Management of patients with suspected rabies exposure

Guidance for health care providers working with your local public health unit

April 2017
Public Health Ontario

Public Health Ontario is a Crown corporation dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, frontline health workers and researchers to the best scientific intelligence and knowledge from around the world.

Public Health Ontario provides expert scientific and technical support to government, local public health units and health care providers relating to the following:

- communicable and infectious diseases
- infection prevention and control
- environmental and occupational health
- emergency preparedness
- health promotion, chronic disease and injury prevention
- public health laboratory services

Public Health Ontario's work also includes surveillance, epidemiology, research, professional development and knowledge services. For more information, visit www.publichealthontario.ca

How to cite this document:

Public Health Ontario acknowledges the financial support of the Ontario Government.

©Queen’s Printer for Ontario, 2017
Disclaimer

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario’s government, public health organizations and health care providers. PHO’s work is guided by the current best available evidence.

PHO assumes no responsibility for the results of the use of this document by anyone.

This document may be reproduced without permission for non-commercial purposes only and provided that appropriate credit is given to Public Health Ontario. No changes and/or modifications may be made to this document without explicit written permission from Public Health Ontario.
Contents

Purpose ................................................................................................................................. 1
Immediate management ...................................................................................................... 1
Reporting to your Medical Officer of Health/public health unit ........................................... 2
Gathering information to assess risk and determine management ......................................... 2
Resources for guidance on rabies post-exposure prophylaxis (rPEP) administration ............ 3

Management of suspected rabies exposures

Dogs, cats or ferrets ............................................................................................................ 4
Bats ..................................................................................................................................... 7
Wild mammals (e.g., raccoons, foxes, skunks, coyotes) not including rodents ................. 10
Wild and domestic rodents (e.g., squirrels, chipmunks, rats, mice, hamsters, guinea pigs, gerbils, ground hogs (woodchucks), and beavers) and lagomorphs (e.g., rabbits and hares) 11
Livestock (e.g., horses, cattle, sheep, goats) ....................................................................... 12
Other mammals (e.g., non-human primates, exotic species, including exposures to these animals in other countries) ......................................................................................... 12
References ........................................................................................................................ 13
Purpose

This guidance document is intended to support health care providers in working in conjunction with your local public health unit to appropriately manage persons with suspected rabies exposures. It will aid in the decision of whether to administer rabies post-exposure prophylaxis (rPEP), which consists of the following:

- **In a previously unvaccinated person**: rabies immune globulin on the first day of post-exposure prophylaxis (Day 0) and rabies vaccination on Days 0, 3, 7 and 14. In those who are immunocompromised or taking antimalarial drugs, an additional dose is provided on Day 28.

- **In a person who was previously appropriately vaccinated against rabies**: only two doses of rabies vaccine are required which are given on Days 0 and 3. No rabies immune globulin is required.

The management of suspected rabies exposures involves a number of considerations, including the type of animal involved in the exposure, the details of the exposure incident, and the knowledge of animal rabies in the geographic area where the exposure occurred. Local public health units are required to conduct a risk assessment on all individuals who have had a suspected rabies exposure. While the ultimate decision to administer rPEP rests with the health care provider, the local public health unit’s risk assessment provides valuable information to help determine appropriate management of suspected rabies exposures.

The guidance provided in this document is based on the advice in the [rabies chapter of the Canadian Immunization Guide](#) and the [Guidance Document for the Management of Suspected Rabies Exposures](#).

As with any guidance document, professional judgment remains essential and may result in decisions that differ from these general guidelines.

Immediate management

The initial management of any acute wound from an animal involves thoroughly cleaning the wound. The [Canadian Immunization Guide](#) advises the following:

“Immediate and thorough cleaning and flushing of the wound with soap and water is imperative and is probably the most effective procedure in the prevention of rabies. Care should be taken to clean the wound to its full depth. Flushing for approximately 15 minutes is suggested. Some guidelines also suggest the application of a viricidal agent, such as iodine-containing or alcohol solutions. Suturing the wound should be avoided if possible, and tetanus prophylaxis and antibiotics should be given as appropriate.”

