

UGA CVM Rabies Policy

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1.0 Admitting a patient without current rabies vaccination

All carnivores for which there is an approved vaccine for rabies, must be currently vaccinated to be admitted to the VTH. In the Large Animal Hospital, clinicians must actively recommend vaccination for large animal patients to be presented to the VTH for which approved rabies vaccines exist.

- 1.1 The senior clinician on the service may elect to admit a carnivore which is unvaccinated when rabies vaccination, or the delay caused by the need to vaccinate for rabies, would cause undue risk to the animal.
- 1.2 The referral coordinator will notify the front desk staff. All pre-admission, service and submission forms must reflect that the animal is not vaccinated for rabies, so proper follow-up can be pursued if the patient bites someone. The date and patient pre-admission number will be entered into a central database in the VTH Wiki for rabies unvaccinated approvals/admissions.
- 1.3 A patient admitted to the Small Animal Hospital which is not vaccinated for rabies is to be designated as potential infectious disease suspect with a red collar and its cage is designated with a red cage card.
- 1.4 For patients in the Small Animal Hospital that are not vaccinated for rabies, the clinician or service technician must post these near the animal's enclosure:
 - Sign: "Do not handle this patient if you are not vaccinated for rabies"
 - Sign: "Wear gloves"

2.0. Guidelines for handling patients which are rabies suspects

- 2.1 All mammals with neurologic signs that have not been properly vaccinated for rabies, or animals for which there is no approved rabies vaccine, are to be identified as rabies suspects.
- 2.2 All submission (including necropsy) and service forms must reflect that the animal is a rabies suspect.
- 2.3 Gloves must be worn at all times when working with such animals or their saliva, CSF fluid or neural tissues. Additional protection (mask and eye shields) may be recommended by the attending clinician/pathologist if therapy is administered which may result in the aerosolization of saliva or other body fluids.
Wearing this protective gear should prevent exposure to rabies virus unless there is an accidental breach of a protective barrier. If you are exposed to rabies virus, health officials will ask how your protective gear was breached.
- 2.4 A log sheet [see Section 2 Appendix] must be maintained on the enclosure door. Anyone who comes in contact with such an animal or its saliva, CSF fluid or neural tissues must register on the contact logsheet, which is to be maintained in the record.
- 2.5 A copy of the contact logsheet will be scanned and appended to the electronic record by Medical Record. Verification that a contact logsheet was created for the case will be recorded in the central database of rabies unvaccinated approvals/admissions [see Section 1.2].
- 2.6 Hospital personnel must be aware of their personal rabies vaccine status [see Section 5].
- 2.7 Unvaccinated personnel (e.g. students, radiology staff, animal caretakers) must not contact an unvaccinated patient. The unvaccinated person must use this incident as a prompt to update their own rabies vaccination.
- 2.8 An appropriately vaccinated person must substitute for the unvaccinated person to perform the intended task and must sign the logsheet.
- 2.9 Failure to comply with protocols or enclosure instructions (e.g. protective gear, contact sheets) will be used as a factor in grading and performance evaluations.

3.0 Human exposure to a patient with confirmed rabies

The attending faculty member must inform their Chief of Service, Department Head, and Hospital Director (or Administrator or Manager in their absence).

3.1 Reporting faculty member must prepare a list of those who may have been exposed to rabid animal. This should be facilitated by the “contact logsheet” that accompanies patients without a current rabies vaccine when admitted to CVM [see Section 2]. This list should be submitted to the Hospital Manager.

