Proposed Amendments to 105 CMR 335.000: TREATMENT OF PERSONS EXPOSED TO RABIES

Public Health Council
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Kevin Cranston, MDiv
Director, Bureau of Infectious Disease and Laboratory Sciences

Alfred DeMaria, MD
State Epidemiologist, Medical Director, Bureau of Infectious Disease and Laboratory Sciences
Rabies virus is a preventable disease of mammals transmitted through the bite of a rabid animal. Virus infects the central nervous system, causing disease in the brain and death. Rabies is a reportable disease at the state and the federal level. The Centers for Disease Control and Prevention (CDC) indicate that the majority of rabies case reports received each year occur in wild animals like raccoons, skunks, bats, and foxes. Human rabies cases in the United States are rare, with only 1 to 3 cases reported annually. Since 2003, thirty-four cases of human rabies have been diagnosed in the United States, in which 10 cases were found to have contracted infection outside of the United States and its territories. In Massachusetts, the last reported case of rabies in a human (and subsequent death) occurred in 2012 (individual had been bitten by a brown bat). Prior to this case, no human case had been reported in Massachusetts since 1935.

http://www.reuters.com/article/us-rabies-massachusetts-idUSTRE8oT1W220120130
Rabies Post-Exposure Prophylaxis

• Rabies Post-Exposure Prophylaxis (RPEP) is preventive medical treatment given to a human immediately after exposure to the rabies virus.
• Treatment recommendations and updates are provided by the Advisory Committee on Immunization Practices (ACIP). The latest recommendations were released in 2008.
• The number of RPEP treatments to prevent human rabies provided in the United States each year is unknown; however, it is estimated to be about 40,000 to 50,000.
• Cost of treatment varies but typically exceeds $3,000.00.
• While human cases are rare, treatment after exposure does occur and is expensive.

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http://www.cdc.gov/rabies/location/usa/cost.html
Reasons to Amend

• The preservation of this regulation with proposed amendments is important to those residents of the Commonwealth who do not have health insurance coverage.
• 105 CMR 335 sets forth the standards for the provision of rabies post-exposure prophylaxis treatment by local boards of health to individuals with no insurance coverage.
• This regulation has not been updated in over 20 years.
• Terminology and references to the federal organization governing treatment recommendations have evolved.
• The proposed amendments to 105 CMR 335.000 reflect those changes.
Proposed Amendments

• 105 CMR 335.001: Purpose, 105 CMR 335.002: Authority, 105 CMR 335.003: Citation
  Sections are proposed for deletion to conform to formatting policy from the Office of the Secretary of State.
• 105 CMR 335.000: Definitions:
  A proposed Definitions Sections has been added, to include the following:
  o Advisory Committee on Immunization Practices (ACIP)
  o Domestic Animal
  o Post-Exposure Prophylaxis
  o Rabies
  o Uninsured
• 105 CMR 335.100: Cases Requiring Rabies Post-Exposure Prophylaxis Treatment
  o Addition of language concerning exposure to rabies by a bat.
  o Treatment for exposure to rabies by a bat has always been covered through this regulation, but as exposure by a bat is defined more broadly than other mammals, a separate section has been included; the proposed regulatory text refers to exposure to rabies by a bat as “…defined by the most current guidelines from the Advisory Committee on Immunization Practice and the Department of Public Health.”
Proposed Amendments cont.

• Proposed amendments to sections 105 CMR 335.010 through 335.500 represent mainly practical language changes and the addition of the federal advisory committee (ACIP) which was not included in previous language.

• The proposed amendments concerning scope, cases requiring treatment, certification, non-residents, treatment charges and patient statement do not fundamentally alter the responsibilities of the local board of health.
Recommendation/Next Steps

• Bureau of Infectious Disease and Laboratory Sciences has conducted a comprehensive review of 105 CMR 335.000: Treatment Of Persons Exposed To Rabies and recommends these proposed amendments.
• Following this presentation to the Public Health Council, a public hearing and comment period will be held.
• A summary of public comments and any changes to the proposed amendments will be presented at a subsequent meeting of the Public Health Council.