

Prevention of Rabies in Humans:

Developing a Rabies PEP Clinic for Mass Human Exposures

Certain situations may result in a large number of people potentially exposed to rabies and, therefore, the need for administering human rabies post-exposure prophylaxis (PEP) quickly to many people. This involves securing abundant resources (vaccines, human rabies immune globulin [HRIG] and healthcare providers to administer the regimen) in a short time-frame. Such clinics are usually coordinated by the local health department, often in collaboration with a local hospital.

Examples of situations that may require en masse administration of PEP include:

- Bat(s) found flying in summer camp cabins, a university dormitory, an assisted living facility, a hospital, an apartment complex, etc.
- A rabid stray or feral cat or kitten that was handled by many people in a heavily populated neighborhood or a recreational setting (park, ball field, etc.)

Steps:

1. The [local health department](#) (LHD) communicable disease (CD) nurses will notify the local health director and other agencies (e.g., HCP, hospitals, hospital pharmacy, N.C. Division of Public Health CD Branch) of the need for a clinic.
2. Contact [Veterinary Public Health](#) (919-733-3419) early for assistance with assessments, securing resources and preparing a vaccination clinic plan.
3. Contact your public information officer, and consider a news release to notify the public.
4. **Locate rabies vaccine and HRIG resources:**
 - a. The **State Laboratory of Public Health** has a small supply of rabies biologics on hand through the [indigent program](#) (<http://epi.publichealth.nc.gov/cd/rabies/docs/AffidavitFreePEP.pdf>) – call Veterinary Public Health (919-733-3419) if you have questions.
 - b. **Hospital pharmacies** – contact your local hospital ED/pharmacy to see if biologics are available and can be obtained from other hospitals in adjacent counties or in the same hospital system.
 - c. **Vaccine distributor(s)** (see [Rabies Biologics](#) (<http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/docs/biologics.pdf>) in this Manual)
 - d. **Other county health departments** (www.ncalhd.org/county.htm)
5. **Arrange for administration of biologics:** Most local health departments are unable to administer Day 0 Human Rabies Immune Globulin (HRIG), most do not treat wounds, and many do not administer rabies vaccine (Days 0, 3, 7, 14). A large number of exposures would pose a resources challenge. Organizing a temporary clinic for exposed persons to receive rabies post-exposure prophylaxis (PEP) for situations of mass exposures can be an efficient alternative to the emergency department. Options include:
 - a. **Local hospital outpatient clinics or other hospitals in near jurisdiction; or**
 - b. **Local health department health/medical director arranging clinics in conjunction with local hospital physicians.**
6. **LHD CD Nurses should maintain a line list** of all persons potentially exposed, including demographics, address, phone no., type of exposures, PEP recommended (y/n), PEP begun (y/n), Days 0, 3, 7, 14, (and 28 if immune-compromised), PEP completed (y/n), etc. Follow the current [ACIP](#) (www.cdc.gov/rabies/resources/acip_recommendations.html) and [VPH](#) (http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/docs/steps_for_HCP.pdf) guidelines for rabies exposure assessments, determine if each person ever received a

complete pre- or post-EP regimen, and recommend an appropriate rabies PEP regimen (http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/docs/ncdhhs_human_PEP_sheet.pdf) for each.