3.2 Hospital Director (hospital) or Department Head (other CVM teams) will relate details to:

- Clarke county Environmental Health section, District Public Health Department
Andrea Kerr; 706-340-8713 [cell] or 706-583-2663 [office] or 706-583-2658 [general]
- UGA Environmental Safety Officer
Chad Chelly; 706-542-0106

3.3 Veterinary students

Hospital Manager (H1022; Elizabeth Hunter) will contact University Health Center with list of potentially exposed students, with their rabies occupational health information:

- Director of Medical Services, University Health Center
Ron Forehand; 706-542-8704 [direct] or 706-542-8715 [general] or 706-542-5048 [out of hours]
- University Health Center will establish a risk assessment and coordinate post-exposure treatment with those involved and their attending MDs. The ultimate decision concerning post exposure prophylaxis (PEP) lies with the individual and the attending physician.

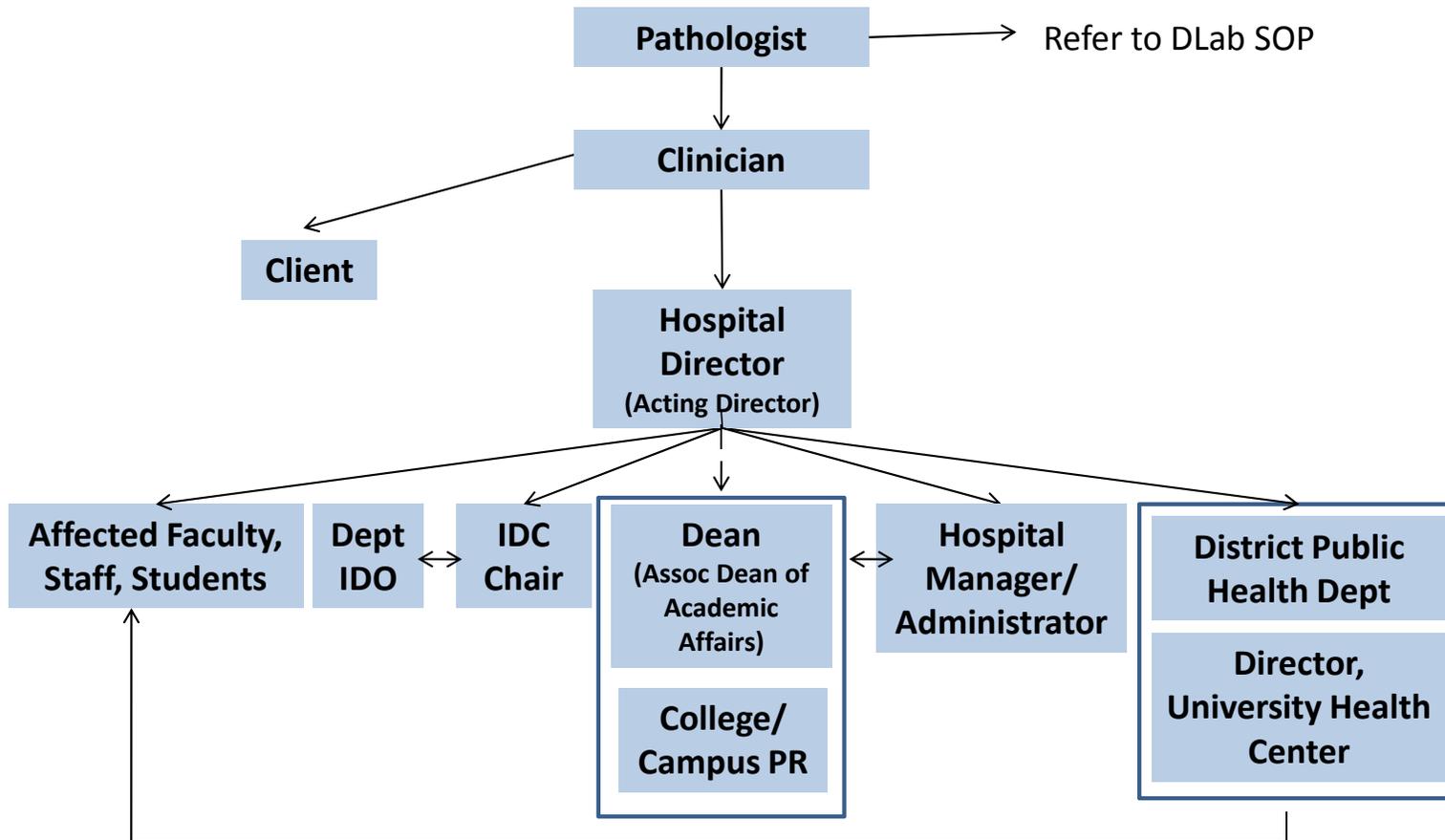
3.4 VTH Faculty and Staff

VTH Faculty and Staff that are potentially exposed must go to the Hospital Manager’s office (H1022) to obtain their Worker’s Compensation claim number and directions to an appropriate medical facility. The ultimate decision concerning post exposure prophylaxis (PEP) lies with the individual and the attending physician.

3.5 Some sections of the University and media consider the Academic Affairs Office to be the point of contact for these situations. Therefore the Hospital Manager (or Department Head for other CVM teams) must keep the AAO apprised of:

- When incidences of human exposure to a confirmed case of rabies occur at the VTH
- Who has been potentially exposed (students and faculty)
- Instructions for the next step of action for students (see 3.3)

Confirmed Rabies Exposure Contact Algorithm



() indicate backup

--> indicates at discretion

4.0 Bite received from a patient without a current rabies vaccination

- 4.1 For life threatening wounds, the bite victim must report directly to the nearest medical facility.
