

Webinar Series (Recorded): Certified Rabies Vaccination Trainer Program-2017



Program Description: This webinar series provides the required educational training per NCGS 130A-186. The local health director (LHD) shall appoint one or more certified rabies vaccinators to vaccinate dogs, cats and ferrets in their jurisdiction where licensed veterinarians are not available to participate in all scheduled county rabies control clinics, and/or to participate in the county rabies control program. Once appointed, the Certified Rabies Vaccinators (CRV) must receive training from the NC DHHS Public Health Veterinarians and a veterinarian designee, who must certify in writing that the CRV satisfactorily completed the training.

Target Audience: Appointees by Local Health Directors to train and test to become Certified Rabies Vaccinators

Objectives

At the conclusion of this activity, participants should be able to:

Module 1 (50 minutes) – Introduction to NC Certified Rabies Vaccinator Training

- Review the history through the current state of the Certified Rabies Vaccinator Program and its implications for public health.
- Review results of the 2014 CRV Survey to local health directors and animal services staff.
- Identify key personnel responsible for implementing the program as outlined in the CRV law and Memorandum of Understanding.
- Discuss the certification process including minimal requirements, supervision, transfers and termination.

Module 2 (60 minutes) – Rabies Epidemiology, Prevention and Control

- Describe the Epidemiology of Rabies in North Carolina, United States and the world (Asia and Africa) and the geographical areas where rabid animals are most likely to occur in our state.
- Describe rabies public health surveillance including the location of written criteria, submission criteria of wild and domestic species of mammals to the NC SLPH and public messaging for rabies incidents.
- Discuss the characteristics and prevalence of rabies including high risk animals that may be reservoirs, clinical and behavioral symptoms that animals may or may not exhibit, the types of body fluids that are infectious and types of exposures (direct, indirect and bat).
- Discuss the roles and responsibilities of Animal Control.
- Outline rabies prevention measures.
- Describe what rabies post-exposure prophylaxis (PEP) is used for and who should assess people that are exposed for PEP.

Module 3 (47 minutes) – NC Rabies Control Laws & Policy

- Describe the rationale for the existence of such a legal framework for one disease.
- Summarize the individual roles and responsibilities of animal owners, bite victims, animal control officers, physicians and veterinarians when dealing with rabies exposures.
- Discuss when to apply rabies control measures specified in NCGS.
- Demonstrate basic principles of rabies control laws.

Module 4 (36 minutes) – Principles of Rabies Vaccine Administration for Dogs, Cats & Ferrets

- Describe the key elements of the principles of vaccination.
- List general recommendations on immunization.
- Explain animal vaccine safety / licensure requirements.
- Discuss appropriate methods of vaccine administration.
- Summarize important aspects of vaccine storage and handling.
- Describe rules pertaining to medical waste management.

Objectives (Continued)

At the conclusion of this activity, participants should be able to:

Module 5 (50 minutes) – Update 2017

- Discuss the rationale for adopting the 2016 NASPHV Rabies Compendium.
- Describe the legal aspects involved in adopting the 2016 NASPHV Rabies Compendium Post-exposure Management Control Measures for dogs and cats in North Carolina.
- Explain the 2016 NASPHV Rabies Compendium Post-exposure Management Control /measures as contrasted with the current G.S. 130A-19.

Speakers

Marilyn Goss Haskell, DVM, MPH, BS
NC Department of Health & Human Services
Public Health Veterinarian

Carl Williams, DVM, DACVPM
NC Department of Health & Human Services
State Public Health Veterinarian

Registration Fee

\$20: No refunds will be issued. No vouchers accepted.

Use the attached form to register by fax or mail. To register online with a credit card, click on this link or copy and paste the link into your web browser:

http://www.wakeahec.org/coursecatalog/CASCE_courseinfo.asp?cr=52167

Credit

Wake AHEC CEU: .5 CEU (5.0 contact hours)

Partial credit will not be awarded. Participant must complete all 5 modules and obtain 70% passing on posttest to be certified.

To login to each recorded webinar, see your confirmation letter.

This program is a series of webinars. You must complete all five (5) modules; obtain 70% on the post-test to receive your certificate number. Once you register and pay for the series, and it is confirmed that you have been appointed by your health director, you will be emailed a link to the modules. Take one module at a time and allow enough time to complete each module in the stated time frame. If you do not complete the module, you will have to start all over.

Once you have completed and submitted the evaluation, a form will be displayed asking you to certify that you have completed the 5 modules requesting that we send you the link to the post test. You must score 70% on the post-test in order to receive a certificate.

Registration Form

(Please print.)

Certified Rabies Vaccination Trainer Program 2017

Event #52167lh

Fee - \$20

Social Security # (last 4 digits only):

☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.

First Name

MI

Last

Clinical Specialty

Degree(s) (e.g., MD, PharmD, MS, BS)

Home Address

City

State

Zip

Home County

Home Phone

Employer

Job Title

Work Address

City

State

Zip

Work Fax

Work Phone

Department

Preferred E-mail (REQUIRED)

By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated.

Payment Options Payment of check, credit card or supervisor signature must accompany registration.

☐

Check enclosed. (Make check payable to Wake AHEC.)

☐

Charge my: ☐ Corporate Card ☐ Personal Card ☐ MasterCard ☐ Visa ☐ AMEX ☐ Discover

Card #

Exp. Date

Authorized Signature

Name as it appears on card

☐

Employer will make payment. Supervisor completes below and fax registration to 919-350-0470.

Supervisor's Name Printed

Title

Supervisor's Signature

Phone

By signing, I am certifying that agency payment will follow.

Register today!

Fax: 919-350-0467

Mail: Wake AHEC, Attn: Lorie Houston

3216 Atlantic Avenue, Suite 212

Raleigh, NC 27604-1657

Questions? Contact Lorie Houston at LHouston@wakeahec.org or 919-350-0471.