



MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

Reporting Potential Rabies Exposures & Rabies Post Exposure Prophylaxis in Michigan

Changes to the Reportable Diseases List for 2019

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Disease Background: Rabies Post-Exposure Prophylaxis (RPEP)

Rabies is Not Treatable...

But it is Preventable

When given properly, RPEP is almost always effective in preventing rabies.

However,

- RPEP should only be given to patients who need it.
- This vaccine series is very expensive!

\$ Hospital Bill

Human Rabies Immunoglobulin **1 dose**

Rabies Vaccine Administration **4 doses**

AMOUNT DUE: \$10,000 - \$15,000



Disease Background: Rabies Post-Exposure Prophylaxis (RPEP)

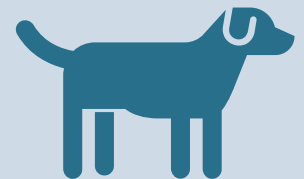
Administration of rabies PEP is considered a **medical urgency**,
NOT an emergency

The incubation period for rabies normally ranges from 1-3 months. However, historically, the range has been days to years.

So,

initiating PEP can usually wait until it can be determined if an animal is available for observation or testing.

Report any potential rabies exposures to your local health department (LHD), who will assist in rabies risk assessments and help determine the need for RPEP.



2019

**Modifications to the
Michigan RD List for
Potential Rabies Exposures
& RPEP**

Modifications to the RD List:

Rabies: Potential Exposures

✓ “Animal Bites” being omitted for the Michigan Reportable Diseases List.

✓ “Animal Bites” being replaced with condition “Rabies: potential exposure and post exposure prophylaxis”

✓ This change was made to emphasize that **bite & non-bite exposures** (e.g. exposure to a bat without known bite) **should be reported** to the local health department (LHD).

MDSS Reporting

- Jurisdictions may utilize the “Rabies: Exposure and Post-Exposure Treatment Investigation”* form found under MDSS disease condition “Rabies Potential Exposure and PEP”†

2018 REPORTABLE DISEASES IN MICHIGAN – BY CONDITION

A Guide for Physicians, Health Care Providers and Laboratories
Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see reverse) within 24 hours (unless otherwise noted) if the agent is identified by clinical or laboratory diagnosis.

Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.

