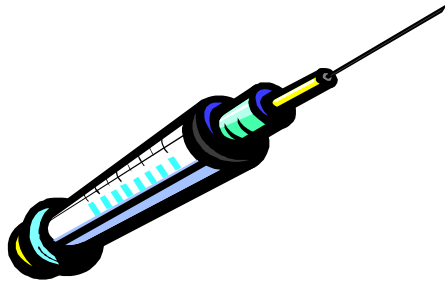


**Maryland Department of Health and Mental Hygiene
Center for Veterinary Public Health
Rabies Pre-exposure and Post-exposure Prophylaxis Reporting Form**



County: _____

Year: _____

| Month | # of individuals that received Primary Rabies Pre-Exposure Prophylaxis (Pre-EP) treatment | # of individuals that received Rabies Post-Exposure Prophylaxis (PEP) treatment | | # of Rabies vaccine boosters administered or distributed |
|-------|---|---|--------------------------------|--|
| | | HRIG and 5 doses of vaccine | 2 doses of vaccine (day 0 & 3) | |
| | | | | |
| | | | | |
| | | | | |

Please count individuals only once and include them in the month when treatment was initiated. Count individuals regardless of whether they complete the treatment series or not. Also, please include them whether treatment is initiated at the local health department or emergency room, or if biologics are dispensed to them.

Please FAX this report to the Center for Veterinary Public Health at 410-728-4825 by the 15th of January, April, July and October.