



June 10, 2021

### Health Alert

Dear Public Health Partners:

The Ottawa County Department of Public Health (OCDPH) has received notification from the Michigan Bureau of Laboratories (BOL) that 3 bats recently submitted from Ottawa County have tested positive for rabies. Two of these bats were from the Holland area and one was from the Hudsonville area. Prior to these cases there had been a total of only 2 reported cases of rabies in bats in Ottawa County in the past 5 years. Although our surrounding counties have not noted an increase in positive cases, consultants at the Michigan Department of Health and Human Services (MDHHS) have reported that the current number of bats testing positive for rabies statewide is trending very closely to the exceptionally high number recorded in 2007 when there were 199 cases of rabies in bats and 11 cases in other animals.

Based on the above, you are encouraged to have an increased awareness for rabies during the coming months and are also encouraged to continue stressing the importance to pet owners of keeping all pets up to date on rabies vaccinations. As you know, rabies vaccinations are not required for cats, but it is still strongly encouraged that all cats be vaccinated including "indoor only" cats. Also, please remind pet owners that bats can carry rabies and, in the event that they come in contact with bats they should call the OCDPH (616-396-5266) before they release or dispose of them. This is especially important with any bats found in the house.

*Bats captured with suspected human exposure may be taken to the Harbor Humane Society, 14345 Bagley Street, West Olive, for euthanasia if still alive and for shipping to BOL. All services are free of charge.*

Although you will not be dealing directly with treatment of humans, you are encouraged to be familiar with the attached MDHHS Rabies Algorithm, as pet owners may seek your advice on rabies. Please note in footnote #2 that Post Exposure Prophylaxis (PEP) may need to be considered in certain circumstances where exposure to a bat may have occurred but no actual bite has been confirmed. If you have further questions or require assistance, please contact the OCDPH at 616-396-5266 and request to speak with a communicable disease nurse.

Attachments: Michigan Rabies Assessment - When a Human Has Been Exposed

Sincerely,

Paul A. Heidel, MD, MPH

Medical Director

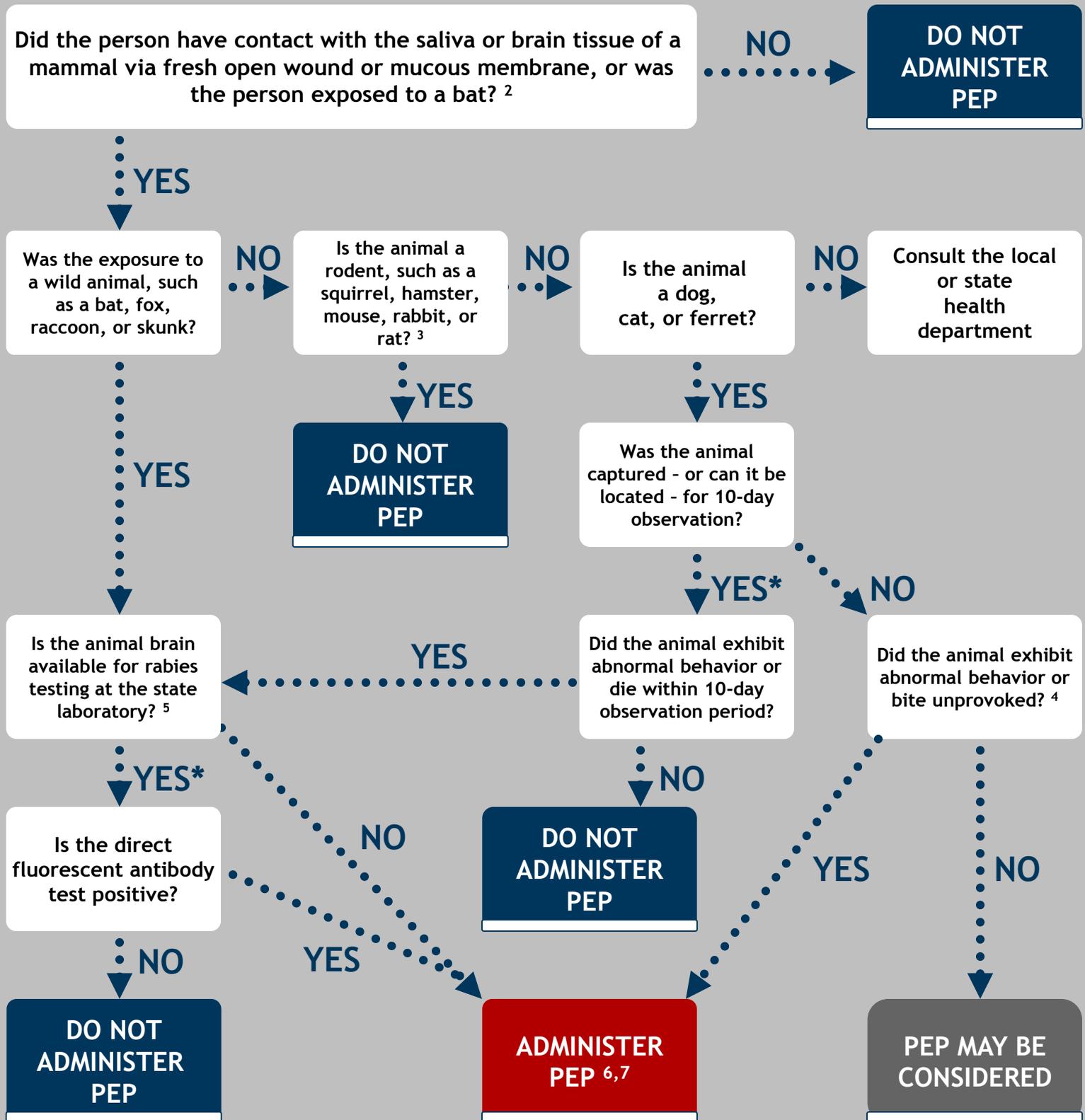
Ottawa County Department of Public Health

