**RABIES PROPHYLAXIS REPORT**

If you will work in the field or laboratory with wild/feral mammals or their tissues, your rabies prophylaxis status is necessary so that the UNC Charlotte Occupational Health Professional can determine the current risk to you while doing animal activities. Please review the following:

**CDC: Risk categories and PrEP recommendations, 2022**

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| --- | --- | --- |
| **Risk category** | **Who this typically\* affects** | **Recommendations** |
| **Risk category 1**Highest risk | People who work with live or concentrated rabies virus in laboratories. | 2 doses, days 0 and 7Check titer every 6 months |
| **Risk category 2** | People who frequently do at least one of the following: handle bats, have contact with bats, enter high-density bat environments like caves, or perform animal necropsies. | 2 doses, days 0 and 7Check titer every 2 years |
| **Risk category 3** | People who interact with, or are at higher risk to interact, with mammals other than bats that could be rabid, for a period longer than three years after they receive PrEP.This group includes:* Most veterinarians, veterinary technicians, animal control officers, wildlife biologists, rehabilitators, trappers, and spelunkers (cave explorers)
* Certain travelers to regions outside of the United States where rabies in dogs is commonly found
 | 2 doses, days 0 and 7, **plus:**A one-time titer check after 1 year and up to 3 years following the first 2-dose vaccination**OR**1-dose booster between 3 weeks and 3 years following the first vaccine in the 2-dose vaccination |
| **Risk category 4** | Same population as risk category 3, but at a higher risk for ≤ three years after they receive PrEP. | 2 doses, days 0 and 7 |
| **Risk category 5**Lowest risk | General U.S. population | None |

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| **My current research roles/tasks include:** |
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| **Based on the CDC Risk Categories, I am:** |
|  | **Risk Level 1** |  | **Risk Level 2** |  | **Risk Level 3** |
|  | **Risk Level 4** |  | **Risk Level 5** |  | **I decline to answer.** |

**Individuals in Risk Categories 1-4 must complete the following:**

(Check & fill in all appropriate boxes)

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| **Rabies Initial Prophylaxis Series**  |
|  | **3 Dose Series** |  | **2 Dose Series** |  | **I decline to answer.** |
| **Dates of Pre-Exposure Prophylactic Vaccinations** |
| **1.** |  | **1.** |  |  |
| **2.** |  | **2.** |  |
| **3.** |  |  |  |
| **Subsequent Rabies Titers and/or Boosters**  |
| **Date** | **Vaccine Booster** | **Titer** | **Was the titer within acceptable range** **(ACIP minimum 1:5 serum dilution or 0.1-0.3 IU/ml)? Yes / No / N/A** |
| **Example: 5/10/2022** | **X** |  | **N/A** |
| **Example: 6/15/2022** |  | **X** | **Yes** |
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**Please save a copy of this report for your records. It will need to be updated and resubmitted yearly with your Occupational Health Annual Medical Clearance Health Form.**

For further information regarding Rabies exposure and transmission, please refer to:

[**Use of a Modified Preexposure Prophylaxis Vaccination Schedule to Prevent Human Rabies: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022**](https://www.cdc.gov/mmwr/volumes/71/wr/mm7118a2.htm?s_cid=mm7118a2_e&ACSTrackingID=USCDC_921-DM81353&ACSTrackingLabel=This%20Week%20in%20MMWR%20-%20Vol.%2071%2C%20May%206%2C%202022&deliveryName=USCDC_921-DM81353)