

Bat Rabies Post-Exposure Prophylaxis

This document is current to February 2009, and is not updated. It was prepared at a time when PIDAC reported directly to the Minister of Health and Long-Term Care and Chief Medical Officer of Health. Note that effective April 1, 2011, the responsibility for and functions of the Provincial Infectious Diseases Advisory Committee ("PIDAC") were transferred to the Ontario Agency for Health Protection and Promotion ("Agency"), and that PIDAC now reports to that Agency. You may wish to consult www.pidac.ca or the Agency's website at www.oahpp.ca for more information.

Bat Rabies Post-Exposure Prophylaxis

This fact sheet provides information for health care workers about recent rabies activity in Ontario.

PIDAC Recommendations

The following recommendations pertain to rabies post-exposure prophylaxis (PEP) with respect to bat exposures. These should replace any previous recommendations in Ontario with regard to bat exposures. The main difference between the current recommendations and previous ones is that PEP is no longer recommended in situations where people are sleeping unattended in a room where a bat was found, or if a bat is discovered in close proximity to an individual who is cognitively impaired or near a young child. In the following recommendations, PEP is only indicated when there is direct contact with a bat as defined below.

The wound or part of the body that had the contact with the bat should be immediately washed and flushed with soap and water. This is imperative and is probably the most effective procedure to prevent rabies. Suturing the wound should be avoided, if possible. Tetanus prophylaxis and antibacterial drugs should be given as required.

With respect to human exposures to bats, post-exposure prophylaxis (PEP) is recommended only when a bat bite or scratch has occurred,

OR

when there is direct contact¹ with a bat AND either of the following cannot be eliminated:

a bat bite or scratch²,

OR

saliva from a live bat entered an open wound or mucous membranes².

Notes

1 – Direct contact means the bat should be observed to touch or land on the person.

2 – An exception to administering PEP would be if the bat lands on the clothing of a person who can be sure that a bite or scratch did not occur and that the bat's saliva did not contact an open wound or mucous membranes. Extreme care should be taken to ensure that there is no further exposure to the bat if it is captured or handled. In the event that the bat is captured, it should be submitted for rabies testing. Unless exposure to the bat is in the person's head or neck region, PEP can be delayed for up to 48 hours until the rabies test result on the bat is obtained. If PEP was initiated, it can be discontinued if the bat tests negative for rabies.

Please note that spelunker exposure in caves will require special consideration.

Chief Medical Officer of Health Decision

The Chief Medical Officer of Health (CMOH) has reviewed the advice provided by PIDAC and recommends that bat rabies post-exposure prophylaxis be given in situations of direct contact with a bat as specified by PIDAC.

Background

- Rabies is a reportable disease under the Health Protection and Promotion Act.
- Rabies is caused by a virus that affects the central nervous system (brain and spinal cord) of warm-blooded mammals, including humans. Once symptoms of rabies appear, it is almost always fatal.
- Five doses of rabies vaccine are used to provide prophylaxis to individuals assessed to be exposed to an animal suspected of having rabies.
- The goal of public health units is to prevent the occurrence of rabies in humans. This is achieved by increasing the public's awareness of the disease and by providing post-exposure treatment to persons exposed to animals.
- Recent research demonstrated that the risk of acquiring rabies from a bat is very low (estimated at 1 case for all of Canada and the US, combined, per year¹) and the risk following finding a bat in the house or bedroom when no direct contact is known to have occurred is extremely low.
- Research also revealed that household and bedroom exposure to bats is frequent, and that current intervention reaches only a small percentage of exposed persons.

Selected Further Reading:

1. De Serres G, Dallaire F, Côte M, Skowronski DM. Bat Rabies in the United States and Canada between 1950 and 2007 : Human Cases with and without Bat Contact. *Clinical Infectious Diseases* 2008; 46: 1329-37

2. Huot, Caroline et al. "The cost of preventing rabies at any cost: Post-exposure prophylaxis for occult bat contact." *Vaccine* 26, no. 35 (August 18, 2008): 4446-4450.