# MICHIGAN RABIES ASSESSMENT: WHEN A PERSON HAS BEEN EXPOSED <sup>1</sup>



Immediately consult with local or state public health officials

Michigan law requires that animal bites be immediately reported to the local health department



\* Rabies PEP is a medical urgency, NOT an emergency. The decision to initiate rabies PEP can normally wait to determine whether an animal is available for testing or observation, and for test results to become available. Testing is available at the MDHHS laboratory 24/7 including weekends and holidays; turnaround time for testing and results is normally 24-48 hours.

SEE IMPORTANT INFORMATION ON REVERSE SIDE



# IMPORTANT INFORMATION

**1.** Rabies exposure risk assessment requires balancing a number of criteria: the species of animal and the endemicity of rabies for that species for Michigan, the observed health and behavior of the animal, and the circumstances of the bite. This algorithm only addresses rabies post-exposure prophylaxis. Other treatment such as wound care, antibiotics, and tetanus immunization may be indicated.

**2.** In addition to obvious bites or mucous membrane exposures, the CDC suggests that PEP be considered in cases where there is a reasonable probability that contact with a bat may have occurred (i.e. a deeply sleeping person awakens to find a bat in the same room, an adult witnesses a bat in a room with a previously unattended child, mentally disabled person, or intoxicated individual) **and rabies cannot be ruled out by testing of the bat.** PEP would not be warranted for other household members. Consult your local health department for questions regarding uncommon incidents.

**3.** Barring unusual circumstances, rodents and rabbits are not likely to carry rabies, and bites from these species almost never require rabies PEP. In questionable or unusual circumstances involving rodent or rabbit bites, consult your local health department.

**4.** Unprovoked exposures are rare and typically require an animal to cross neutral space and attack. *Provoked* exposures may include:

- attempting to feed an animal
- having contact with an injured animal
- entering an animal's territory
- petting or playing with an animal
- handling an animal
- breaking up a fight between animals
- walking, running, or riding a bicycle past an animal

The physician should attempt to get the patient to describe the scenario in order to establish the true nature or the circumstances surrounding the biting incident - DO NOT simply ask if the bite was provoked or unprovoked.

**5.** Rabies PEP is a medical urgency NOT an emergency. The severity and location of a wound (severe wounds or obvious wounds near the head and neck should be given highest priority), and the expected interval between the time of the bite and receipt of rabies test results should be considered when making a decision to begin PEP while awaiting test results. Potentially exposed persons can normally afford to wait for 1) an animal to be located for quarantine or testing, or 2) animal rabies testing results. **Testing is available at the MDHHS laboratory 24/7 including weekends and holidays; turnaround time for testing and results is normally 24-48 hours.**

**6.** Unless the person previously received rabies immunoprophylaxis<sup>1</sup> or is immunosuppressed<sup>2</sup>, PEP consists of four (4) doses of vaccine (1.0 ml each administered IM in the deltoid region) on days 0, 3, 7, and 14, and one (1) dose of human rabies immune globulin (HRIG) administered on day 0. HRIG (dosage 20 IU/kg) should be infiltrated into and around the bite wound as much as anatomically feasible, with the remainder administered IM at a site distant from vaccine administration. HRIG should not be administered in the same syringe or at the same site as vaccine.

<sup>1</sup>A previously vaccinated patient receives: No HRIG, and two (2) doses of vaccine on days 0 and 3.

<sup>2</sup>An immunosuppressed patient receives: HRIG and a five (5) dose series of vaccine (days 0, 3, 7, 14, 28). Serum should be tested for rabies neutralizing antibody 1-2 weeks following completion of series.

Consult your local health department if deviations from the PEP schedule occur.

**7.** If the biting animal is captured and tests negative for rabies after PEP has begun, PEP may be discontinued.

#### References:

*Human Rabies Prevention - United States, 2008: Recommendations of the Advisory Committee on Immunization Practices (ACIP).* CDC MMWR 2008; 57 (No. RR-3).

*Use of a Reduced (4-Dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies: Recommendations of the Advisory Committee on Immunization Practices (ACIP).* CDC MMWR 2010; 59 (No. RR-2).

*Compendium of Animal Rabies Prevention and Control, 2016: National Association of State Public Health Veterinarians, Inc. Journal of the American Veterinary Association. Vol.248, No.5, March 1, 2016.*