- 4.2 For less serious wounds, irrigate immediately and gently with water or dilute povidone-iodine solution; care should be taken not to damage skin or tissues.
Wound cleansing is especially important in rabies prevention because thorough wound cleansing alone without other post-exposure prophylaxis markedly reduce the likelihood of rabies.
- 4.3 **During office hours**, the bite victim must then report to the Hospital Manager's office (H1022; Elizabeth Hunter)
- **Veterinary students** will be directed to the University Health Center. University Health Center.
 - **VTH Faculty and Staff** will obtain their Worker's Compensation claim number and directions to an appropriate medical facility.
- 4.4 **Out of office hours**, the Georgia Poison Center (1-800-222-1222 or 404-616-9000) provides guidance on post exposure recommendations. All VTH Faculty, staff and students that are bitten by a rabies suspect outside of office hours must report the injury to the Hospital Manager's office (H1022) the next business day.
- 4.5 A risk assessment and any post-exposure treatment will be coordinated with those involved and their attending MDs. The ultimate decision concerning post exposure prophylaxis (PEP) lies with the individual and the attending physician.
- 4.6 The CDC Advisory Committee on Immunization Practices (ACIP) post-exposure prophylaxis recommendations vary based on serologic titers of vaccinated persons [see Section 4 Appendix] (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e507a1.htm>)
- 4.7 Management of animals which expose persons, or animals which have themselves potentially been exposed to rabies, is addressed in the AVMA Compendium on Animal Rabies [see Section 4 Appendix] (<http://www.nasphv.org/Documents/RabiesCompendium.pdf>)
- 4.8 All efforts must be made to determine the rabies status of the suspect animal by post-mortem exam. However, reporting and medical care of potentially exposed persons should not be delayed in the event that post-mortem confirmation cannot be immediately obtained.