<p>Animal bites (Anaplasma phagocytophilum)</p> <p>Animal bites (Anthrax and B. cereus serovar anthracis) (4)</p> <p>Arboviral encephalitis, neuro- and non-neuroinvasive: Chikungunya, Eastern Equine, Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika (6)</p> <p>Babesiosis (Babesia microti)</p> <p>Blastomycosis (Blastomyces dermatitidis)</p> <p>Botulism (Clostridium botulinum) (4)</p> <p>Brucellosis (Brucella species) (4)</p> <p>Campylobacteriosis (Campylobacter species)</p> <p>Carbapenemase Producing – Carbapenem Resistant Enterobacteriaceae (CP-CRE): Klebsiella spp., Enterobacter spp., and Escherichia coli (5)</p> <p>Chancroid (Haemophilus ducreyi)</p> <p>Chickenpox / Varicella (Varicella virus) (6)</p> <p>Chlamydial infections (including trachoma, genital infections, LGV) (Chlamydia trachomatis) (3, 6)</p> <p>Cholera (Vibrio cholerae) (4)</p> <p>Coccidioidomycosis (Coccidioides immitis)</p> <p>Cryptosporidiosis (Cryptosporidium species)</p> <p>Cyclosporiasis (Cyclospora species)</p> <p>Dengue Fever (Dengue virus)</p> <p>Diphtheria (Corynebacterium diphtheriae) (5)</p> <p>Ehrlichiosis (Ehrlichia species)</p> <p>Encephalitis, viral or unspecified</p> <p>Escherichia coli, O157:H7 and all other Shiga toxin positive serotypes (5)</p> <p>Giardiasis (Giardia species)</p> <p>Glanders (Burkholderia mallei) (4)</p> <p>Gonorrhoea (Neisseria gonorrhoeae) (3, 6)</p> <p>Gullian-Barré Syndrome (1)</p> <p>Haemophilus influenzae, sterile sites only- submit isolates for serotyping for patients < 15 years of age (5)</p> <p>Hantavirus</p> <p>Hemolytic Uremic Syndrome (HUS)</p> <p>Hemorrhagic Fever Viruses (4)</p> <p>Hepatitis, viral: Hepatitis A virus (Anti-HAV IgM, HAV genotype) Hepatitis B virus (HBsAg, HBeAg, anti-HBc IgM, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6) Hepatitis C virus (Anti-HCV, HCV NAAT, HCV genotype, Antigen) (6) Hepatitis D virus (HDsAg, anti-HDV IgM) Hepatitis E virus (Anti-HEV IgM)</p> <p>Histoplasmosis (Histoplasma capsulatum)</p> <p>HIV (tests including reactive immunoassays (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percent, and all tests related to perinatal exposures) (2,6)</p> <p>Influenza virus (weekly aggregate counts) Pediatric influenza mortality, report individual cases (5) Novel influenza viruses, report individual cases (5,6)</p> <p>Kawasaki Disease (1)</p> <p>Legionellosis (Legionella species) (5)</p> <p>Leprosy or Hansen's Disease (Mycobacterium leprae)</p> <p>Leptospirosis (Leptospira species)</p>	<p>Listeriosis (Listeria monocytogenes) (5,6)</p> <p>Lyme Disease (Borrelia burgdorferi)</p> <p>Malaria (Plasmodium species)</p> <p>Measles (Measles/Rubeola virus)</p> <p>Melioidosis (Burkholderia pseudomallei) (4)</p> <p>Meningitis: bacterial, viral, fungal, parasitic and amebic</p> <p>Meningococcal Disease (Neisseria meningitidis, sterile sites) (5)</p> <p>Middle East Respiratory Syndrome (MERS-CoV) (5)</p> <p>Mumps (Mumps virus)</p> <p>Orthopox viruses, including: Smallpox, Monkeypox (4)</p> <p>Pertussis (Bordetella pertussis)</p> <p>Plague (Yersinia pestis) (4)</p> <p>Polio (Poliovirus)</p> <p>Prion disease, including CJD</p> <p>Psittacosis (Chlamydia psittaci)</p> <p>Q Fever (Coxiella burnetii) (4)</p> <p>Rabies (Rabies virus) (4)</p> <p>Rubella (Rubella virus) (3, 6)</p> <p>Salmoneellosis (Salmonella species) (5)</p> <p>Severe Acute Respiratory Syndrome (SARS) (5)</p> <p>Shigellosis (Shigella species) (5)</p> <p>Spotted Fever (Rickettsia species)</p> <p>Staphylococcus aureus, vancomycin intermediate/resistant (VISA) (5)/VRSA (4)</p> <p>Streptococcus pneumoniae, sterile sites</p> <p>Streptococcus pyogenes, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)</p> <p>Syphilis (Treponema pallidum) (6)</p> <p>Tetanus (Clostridium tetani)</p> <p>Toxic Shock Syndrome (non-streptococcal) (1)</p> <p>Trichinellosis (Trichinella spiralis)</p> <p>Tuberculosis (Mycobacterium tuberculosis complex); report preliminary and final rapid test and culture results (4)</p> <p>Tularemia (Francisella tularensis) (4)</p> <p>Typhoid Fever (Salmonella typhi) (5)</p> <p>Vibriosis (Non-cholera vibrio species) (5)</p> <p>Yellow Fever (Yellow Fever virus)</p> <p>Yersiniosis (Yersinia enterocolitica)</p>
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LEGEND

- (1) Reporting within 3 days is required.
- (2) Reporting within 7 days is required.
- (3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/histd for details.
- (4) A laboratory shall immediately submit suspect or confirmed isolates, subcultures, or specimens from the patient being tested to the MDHHS Lansing laboratory.
- (5) Isolate requested. Enteric: If an isolate is not available from non-culture based testing, the positive broth and/or stool in transport medium must be submitted to the MDHHS Lansing laboratory. Respiratory: Submit specimens or isolate, if available.
- (6) Report pregnancy status, if available.

Blue Bold Text = Category A bioterrorism or select agent, notify the MDHHS Laboratory immediately: (517) 335-6063

This reporting is expressly allowed under HIPAA and required by Michigan Public Act 368 of 1976, 333-5112. MDHHS maintains, reviews, and releases this list at least annually, for the most recent version please refer to: www.michigan.gov/doh Michigan Department of Health and Human Services • Bureau of Laboratories • Bureau of Epidemiology and Population Health REV: 01/2018

*The “Rabies: Exposure and Post-Exposure Treatment Investigation” form will be made available with the February 2019 release of MDSS.

†MDSS will also have disease condition “Rabies: Potential Exposure and PEP (Pre-2019),” which will enable users to search for cases prior to 2019. This condition should not be used to report new cases.

