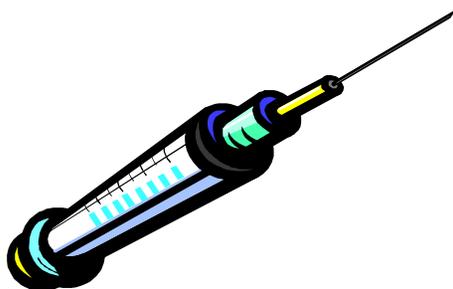


**Maryland Department of Health and Mental Hygiene  
Center for Zoonotic and Vector-borne Diseases  
Rabies Pre-exposure and Post-exposure Prophylaxis Reporting Form**



**Jurisdiction:** \_\_\_\_\_

**Year:** \_\_\_\_\_

Month	# of individuals who received Rabies Pre-Exposure Prophylaxis (Pre-EP)	# of individuals who received Rabies Post-Exposure Prophylaxis (PEP)		# of Rabies vaccine boosters administered or distributed
		HRIG and 4 doses of vaccine	2 doses of vaccine (day 0 & 3)	

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

**Please FAX this report to the Center for Zoonotic and Vector-borne Diseases at 410-383-2420 by the 15<sup>th</sup> of January, April, July and October.**