---

Management of patients with suspected rabies exposure: Guidance for health care providers working with your local public health unit | 1
Reporting to your Medical Officer of Health/public health unit

Under Ontario Regulation 557 of the Health Protection and Promotion Act⁴, health care providers are required to notify their Medical Officer of Health/local public health unit of any person who has a suspected rabies exposure. This notification should occur as soon as possible and should provide the local public health unit with any available information.

Gathering information to assess risk and determine management of suspected rabies exposures

Upon notification of a suspected human exposure to rabies, local public health units are required to conduct a risk assessment to determine the need for rabies post-exposure prophylaxis (rPEP). To support the risk assessment, the local public health unit’s roles include:

- tracking the prevalence of rabies in your community;
- arranging for observation of the animal, if appropriate and the animal is available;
- assisting in locating the animal if it is not initially available;
- arranging for rabies testing of the animal, if appropriate and necessary;
- providing the medications for rPEP, if deemed necessary.

When working with your local public health unit, you and/or your patient will be asked to provide available information including:

- demographic and other relevant information about the exposed person;
- information about the animal, its location, its vaccination status, and its owner;
- details of the exposure incident.

Only mammals can carry rabies. Some specific questions and considerations for suspected rabies exposures from various types of animals that can carry rabies can be found in the sections below:

- Dogs, cats and ferrets - page 4
- Bats – page 7
- Wild mammals (e.g., raccoons, foxes, skunks, coyotes, not including rodents and lagomorphs) – page 10
- Wild and domestic rodents (e.g., squirrels, chipmunks, rats, mice, hamsters, guinea pigs, gerbils, ground hogs (woodchucks), and beavers) and lagomorphs (e.g., rabbits and hares) – page 11
- Livestock (e.g., horses, cattle, sheep, goats) – page 11
- Other mammals (e.g., non-human primates, exotic species) – page 12

Although your local public health unit conducts the risk assessment concerning suspected rabies exposure, the ultimate decision regarding administering rPEP rests with the health care provider.
Resources for guidance on rabies post-exposure prophylaxis (rPEP) administration

Once the decision is made that rPEP is warranted in a particular situation, please see the following documents for guidance on administering the rabies vaccine and immune globulin, as indicated:

- Any information on the administration of rPEP provided by your local public health unit or included with the rabies immune globulin and vaccine.


Dogs, cats or ferrets – Management of suspected rabies exposures

Figure 1 provides information to consider when working with your local public health unit in determining the appropriate management, including the need for rabies post-exposure prophylaxis (rPEP), when a person presents with a bite or scratch from a dog, cat or ferret, or gets saliva from these animals into a break in the skin or onto a mucous membrane (i.e., eyes, nose, mouth).

**Figure 1:** Dogs, cats or ferrets post-exposure management algorithm

Thoroughly clean the wound and contact your local public health unit

Is the dog, cat, or ferret available for observation?

**Local public health unit** arranges for observation of the animal and verifies that the animal is alive and well at 10 days following the exposure.

If there was a bite to the head or neck, an assessment will be done by the local public health unit and the health care provider to determine if rPEP should be initiated immediately, considering factors such as the circumstances of the bite, the animal’s vaccination status, the prevalence of rabies in the area, and the age and behaviour of the animal. More frequent observation of the animal could also be considered.

Is there a reasonable chance of finding the animal?

Knowing the date, time and location of the incident, and having a good description of the owner and the animal may help with finding the animal.

In collaboration with the health care provider, the **local public health unit** will attempt to locate the animal.

In collaboration with the health care provider, the **local public health unit** will conduct a risk assessment to determine if rPEP should be initiated immediately. Some important factors to consider are on pages 5 and 6. If animal is found, the need for rPEP should be reassessed.

Animal is found

Local public health unit arranges for observation of the animal.

Animal is not found

In collaboration with the health care provider, the **local public health unit** will conduct a risk assessment regarding the need for rPEP. Some important factors to consider are on pages 5 and 6.