5.0 Pre-exposure rabies vaccination requirements and serologic testing in humans

- 5.1. All CVM employees and students (eg, veterinary, technician, graduate, visiting) who will come in contact with mammals at risk for rabies or their saliva, CSF fluid or neural tissues must be vaccinated, or have their titer checked, within the time period stipulated by their department.
- 5.2. All CVM students, faculty and staff (with the exception of those working at the Poultry Diagnostic and Research Center) are **required** to follow the CDC ACIP guidelines [see Section 4] and be tested for rabies virus antibodies every 2 years.
- 5.3. Those individuals with a low titer as defined by the CDC ACIP guidelines **must** receive a booster vaccination.
- 5.4. Faculty and staff are required to be vaccinated have their titers checked every 2 years. Because the cost of this might represent a significant financial burden for some employees, the cost of vaccination and regular titer evaluation may be transferred from employees to the Department, Hospital, or College. Students must pay for their own immunizations and serologic testing, which can be administered at the UGA Student Health Center.
- 5.5. Department heads are to seek and maintain written confirmation of vaccination and titer history (possibly at time of contract renewal) from each employee.
- 5.6. Each Department Head and Unit Director will maintain records on vaccination and titer history for employees. Those records will be forwarded to the Hospital Director's Office. The office of the Hospital Director will maintain rabies occupational health information (eg, vaccination date, testing dates, titers, vaccination waivers) on all CVM employees and professional visitors.

The above recommendations are based on the CDC Advisory Committee on Immunization Practices (ACIP) for Human Rabies Prevention [see Section 4] and this pre-exposure vaccination principle: The potential for exposure to rabies virus is inherent (exposure may be from a recognized or unrecognized source) in facilities that come in direct contact with animals at risk for rabies or their excretions, secretions or tissues. Exposure to an infected animal that is not diagnosed creates a greater potential health risk than exposure to a confirmed positive animal.

6.0 Professional VTH visitation

- 6.1 All visitors are to be supervised by inviting faculty, who is responsible for the behavior and safety of the visitors.
- 6.2 It is the responsibility of the inviting CVM representative (eg, faculty, faculty advisor of student groups, department head, dean's office) to seek written confirmation that any professional visitor has been **vaccinated**, or signs a **waiver** of vaccination (available in the Hospital Director's Office, Dean's Office and Office of Academic Affairs) prior to any interaction that will result in contact with a mammal or its saliva, CSF fluid or neural tissues.

7.0 Non-professional VTH Visitation

- 7.1 All visitors to be supervised by inviting student, staff or faculty who is responsible for the behavior and safety of the visitors.
- 7.2 Inviting party to advise visitors that for their safety and the health of our patients;
 - do not reach out or pet any animal,
 - give way to animals that are being walked or transported through hospital,
 - stay at least 2 feet back from any animal or animal enclosure.

8.0 The use of rabies titers in lieu of booster vaccinations in animals

As recommended by the Compendium of Animal Rabies Prevention and Control, 2011 [see Section 8 Appendix], rabies titers should not be used to determine the need for vaccination or booster. Thus Community Practice is unable to advise what constitutes a "protective" rabies titer, and recommends the dogs receive booster vaccinations at a frequency (annual or triennial) determined by the client's respective County Boards of Health and the type of vaccine used.

Additional Recommendations

1. It is the recommendation of the Infectious Disease Committee that all persons working in the Teaching Hospital and having contact with animals must be vaccinated for rabies.
2. This rabies policy should be formally reviewed with incoming freshman and with junior students before they begin clinical rotations, including consequences of not adhering to protocols.
3. All cats and dogs on CVM grounds for Open House that will have direct contact (intentional or potential for accidental) with visitors must be vaccinated. If no approved vaccination protocol exists for a given species, it should not be exhibited at Open House, or the owner must sign a release relieving the CVM from any liability if this animal should bite a visitor.
4. This rabies policy must be reviewed annually.

Contact Logsheet

C/P = Clinician or Pathologist

S = Student

T = Technician

O = Other

Unvaccinated personnel must not contact a patient that does not have a current rabies vaccine

Place patient sticker here

| Date | Name (please print) (C/S/T/O) | Date | Name (please print) (C/S/T/O) |
|------|-------------------------------|------|-------------------------------|
| | | | |

4.0 Appendix - Bite received from a patient without a current rabies vaccine

4.1 Post-exposure prophylaxis recommendations - from the CDC Advisory Committee on Immunization Practices (ACIP):

The balance of benefit and harm will differ among exposed persons on the basis of the risk for infection, recommendations regarding rabies post-exposure prophylaxis are dependent upon associated risks including 1) type of exposure, 2) epidemiology of animal rabies in the area where the contact occurred and species of animal involved, and 3) circumstances of the exposure incident. The reliability of this information should be assessed for each incident. The decision of whether to initiate rabies post-exposure prophylaxis also depends on the availability of the exposing animal for observation or rabies testing.