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<p>Acute flaccid myelitis (1)</p> <p>Anaplasmosis (Anaplasma phagocytophilum)</p> <p>Anthrax (Bacillus anthracis and B. cereus serovar anthracis) (4)</p> <p>Arboviral encephalitis, neuro- and non-neuroinvasive: Chikungunya, Eastern Equine, Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika (6)</p> <p>Blastomycosis (Blastomyces dermatitidis)</p> <p>Botulism (Clostridium botulinum) (4)</p> <p>Brucellosis (Brucella species) (4)</p> <p>Campylobacteriosis (Campylobacter species)</p> <p>Candidiasis (Candida auris) (4)</p> <p>Carbapenemase Producing – Carbapenem Resistant Enterobacteriaceae (CP-CRE): Klebsiella spp., Enterobacter spp., and Escherichia coli (5)</p> <p>Chancroid (Haemophilus ducreyi)</p> <p>Chickenpox / Varicella (Varicella-zoster virus) (6)</p> <p>Chlamydial infections (including trachoma, genital infections, LGV) (Chlamydia trachomatis) (3, 6)</p> <p>Cholera (Vibrio cholerae) (4)</p> <p>Coccidioidomycosis (Coccidioides immitis)</p> <p>Cryptosporidiosis (Cryptosporidium species)</p> <p>Cyclosporiasis (Cyclospora species) (5)</p> <p>Dengue Fever (Dengue virus)</p> <p>Diphtheria (Corynebacterium diphtheriae) (5)</p> <p>Ehrlichiosis (Ehrlichia species)</p> <p>Encephalitis, viral or unspecified</p> <p>Escherichia coli, O157:H7 and all other Shiga toxin positive serotypes (5)</p> <p>Giardiasis (Giardia species)</p> <p>Glanders (Burkholderia mallei) (4)</p> <p>Gonorrhoea (Neisseria gonorrhoeae) (3, 6)</p> <p>Gullian-Barré Syndrome (1)</p> <p>Haemophilus influenzae, sterile sites only- submit isolates for serotyping for patients < 15 years of age (5)</p> <p>Hantavirus</p> <p>Hemolytic Uremic Syndrome (HUS)</p> <p>Hemorrhagic Fever Viruses (4)</p> <p>Hepatitis, viral: Hepatitis A virus (Anti-HAV IgM, HAV genotype) Hepatitis B virus (HBsAg, HBeAg, anti-HBc IgM, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6) Hepatitis C virus (Anti-HCV, HCV NAAT, HCV genotype, Antigen) (6) Hepatitis D virus (HDsAg, anti-HDV IgM) Hepatitis E virus (Anti-HEV IgM)</p> <p>Histoplasmosis (Histoplasma capsulatum)</p> <p>HIV (tests including reactive immunoassays (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percent, and all tests related to perinatal exposures) (2,6)</p> <p>Influenza virus (weekly aggregate counts) Pediatric influenza mortality, report individual cases (5) Novel influenza viruses, report individual cases (5,6)</p> <p>Kawasaki Disease (1)</p> <p>Legionellosis (Legionella species) (5)</p> <p>Leprosy or Hansen's Disease (Mycobacterium leprae)</p> <p>Leptospirosis (Leptospira species)</p>	<p>Listeriosis (Listeria monocytogenes) (5,6)</p> <p>Lyme Disease (Borrelia burgdorferi)</p> <p>Malaria (Plasmodium species)</p> <p>Measles (Measles/Rubeola virus)</p> <p>Melioidosis (Burkholderia pseudomallei) (4)</p> <p>Meningitis: bacterial, viral, fungal, parasitic and amebic</p> <p>Meningococcal Disease (Neisseria meningitidis, sterile sites) (5)</p> <p>Middle East Respiratory Syndrome (MERS-CoV) (5)</p> <p>Mumps (Mumps virus)</p> <p>Orthopox viruses, including: Smallpox, Monkeypox (4)</p> <p>Pertussis (Bordetella pertussis)</p> <p>Plague (Yersinia pestis) (4)</p> <p>Polio (Poliovirus)</p> <p>Prion disease, including CJD</p> <p>Psittacosis (Chlamydia psittaci)</p> <p>Q Fever (Coxiella burnetii) (4)</p> <p>Rabies (Rabies virus) (4)</p> <p>Rabies: potential exposure and post exposure prophylaxis (PEP)</p> <p>Rubella (Rubella virus) (3, 6)</p> <p>Salmoneellosis (Salmonella species) (5)</p> <p>Severe Acute Respiratory Syndrome (SARS) (5)</p> <p>Shigellosis (Shigella species) (5)</p> <p>Spotted Fever (Rickettsia species)</p> <p>Staphylococcus aureus, vancomycin intermediate/resistant (VISA) (5)/VRSA (4)</p> <p>Streptococcus pneumoniae, sterile sites</p> <p>Streptococcus pyogenes, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)</p> <p>Syphilis (Treponema pallidum) (6)</p> <p>Tetanus (Clostridium tetani)</p> <p>Toxic Shock Syndrome (non-streptococcal) (1)</p> <p>Trichinellosis (Trichinella spiralis)</p> <p>Tuberculosis (Mycobacterium tuberculosis complex); report preliminary and final rapid test and culture results (4)</p> <p>Tularemia (Francisella tularensis) (4)</p> <p>Typhoid Fever (Salmonella typhi) and Paratyphoid Fever (serotypes Paratyphi A, Paratyphi B (paratyphae negative), and Paratyphi C) (5)</p> <p>Vibriosis (Non-cholera vibrio species) (5)</p> <p>Yellow Fever (Yellow Fever virus)</p> <p>Yersiniosis (Yersinia enterocolitica)</p>
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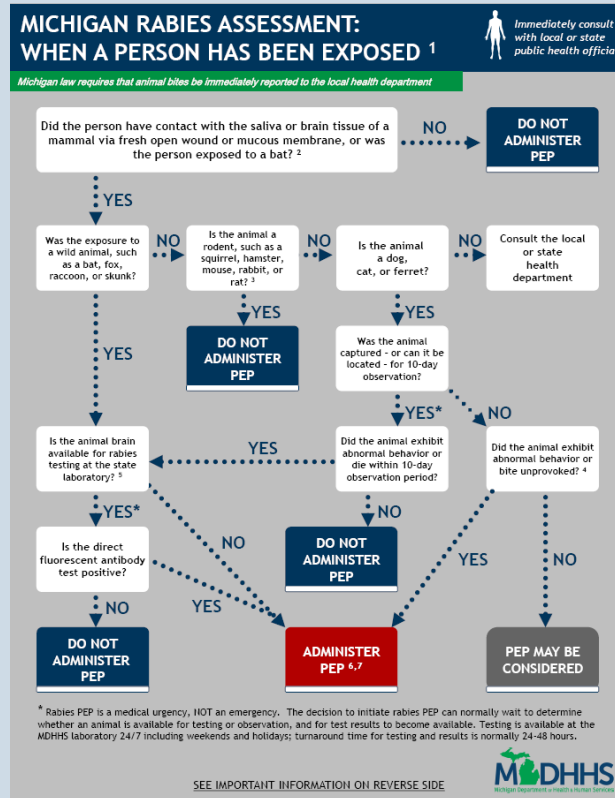
Rabies Post-Exposure Prophylaxis (RPEP)