No need for rPEP

If illness suggestive of rabies develops in the animal during the observation period, the animal should be humanely euthanized and the head sent for testing by the local public health unit. rPEP should be started immediately.
**Dogs, cats or ferrets** – Important factors to consider regarding the need for rabies post-exposure prophylaxis (rPEP) when the animal is not available for observation

Figure 2 provides some of the important factors that form part of the local public health unit’s risk assessment of a suspected rabies exposure from a dog, cat or ferret that is not available for observation. Considering the following will help determine the risk of rabies and whether rPEP (i.e., rabies vaccine and rabies immune globulin, as indicated) is needed.

**Figure 2:** Important factors to consider regarding the need for rPEP when the dog, cat or ferret is not available for observation.

<table>
<thead>
<tr>
<th>Important factors to consider</th>
<th>Background information</th>
<th>Impact on assessment¹</th>
</tr>
</thead>
</table>
| **Prevalence of rabies in the area** | The local public health unit tracks the numbers and types of rabid animals in the area; however, the amount of surveillance of animals varies across Ontario, and may be limited in some areas. Data on rabid animals in Ontario are based on information from:  
  - Canadian Food Inspection Agency (CFIA)  
  - Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA)  
  - Ontario Ministry of Natural Resources | The risk of rabies increases if there have been cases of rabies in the area (e.g., in the health unit area or in neighbouring health units) in non-bat species in the past few years. However, it should be noted that there is an ongoing potential risk of rabies importation into the area that may be unrecognized, especially if surveillance in the area is limited. |
| When was the last case of rabies in the area (excluding bats)? | Domestic animals (e.g., dogs, cats, farm animals) in Ontario with rabies are usually infected by wild animals unless the domestic animal has been imported from other areas. | |
| How much rabies surveillance occurs in the area? | | |
| What types of animals were recently found to have rabies? | | |
| What is the risk of importation of rabid animals? | | |

Continued on next page
### Important factors to consider

<table>
<thead>
<tr>
<th>Question</th>
<th>Background information</th>
<th>Impact on assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Did the animal appear to have an owner or could it be a stray?</strong></td>
<td>Stray animals are more likely to have rabies as they are outdoors with more possibility to encounter rabid wildlife, may not be brought into care if they become ill and are not likely vaccinated.</td>
<td>Stray animals may be more likely to be infected with rabies.</td>
</tr>
<tr>
<td><strong>What is the type of the exposure and location on the body?</strong></td>
<td>For transmission to occur, saliva containing the rabies virus must enter a break in the skin or mucous membrane.</td>
<td></td>
</tr>
<tr>
<td>Was it a bite, scratch, or exposure to saliva in a break in the skin or onto a mucous membrane?</td>
<td>Most human rabies results from bites. Human rabies from a scratch is extremely rare. The incubation period for bites on the head and neck may be quite short because of the proximity to the brain.</td>
<td></td>
</tr>
<tr>
<td>Was the skin broken?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where on the body was the exposure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Was the bite provoked or unprovoked?</strong></td>
<td>Dogs/cats that are being fed, handled, or approached may bite or scratch; these would be considered provoked incidents.</td>
<td></td>
</tr>
<tr>
<td>Did the exposed person approach the animal or did the animal approach the person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Is the patient able to provide a reliable history?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*Management of patients with suspected rabies exposure: Guidance for health care providers working with your local public health unit* | 6
Bats – Management of suspected rabies exposures

Rabies in bats is common although the exact prevalence is not known. The prevalence of rabies in captured bats sent for testing may overestimate the prevalence in wild bats. In 2015, 3.6% of all the bats submitted for rabies testing in Ontario were found to have rabies.\(^5\)

Any direct contact with a bat requires appropriate management (i.e., testing the bat and/or administering rabies post-exposure prophylaxis - rPEP). The following will assist in determining if bat contact occurred or there is evidence of direct contact after potential exposures to bats.