... "prophylaxis for the prevention of rabies in humans exposed to rabies virus should include prompt and thorough wound cleansing followed by passive rabies immunization with human rabies immune globulin (HRIG) and vaccination with a cell culture rabies vaccine.

Persons who have ever previously received complete vaccination regimens (pre-exposure or post-exposure) with a cell culture vaccine or persons who have been vaccinated with other types of vaccines and have previously had a documented rabies virus neutralizing antibody titer should receive only 2 doses of vaccine: one on day 0 (as soon as the exposure is recognized and administration of vaccine can be arranged) and the second on day 3.

For persons who have never been vaccinated against rabies, postexposure antirabies vaccination should always include administration of both passive antibody (HRIG) and vaccine ... HRIG is administered only once (i.e., at the beginning of antirabies prophylaxis) to previously unvaccinated persons to provide immediate, passive, rabies virus neutralizing antibody coverage until the patient responds to vaccination by actively producing antibodies. A regimen of 5 x 1-mL doses of vaccine should be administered intramuscularly to previously unvaccinated persons. The first dose of the 5-dose course should be administered as soon as possible after exposure (day 0). Additional doses should then be administered on days 3, 7, 14, and 28 after the first vaccination."

4.2 Management of animals – from AVMA Compendium on Animal Rabies

*A healthy domestic dog, cat, or ferret that bites a person should be **confined and observed for 10 days**. Those that remain alive and healthy 10 days after a bite would not have been shedding rabies virus in their saliva and would not have been infectious at the time of the bite.*

*If the **animal is not vaccinated against rabies**, such animals **might still be confined and observed for 10 days after a bite** to reliably determine the risk for rabies exposure for the person who was bitten. Any illness in the animal during the confinement period before release should be evaluated by a veterinarian and reported immediately to the local public health department. If signs suggestive of rabies develop, post-exposure prophylaxis of the bite victim should be initiated. The animal should be euthanized and its head removed and shipped, under refrigeration, for examination by a qualified laboratory.*

*If the **biting animal is stray or unwanted**, it should either be confined and observed for 10 days or euthanized immediately and submitted for rabies diagnosis.*

8.0 Appendix - The use of rabies titers in lieu of booster vaccinations in animals

Excerpts from the **National Association of State Public Health Veterinarians, Inc. Compendium of Animal Rabies Prevention and Control, 2011**

<http://www.nasphv.org/Documents/RabiesCompendium.pdf>

Part I. Rabies Prevention and Control

A. PRINCIPLES OF RABIES PREVENTION AND CONTROL

10. RABIES SEROLOGY: Some jurisdictions require evidence of vaccination and rabies virus antibodies for animal importation purposes. Rabies virus antibody titers are indicative of a response to vaccine or infection. Titers do not directly correlate with protection because other immunologic factors also play a role in preventing rabies, and our abilities to measure and interpret those other factors are not well-developed.

Therefore, evidence of circulating rabies virus antibodies in animals should not be used as a substitute for current vaccination in managing rabies exposures or determining the need for booster vaccinations.

Part II. Recommendations for Parenteral Rabies Vaccination Procedures

B. VACCINE SELECTION:

...Vaccines used in state and local rabies control programs should have at least a 3-year duration of immunity. This constitutes the most effective method of increasing the proportion of immunized dogs and cats in any population (96). No laboratory or epidemiologic data exist to support the annual or biennial administration of 3- or 4-year vaccines following the initial series.