- ✓ Healthcare providers are now required to report to LHDs any initiation & subsequent doses of RPEP given to patients who were potentially exposed to rabies.
- ✓ Potential exposure to rabies may be through an **animal bite** or **other type of exposure** (i.e. deeply sleeping person wakes to a bat in room).
- ✓ Initiating RPEP is a **medical urgency, not an emergency**. Find out if exposing animal might be available for observation or testing.

MDSS Reporting

- To report RPEP in MDSS, use the “**Rabies: Exposure and Post-Exposure Treatment Investigation**”^{*} form found under MDSS disease condition “**Rabies Potential Exposure and PEP**”[†]

Michigan Rabies Assessment: When A Person Has Been Exposed



[Printable .pdf](#)

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Rabies Post-Exposure Prophylaxis (PEP) Poster

Rabies Post-Exposure Prophylaxis (PEP)

Before You Administer Rabies PEP Ask/Know:

If The Victim Was Bitten/Exposed To A Wild Animal (Except Rodents)*

What to Ask	Action to Take
<p>Is the animal available for rabies testing?</p>	<p style="color: red; font-weight: bold;">✗</p> <p>If “Yes” WAIT to Initiate PEP until test results are available</p> <p style="color: green; font-weight: bold;">✓</p> <p>If “No” Initiate PEP</p>

*Small rodents are rarely infected with rabies (woodchucks are the exception).

If The Victim Was Bitten By A Dog, Cat, or Ferret:

What to Ask	Action to Take
<p>Is the animal available for a 10-day observation period?</p>	<p style="color: red; font-weight: bold;">✗</p> <p>If “Yes” WAIT to Initiate PEP for animal to complete 10-day observation period</p> <p style="color: red; font-weight: bold;">!</p> <p>If “No” Please refer to the Michigan Rabies Assessment Flowchart</p>

Reporting and Questions About Unusual Circumstances

Report any animal bites or exposures where rabies is suspected to your local health department

<http://www.michigan.gov/rabies>

For questions about an animal exposure, please consult with your local health department at or call

517-335-8165

Hospital fees to initiate RPEP can exceed \$10,000!

Waiting a few days to begin treatment can prevent unnecessary patient discomfort and expense!

[Printable .pdf \(11" x 17"\)](#)

To order these documents, please fill out a [publication order form](#) and fax or mail to the MDHHS CD Division

**If you have any questions about rabies reporting,
please call your LHD or the Emerging and
Zoonotic Infectious Diseases (EZID) Section at
(517)-335-8165**

For more information about
rabies in Michigan, visit:

[www.michigan.gov/
emergingdiseases/](http://www.michigan.gov/emergingdiseases/)
(Select Rabies)



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