UK • If patient was exposed to a known animal (i.e. not stray or wild, and can be followed up with the owner) and the animal is still alive more than 15 days after the exposure, no further treatment is required • If patient has already received RIG, there is no requirement to repeat it. However, if RIG was assessed as required in the risk assessment and was not given in India, it could be administered with the first dose of vaccine given in the UK (i.e. dose 3) providing that the wound is still visible
Patient is assessed as requiring 1 further vaccine in the UK (i.e. 3 doses already given in India)	Two additional rabies vaccines to be offered in the UK, therefore a total of 3 rabies vaccines to be given in the UK (start from dose 3 on schedule)	
Patient is assessed as requiring no further vaccines in	Three additional rabies vaccines to be offered in the UK	

Risk assessment for post-exposure treatment (non or partially immune)	Post-exposure treatment required in UK	Additional considerations
the UK (i.e. all doses already given in India)	(start from dose 3 on schedule)	and not beyond one month since exposure (as per Interim Recommendations for HRIG use)

* Or another country where there is confidence that the type of vaccine received will have been effective

Patients considered to have been fully immune prior to their potential rabies exposure in India (i.e. from a documented complete pre-exposure prophylaxis course, or previous post-exposure vaccination), and who are assessed as requiring two doses of post-exposure vaccine, should be offered a total of two vaccines in the UK.

Rabies vaccine can be obtained via local Vaccine Holding Centres.