

## 06-13-08 Little Bats Bring Big Problems

I usually write about bats in August when our Massachusetts Department of Public Health sends out its annual guidance for bats as potential vectors of rabies. In August the young are beginning to explore and people are more likely to find a bat in their home. While all the information on DPH's fact sheet on bats still counts as accurate, timely and important, this spring brought new information to me about bats.

My daughter, Kate, who lives in another state with her family, awoke last Monday morning at 12:30 a.m. to the sounds of her two year old crying and calling for her. As soon as she entered her son's bedroom, she saw the bat flying around. She knew the official guidance on bats: If you awaken to a bat in your room or if you enter a room with a bat and a person who is mentally incapacitated for any reason, including a sleeping person of any age, an infant or a person who is intoxicated; assume contact and try to catch the bat for testing. If the bat tests negative for rabies, you are good to go. If the bat tests positive for rabies (or was not caught for testing), assume exposure and treat with the series of prophylactic vaccine shots.

With her husband away for training and her parents two hours away, she needed help pronto and, so, she opened the phone book to "W" for wildlife and called the one promising "24/7" coverage. People can be certified to handle and relocate wildlife. They come in handy. When the man arrived, he peeked in Colin's bedroom and announced, "Yup. It's a bat." "I'll have to catch it and get it tested." Kate was relieved that he knew the importance of that. He donned heavy gloves and after a few curses at missed attempts, he had it. At his vehicle he euthanized the bat and made arrangements for the testing. The wildlife guy told my daughter that he had been out on bat calls since five in the morning! He said that this happens each spring with the arrival of the first very warm day. This spring, with its combination of cool weather preceding a sudden rise in temperature, was especially conducive to the sudden increase in activity of bugs and bug-eaters, such as bats. It made so much sense when I heard his description but it was new information for me.

With the bat properly taken care of, it was time for my daughter to turn her attention back to her son.

It was a long and difficult night, for, unfortunately, she received varying and opposing advice by physicians and nurses that night. She was told to get her son to the hospital ASAP, to begin the shots. She wondered, and asked, what the difference was between two in the morning and eight in the morning but she was told to leave right away. So, mother, infant daughter and son ventured out into the night.

The first hospital did not have any rabies vaccine! Not hanging around for an explanation, they moved on to another hospital.

After a long wait, the second hospital called her in from the emergency room to see the physician, only to be told that there was no need to vaccinate a child before the test results came back. It was then that she understood why the first hospital did not even bother to keep the vaccine on hand. There is a seven-day window of opportunity between exposure time and beginning vaccine to prevent rabies. The results from a lab are ready in about 24 to 36 hours.

What was a heart wrenching and wearisome event for my daughter, was a complete adventure for two year old Colin. Apparently car rides in the middle of the

night are lots of fun, for he repeatedly announced, “This is fun, Mum-mum!” and he wondered, “Where is the moon?”

On Monday morning, at the same time that I was hearing the story of Colin’s Connecticut adventure and answering an email about bats, I was handed a phone message slip. Somebody in the Halifax area wanted some advice on bats. As we spoke, she became understandably concerned about her window of opportunity. As she saw it, her seven-day clock had already been ticking for a few days.

This woman awoke to sounds of something unusual. Was it scratching? She turned on her light to see a bat just succeeding in squeezing in at the edge of her screen, into her bedroom. She did what a lot of people do. She opened the window and left the room, assuming the bat would leave. The next night, she returned to her room, believing the bat to be gone, only to find the bat again, later on. It was not until the third day that she caught the bat in a plastic container. She wasn’t sure why the bat died. Did the container injure it? Was the bat sick, perhaps with rabies, and ready to die anyway?

I advised her to surround the container with some bags of ice and call MA DPH, giving her both the epidemiology department and the State Lab. Our MA DPH is always there to help us. They are the experts in disease trends and vectors.

It was with great relief that we learned the next day that Colin’s bat was negative for rabies and when I arrived at work on Monday, I heard from our local person that her bat also tested as negative for rabies. The woman delivered the bat to the State lab herself. Thank you, Lisa, for participating in public health!

Knowledge can save lives. Spread the word: Bats are part of our wonderful world of nature and are beneficial by eating insects but they can carry rabies. Leave them alone and do what you can to keep them where they belong: outdoors.

I will keep this in mind at housing inspections when property owners give me a hard time for requiring repairs to screens. Prevention is so much simpler and safer.

*Cathleen Drinan is the health agent for the Town of Halifax. She thinks bats are cute but her grandson is even cuter. She welcomes your comments, questions and suggestions. She can be reached at 781 293 6768 or [cdrinan@town.halifax.ma.us](mailto:cdrinan@town.halifax.ma.us)*