

## Bat Rabies

Since 1950, there have been 56 non-transplant-associated cases of bat-variant rabies in North America. Of those, 55% had direct contact with a bat (i.e., were bitten or touched), while the remaining cases had no recognized contact with a bat.<sup>1</sup>

Rabies can be transmitted only when the saliva or neural tissue of an infected bat or other animal is introduced into open cuts or wounds in a person's skin, or contacts the mucous membranes. Bites are the most efficient way the virus is transmitted. Other less efficient means of transmission include contamination of scratches, abrasions, open wounds or mucous membranes with saliva or neural tissue from a rabid bat or other animal. Indirect contact, such as petting or handling a bat or other animal, or coming into contact with the blood, urine or feces of an animal does not transmit the rabies virus.

Wounds or scratches inflicted by a bat or other animal should first be cleansed with soap and water and irrigated with a virucidal agent such as a providone-iodine. Tetanus prophylaxis and measures to control bacterial infection should be administered as indicated.

In situations where rabies may have been transmitted, post-exposure prophylaxis (PEP) using a combination of rabies vaccine and Rabies Immune Globulin (RIG) should be given. PEP is indicated regardless of the length of the delay and provided the clinical signs of rabies are not present. If feasible, the full dose of RIG should be infiltrated around the wound(s), and any remaining volume should be administered IM at an anatomical site distant from vaccine administration.

The Vermont Department of Health Infectious Disease Section can assist with assessing human exposures, facilitating the collection and testing of animals, and providing recommendations for PEP. Decisions regarding PEP are left to the exposed person and his or her healthcare provider. Administration of rabies PEP is a medical urgency, not a medical emergency.

### Temporary Decrease in Human Rabies Vaccine Supplies

Both Novartis Vaccines (maker of RabAvert) and Sanofi Pasteur (maker of IMOVAX Rabies) have limited supplies of rabies vaccine, necessitating the need for judicious use of these products. While this shortage continues, rabies vaccine should be reserved for PEP. If pre-exposure is needed, please contact Infectious Disease Epidemiology at (800)640-4374 or (802)863-7240 to request vaccine for this purpose. It is expected that additional RabAvert will be available on the market in the coming weeks.

Additional information about rabies and its prevention is available from the Vermont Department of Health at (802)863-7240, (800)640-4374, or <http://healthvermont.gov>

<sup>1</sup>DeSerres G, Dallaire F, Cote M, and Skowronski DM. Bat rabies in the United States & Canada from 1950 through 2007; Human cases with and without bat contact. Clin Infect Dis 2008;46:1329-37

The *Infectious Disease Bulletin* can be viewed at:

<http://healthvermont.gov/pubs/IDB/index.aspx>

For questions & comments, please contact Mary Spayne at (802)863-7240

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