Assessment of direct contact

Direct contact is defined as the bat touching the skin of the person or bat salivary exposure into a break in the skin or onto a mucous membrane (e.g., eyes, nose, mouth). Direct contact is ruled out if the bat did not touch the skin of the person, and if bat saliva did not enter into a break in the skin or onto a mucous membrane.

- **Contact through clothing** requires an assessment of whether direct contact with the skin may have occurred through the clothing:
  - When the person can give a reliable history and is certain that the bat did not touch the skin and bat saliva did not enter into a break in the skin or onto a mucous membrane, direct contact is ruled out.
  - If a child or person who cannot give a reliable history has had a bat landing on clothing, direct contact should be considered to have occurred.

- **Contact with a dead bat** is considered direct contact unless the dead bat was dried up at the time of contact, as the virus is easily killed by sunlight and drying.

Bat in the bedroom

Prior to August 2008, there was a recommendation to offer rPEP to anyone who woke to find a bat in their room. This recommendation was changed because evidence indicated that when there is no recognized direct contact with a bat, the risk of rabies is extremely low.

Finding a bat in the room – even if the person was asleep – is therefore generally **NOT** a reason for prophylaxis **UNLESS** direct contact is known to have occurred or there is evidence of direct contact with the bat. If the bat was found in the room with a child or adult who is unable to give a reliable history, assessment of direct contact can be difficult.

Evidence of direct contact with a bat may include:

- a mark on the skin, which may indicate a bite or scratch;
- the person was crying or upset while the bat was in the room.
**Figure 3: Assessment of exposure to bats**

**Did direct contact occur with the bat?**  
*(see direct contact definition above)*

- **Yes**
  - See bat post-exposure management algorithm on page 9

- **No**
  - **Was the bat in the same room as a person?**
    - **Yes**
      - Is the person a child or adult who may not be able to give a reliable history (e.g., cognitively impaired)?
        - **Yes**
          - No further management required
        - **No**
          - No further management required
    - **No**
      - **Was there evidence of direct contact with the bat?**
        - Evidence of direct contact with a bat may include:
          - a mark on the skin, which may indicate a bite or scratch;
          - the person was crying or upset while the bat was in the room.
        - **Yes**
          - See bat post-exposure management algorithm on page 9
        - **No**
          - No further management required
Bat post-exposure management algorithm

If direct contact has occurred or there is evidence of direct contact with a bat, Figure 3 will assist in determining the use of rabies post-exposure prophylaxis (rPEP).

Figure 4: Bat post-exposure management algorithm

Is the bat available for testing?

Yes

Bat tests positive

Continue rPEP, if already started.

If rPEP not previously started, start rPEP immediately.

Bat tests negative

Discontinue rPEP, if already started.

If rPEP not previously started, do not start rPEP.

No

Call your local public health unit to arrange for testing of the bat as quickly as possible.

rPEP should always be started immediately for bat exposures to the head and neck. For bat exposures that are not to the head or neck, rPEP may be delayed for up to 48 hours while waiting for test results if the risk of rabies is considered very low. Examples of when delaying rPEP for a maximum of 48 hours might be considered are as follows:

- very transient contact with a bat with no obvious bite, scratch, or wound or mucous membrane salivary exposure;
- contact with a dead bat;
- bat in the room with no direct contact known to have occurred and only possible evidence of direct contact (e.g., mark on the skin or person was crying or upset while the bat was in the room).

Discontinue rPEP, if already started.

If rPEP not previously started, do not start rPEP.
Wild mammals (e.g., raccoons, foxes, skunks, coyotes) not including rodents – Management of suspected rabies exposures

Figure 5 provides information to consider when working with your local public health unit in determining management when a person presents with a bite or scratch from a wild mammal (e.g., raccoon, fox, skunk, coyote), or gets saliva from these mammals into a break in the skin or onto a mucous membrane (i.e., eyes, nose, mouth). Considering the following will help determine the risk of rabies and whether rabies post-exposure prophylaxis (rPEP) is needed.

