



Veterinary Health Center

A T K A N S A S S T A T E U N I V E R S I T Y

OFFICIAL PROTOCOL

VHC RABIES PROTOCOL

I. Handling Patients with Acute Neurologic Disease

The following protocol outlines the guidelines for management of all patients (small animal, livestock, equine and exotic) that present to the Veterinary Health Center with acute neurologic signs less than 10 days in duration.

- A. A sign identifying the patient as a “rabies suspect” must be clearly posted (on both sides where appropriate) of the cage or stall of the patient. It is the senior clinician’s responsibility to ensure that the sign, and a log as described below, are posted as soon as the animal is identified as a suspect.
- B. The senior clinician is responsible that a log of individuals in contact with the patient is maintained in the patient medical record. While the patient is in the hospital, this log should be maintained next to the cage or stall. Once the case is completed, the log should be included as part of the medical record. The log must include: the name of the individual, their phone number, the date of exposure and identify personnel as having “high risk” or “low risk” exposure, based on the CDC guidelines. www.cdc.gov/rabies/exposure/ (accessed 11-13-2020).

The Center for Disease Control indicates, “Rabies virus is transmitted through saliva and brain/nervous system tissue. If contact with either of these has occurred, the type of exposure should be evaluated to determine if post exposure prophylaxis (PEP) is necessary.

Any penetration of the skin by teeth constitutes a bite exposure. All bites, regardless of location, represent a potential risk of rabies transmission but that risk varies with the species of biting animal, the anatomic site of the bite and the severity of the wound.

Non-bite exposure from terrestrial animals rarely cause rabies. However, occasional reports of rabies transmission by non-bite exposure suggests that such exposures should be evaluated for post exposure prophylaxis administration. Scratches, abrasions, open wounds, or mucous membranes contaminated with saliva or other potentially infectious material (such as brain tissue) from a rabid animal constitute non-bite exposures. Inhalation of aerosolized rabies virus is also a potential non-bite route of exposure, but except for laboratory workers, most people won’t encounter an aerosol of rabies virus. Other contact by itself, such as petting a rabid animal and contact with blood, urine, or feces of a rabid animal, does not constitute an exposure and is not an indication for post exposure vaccination.

Because the rabies virus is inactivated by desiccation and ultraviolet irradiation, in general, if the material containing the virus is dry, the virus can be considered noninfectious.

- C. The senior clinician is responsible to assure all requests to ancillary services and laboratories are clearly marked with a written warning of “**Rabies Suspect**”. The senior clinician should also verbally communicate a warning to all services that may be involved in the care of the patient.
- D. The senior clinician is responsible to assure all personnel in contact with the patient wear gloves, safety goggles and face shields (safety glasses are not acceptable), and barrier clothing (overalls, gowns). The number of individuals in contact with the patient should be minimized to the number essential for patient care.
- E. Personnel performing cerebrospinal taps, handling an open container of cerebrospinal fluid, taking images, or performing any other procedures, must also wear safety goggles and face shields, gloves and barrier clothing.

II. **Notification to RDVM/client/clinician/student**

- A. When the senior clinician is notified by the KSU Veterinary Diagnostic Laboratory that an animal has tested positive for rabies, it is the responsibility of the senior clinician to:
 - 1. Notify the client in person or by telephone.
 - 2. Notify the referring veterinarian (if applicable) in person or by telephone.
 - 3. Notify students, faculty and staff who may have been exposed to the animal, in person or by telephone. This is to include all VHC and VDL services that may have been involved with the case.
 - 4. Provide the Hospital Director’s Office with:
 - a. The patient’s name and record number
 - b. The name and address of the client
 - c. The name and address of the referring veterinarian (if applicable)
 - d. The names and contact telephone numbers of students, faculty and staff who may have been exposed to the animal and if they have been notified.
 - e. A copy of the log of individuals that have been in contact with the animal.
- B. The Hospital Director’s Office will:
 - 1. Send a certified letter to the client (in follow up to the faculty member’s conversation with them) advising them the results were positive for rabies and suggesting they contact their physician. If the certified letter is not accepted by them, a second letter is sent by regular mail (per the KSU Attorney’s Office). An e

mail to an address provided by the client, is also an acceptable alternative as long as conformation of receipt is requested. The CDC Rabies Vaccine Information Statement or link will be included in the letter or e mail. www.cdc.gov/vaccines/hcp/vis/vis-statements/rabies.pdf (accessed 11-13-2020)

2. Send a letter or e mail (ask for conformation of receipt of the e mail) to the referring veterinarian (if applicable) advising them the results of their client's animal were positive for rabies and suggesting they contact their physician. The CDC Rabies Vaccine Information Statement or link will be included in the letter or e mail.
3. Send a letter or e mail, including the CVM policy on Pre-Exposure Rabies Immunization, to each student involved, advising them the animal tested positive for rabies, and suggesting they contact Lafene Health Center or their personal physician if they feel they have been exposed. This letter also advises them of the requirement for completion of a Student Report of Accident form. The CDC Rabies Vaccine Information Statement or link will be included in the letter or e mail.
4. Send a letter or e mail to each involved faculty and staff member, advising them the animal tested positive for rabies, and suggesting they contact a physician or Via Christi Hospital if they feel they have been exposed. This letter also advises them of the requirement for completion of an Employer's Report of Accident form within three days of the incident. The CDC Rabies Vaccine Information Statement or link will be included in the letter or e mail.
5. Copies of all letters are provided to the Hospital Director/Department Head, Section Head, and CVM Human Resources.
6. Notify the Nursing Coordinator at Lafene Health Center (532-6544) of the rabies incident and request their presence at a general meeting at the VHC to provide evidence based education along with any specific recommendations per the State of Kansas.
7. The Director's office will arrange for a general, advisory meeting with faculty, staff and students to occur within 72 hours of the incident. The CDC Rabies Vaccine Information Statement or link will be made available at that time. If available, representatives from Lafene Health Center will attend to answer questions and provide directions for post exposure care.
8. An email or letter shall be sent to all faculty, staff and students of the College advising them that an animal has tested positive for rabies and asking that they contact the Director's office if they believe they were exposed and have not been properly notified as to the procedures they need to complete. The email or letter will include notification about the meeting and the link to the CDC Rabies Vaccine Information Statement.