

BOH Forms: #64 Rabies Protocols

Board of Health and Local Health Department Standard Operating Procedures (SOP)

This *Checklist* highlights many of the actions to take when rabies is reported or possible. used in tandem with the *MA DPH Advisories*. In accordance with 30 CMR 10.00: M.G.L. c. 129, §§ 2, 3, 7, 11, 15, 18 through 21 and 28 and c. 140, § 145B, 105 CMR 335, 300

What is Rabies					
Rabies is a contagious and dangerous disease carried by mammals which often results in death. It is spread					
by direct contact with bodily fluids including saliva, blood, etc.					
Rabies is a disease affecting all mammals, including man, caused by a virus that attacks the central nervous system, including the brain. Symptoms may include unexplained aggression, impaired locomotion, varying degrees of paralysis, and extreme depression or viciousness. After the onset of symptoms, terminal paralysis and death are imminent. Wolf hybrids and exotic animals are considered wild animals.					
□ Strains of Rabies There are several strains of the virus that are carried by different species of animals. A "strain" of rabies is a form of the virus that is primarily carried by a specific species of animal, known as the dominant reservoir species. Although a strain is specific to a particular species, other mammals are susceptible to that strain as well. When an animal other than the normal host species contracts the virus, it is called a spillover. In the case of the raccoon strain, which has been affecting the New England area since September of 1992, the most common spillover animals have included skunks, cats, woodchucks, and foxes. The fact that spillovers occur is cause for some concern.					
☐ Transmission: Most commonly, rabies is transmitted by means of a bite wound. The virus is present in the saliva of the infected animal and is transmitted to the victim that is bitten. Occasionally rabies is transmitted by other forms of exposure such as contact between saliva of an infected animal and broken skin, open wounds or contact between infected saliva and mucous membranes (such as mouth or eyes).					
After Exposure: Once the virus has been introduced under the skin, it replicates at the site and spreads to the brain via the nerves and spinal cord. The time the virus takes to reach the brain is called the incubation period. This period is determined by how far the bite wound is from the head. During the incubation period the animal is NOT infectious. After the incubation period has ended with the virus reaching the brain and proceeding to the salivary glands of the animal that animal becomes infectious and IS capable of transmitting the virus through a bite. For dogs and cats there is a period of about three days in which an animal will shed (be able to transmit) rabies virus in its saliva but will not be showing any neurological signs. After this, the infected animal will begin to exhibit signs of the disease and its health will deteriorate rapidly. Most likely, a dog or cat will be dead within 4 or 5 days of showing clinical signs of the disease.					
☐ Rabies and the BOH					
Follow all official guidance and orders and stay informed. Appoint Animal Inspectors who work under the Guidance of Mass Dept of Agricultureal Resources (Animal Control Officers are appointed by their Appointing Authority and may be the same person as Animal Inspector, but each has different roles and responsibilities) Municipal Animal Inspectors and Animal Control Officers Mass.gov Work with municipal officials to appoint a Municipal Animal Inspector Pay for Animal Inspector & any rabies testing required					
☐ Ongoing Outreach and Promotion:					
 □ Promote or provide mandated vaccinations for cats, dogs, ferrets (330 CMR 10.2) □ Promote rabies awareness: ○ Avoid letting domestic animals roam free ○ Avoid touching wild animals 					
 Report erratic/odd animal behavior to the Municipal Animal Inspector or Police What to do if Bitten or Scratched: Wash wound with soap and water for 10 full minutes 					

o Report bite to Municipal Animal Inspector Municipal Animal Inspectors | Mass.gov O Provide a detailed description of the animal if you can't safely contain it for study • As long as the post-exposure vaccine is given before symptoms begin, disease will be prevented. After symptoms begin, the disease is almost always fatal. ☐ Rabies Sampling and Ouarantine ☐ Samples taken/overseen/paid by the **Animal Inspector** usually working with a local veterinarian. ☐ Quarantine overseen/inspected by the local **Animal Inspector** □ Disease Reports on MAVEN 105 CMR 300 and phone DPH EPI on Duty o Massachusetts Department of Public Health, Division of Epidemiology: (617) 983-6800 o Contact EPI on Duty to coordinate out of state exposures or exposures in other Massachusetts communities. ☐ Vaccination of Exposed Residents 105 CMR 335.100 o Health Insurance should pay first, but treatment can't be delayed to workout payment. o If the exposed person does not have health insurance, the town where the exposure happened pays. ☐ Notice to Municipal Animal Inspector Notice To Municipal Animal Inspector Updated 5-26-22.pdf | Mass.gov This form should be completed by the Municipal Animal Inspector NOTICE TO MUNICIPAL ANIMAL INSPECTOR OF POSSIBLE EXPOSURE TO RABIES Reporting Facility: Date of Notice Date of Exposure: 1. Report to the Municipal Animal Inspector in the town where the Biting Animal resides: (https://www.mass.gov/doc/municipal-animal-inspector-list) The existence of a domestic animal that can be identified and has bitten or scratched another domestic animal or a human. 2. Report to the Municipal Animal Inspector in the town where the Victim Animal resides: (https://www.mass.gov/doc/municipal-animal-inspector-lis The existence of a domestic animal that has been exposed to the rabies virus by direct contact, proximity or by a wound of unknown origin Inspector's Town: Name: _____Faxed / Called Fax #______ Telephone#_____ Exposure Reporter Name: ______ Telephone Number: _____ Animal should be quarantined due to (check appropriate category): Direct contact with a confirmed rabid animal. Direct contact with a suspected rabid animal (raccoon, skunk, woodchuck or any carnivorous animal) Wound of unknown origin, suspected to be caused by another animal (e.g. cat abscess) Proximity exposure to a confirmed rabid animal confirmed by State Rabies Laboratory Domestic animal bitten or scratched by another domestic animal that has not been identified for quarantine. Domestic animal which has bitten or scratched another domestic animal or a human and can be identified. Victim Animal (Vaccinate Immediately, except in Biting/Scratching Animal (Do Not Vaccinate cases as listed below) until Rabies Quarantine is Released) 1. Previously vaccinated within 30 Days □ Unknown: □ Wildlife Species:

o Call you medical provider and discuss preventative vaccination/treatment

o If your pet is bitten or scratched, call your veterinarian and quarantine the animal.

	2. Biting/ Scratching an	□ Town of Ind	□ Town of Incident:					
	Identified for Quara	ntine						
Owner / Caretaker Name:			□ Owned Do	☐ Owned Domestic Animal (Fill in Below)				
Telephone Number:			☐ Stray Dome	☐ Stray Domestic Animal (Fill In Below)				
Street Address:			Owner/ Caret	Owner/ Caretaker Name:				
	City:	Zip:		Telephone Number:				
Species:Animal Name:				Street Address:				
Breed:Color:			City:Zip:					
Date of Last Rabies Vaccination:			Species:Animal Name:					
Attach Rabies Certificate Duration:			Breed:	Breed:Color:				
[1 year] [3 Year] [Unknown]				Date of Last Rabies Vaccination:				
Date of Booster Vaccination			Attach Rabies	Attach Rabies Certificate				
	Attach Rabies Certificat	ce	Duration:1	Duration:1 year]3Year)Unknown				
Euthanized 🗆 Date:			Euthanized	Euthanized Date:				
Rabies Testing Date:				Rabies Testing Date:				
□ Victim has Client/Patient Relationship with			□ Biting/Scratching animal has Client/Patient					
	Reporter	Relationsh	Relationship with Reporter					
	□ Human Victim (reco	rd below; name, address,	phone number)				
	Additional Information							
		oncerns? Rabies Program						
	(https://www.mass.gov	ر/service-details/rabies-pı	otocols-and-re	<u>gulations)</u>				
Human Questions or Concerns? Division of Epidemiology: 617-983-6800								
	(https://www.ma	ass.gov/rabies)						
_	☐ Domestic Animal Pro	otocols						
	Exposure Category 1	EXPOSED DOG/CAT NOT CU		SED DOG/CAT NOT	VACCINATED			
	Visible bite or scratch	VACCINATED (previously va	, 1. 130	otify local director of				
	from another domestic	Notify local director of I local animal inspector		cal animal inspector				
	animal which has been	local animal inspector		ting animal will be pl				
	identified and is	Biting animal will be pla strict confinement for 1	0 days	rict confinement for	•			
	available for quarantine	3. A) If biting animal is he	, A	If biting animal is h				
		the end of 10 days,	victim is	end of 10 days, vi				
		not at risk for rabies	_					
		B) If biting animal begir exhibit signs compa		If biting animal beg signs compatible v				
		rabies, biting anima	l should	biting animal shou				
		be euthanized and s for rabies testing	submitted	euthanized and su	ubmitted			
	1	101 140162 (62(1110)	1	for rabies testing				

	4.A) If test results a negative, viction risk for rabies		If test results are negative, victim is not at risk for rabies, vaccinate victim
	 If test results a Notify local dir and local anim Booster victim Strict Confiner for 45 days 	ector of health all inspector immediately 1.	If test results are positive, Notify local director of health and local animal inspector Euthanize, or Vaccinate animal immediately and Isolate for 3 months followed by 1 month Strict Confinement
Exposure Category 2			
Visible bite or scratch from another domestic animal which has NOT been identified and is NOT available for quarantine	 Notify local direction and local anime Booster Anime Strict Confiner 	al inspector I immediately 2.	Notify local director of health and local animal inspector Vaccinate Animal immediately Strict Confinement for 4 months

- Any non-domestic animal biting a human must be reported to the Department of Public Health
 - Do not vaccinate any dog or cat which is under a 10-day quarantine
 - Any animal euthanized while under a 10-day quarantine MUST be submitted for rabies testing
 - If most recent rabies vaccination was administered within 28 days, it is not necessary to booster

☐ Exposure Details

- 1. "Not Currently Vaccinated" means there is proof that the animal has received a rabies vaccination at some point prior, but the duration that vaccine was good for has been exceeded.
- 2. "Unvaccinated" means the animal has never received a rabies vaccine, or the first shot was administered less than 28 days ago.
- 3. Massachusetts Department of Public Health, Division of Epidemiology: (617) 983-6800