Figure 5: Wild mammal post-exposure management algorithm

- **Thoroughly clean the wound and contact your local public health unit**

- **Is the wild mammal available for testing?**
  - **Yes**
    - Local public health unit will arrange for testing of the animal.
    - rPEP should be initiated immediately while waiting for results for exposures to the head or neck. For other types of exposures, factors to consider regarding whether to begin rPEP immediately while waiting for laboratory test results include: the prevalence of rabies in the area and in the species of animal; and the circumstances of the exposure. The National Advisory Committee on Immunization recommends that initiation of rPEP should not be delayed beyond 48 hours while waiting for laboratory tests.¹
  - Animal tests positive
    - Start rPEP immediately.
    - Local public health unit to arrange for rPEP.
  - Animal tests negative
    - No need for rPEP.
    - Discontinue rPEP if it was already started.
  - **No**
    - Generally, start rPEP as quickly as possible. However, on occasion, based on the local public health unit’s risk assessment which considers local animal rabies epidemiology and the circumstances of the exposure, other management recommendations may be provided.
    - Local public health unit to arrange for rPEP if indicated.

¹ Is the wild mammal available for testing?
Wild and domestic rodents (e.g., squirrels, chipmunks, rats, mice, hamsters, guinea pigs, gerbils, ground hogs (woodchucks), and beavers) and lagomorphs (e.g., rabbits and hares) – Management of suspected rabies exposures

The following provides information to consider when working with your local public health unit in determining management when a person presents with a bite or scratch from a wild or domestic rodent, or gets saliva from these animals into a break in the skin or onto a mucous membrane (e.g., eyes, nose, mouth). This includes squirrels, chipmunks, rats, mice, hamsters, guinea pigs, gerbils, ground hogs (woodchucks), beavers and lagomorphs (e.g., rabbits and hares).

Small rodents and lagomorphs:

Rabies is very rare in small rodents such as squirrels, chipmunks, rats, mice, hamsters, guinea pigs, gerbils, and lagomorphs (e.g. rabbits and hares), as these animals would generally be killed during the encounter with the other animal that is rabid. These small animals can, theoretically, become infected by bat strains of rabies; however, there have been no documented confirmed cases of transmission of bat strains of rabies from these animals to humans in North America.

For squirrels, chipmunks, rats, mice, hamsters, guinea pigs, gerbils, rabbits and hares, rabies post-exposure prophylaxis (rPEP) would generally only be considered if the animal’s behaviour is highly unusual (e.g., if one of these animals attacked a person without provocation). A bite from these animals while feeding, touching or otherwise interacting with them would not be considered unusual behaviour.

Larger rodents:

In Canada, rabies is rare in larger rodents, such as groundhogs (woodchucks) and beavers. Exposure to these animals requires a risk assessment by the health unit in collaboration with the health care provider to determine the need for rabies post-exposure prophylaxis (rPEP). The risk assessment includes the frequency of rabies in these and other animals in the geographic area; the type of exposure; and the circumstances of the exposure, including whether it was provoked or unprovoked.
Livestock (e.g., horses, cattle, sheep, goats) – Management of suspected rabies exposures

Human exposures to livestock are usually related to saliva coming into contact with a break in the skin, with the exception of horses and swine, from which bites have been reported. Exposure to livestock (e.g. horse, cattle, sheep, goats) requires a risk assessment by the local public health unit in collaboration with the health care provider to determine the need for rabies post-exposure prophylaxis (rPEP). The risk assessment includes the frequency of rabies in these and other animals in the geographic area; the type of exposure; and the circumstances of the exposure, including whether it was provoked or unprovoked. If considered appropriate, an observation period can be determined on a case-by-case basis in consultation with your local public health unit.

Other mammals such as non-human primates, exotic species, etc., including exposures to these animals in other countries – Management of suspected rabies exposures

For other mammals such as non-human primates and exotic species, including exposures to these animals in other countries, your local public health unit should be consulted regarding management of suspected rabies exposures from these types of mammals.
References


5. Personal communication, Ministry of Health and Long Term Care, December 2016