

6-18-10 Once Bit Twice Shy

One of my earliest memories of being a new health agent was that of being amazed and overwhelmed by the variety of topics and duties entrusted to the local board of health. Even the mail of public health journals piled up waiting to be read, absorbed and applied. I was advised to at least skim-read the ones of most importance, with the reminder that I could always go back to it.

I was reminded of that advice last week when I received a call about an animal bite. The bite was from a squirrel. Up until recently, I would have said something like this, "It is theoretically possible for this mammal to get rabies but there are no known cases of it and, so, the Department of Public Health does not recommend testing." I always advised cleaning and treating for the wound itself and seeking medical advice. I would also converse for a bit in hopes of discovering the circumstances.

That interview is and will always be important. Was the animal cornered? Was it protecting its young? Was the animal acting strangely? How so? Was it really staggering or was it limping with an injury? Sometimes that conversation results in a confident -Well, there, we have it- discovery.

I wasn't able to do that last week, however, because the man who was bitten by the squirrel was at the hospital with his wife. It was then that I was glad I had at least skimmed over some recent protocol changes and clarifications from MDPH. They sent out a color-coded rabies guideline for a variety of animal species, with red being the highest risk and known rabies vectors. The red #1 category included bat, bear, beaver, bobcat, coyote, fisher, fox, otter, raccoon, skunk and woodchuck. Orange category 2 included cat, cow, dog and ferret. With these animals, we can quarantine the animal for 10 days to watch signs of rabies. If the animal does not become ill, there's no need to test. If the animal is already displaying symptom of rabies, then it is advised to test.

My squirrel was in yellow category 3. I could picture the chart. My administrative assistant, Peggy and I were going to laminate this chart. The laminator was out, sitting on the table but, as yet, unused. Feelings of regret would not assist me, though, so I closed my eyes and concentrated on visualizing it. The wording was slightly but significantly different from what I said in the years past. It said that species in this group are occasionally found to rabid, although their bites have never resulted in a human case of rabies in the U.S. This yellow category included a long list from alpaca/llama to weasel, with horses, sheep, squirrels and many more in between. I knew the advice for these animals was modified/clarified by "requiring MDPH approval for testing, handled on a case by case basis".

I knew I had to call and get some assistance from DPH but before I did, I wanted that squirrel available for testing, just in case. How would you feel if you were told, “Oh, they sometimes get rabies but we don’t know of them giving it to any humans.” It is not pleasant or without risk to go through a series of prophylactic shots but that is all that can be done, if a human has been exposed to the rabies virus.

I was not certain of the exposure in this case because my information was second hand. The squirrel was described by the dispatcher, who kindly and correctly called me, as “half dead” but I did not know if that condition was from illness or injury and, if injury, from an animal attack or from being hit by a car. So, I requested that the dispatcher ask police to keep the animal or put it down humanely, with rabies protocol, preserving the head, for testing, just in case.

There is an epidemiologist on call 24/7 at our Massachusetts Department of Public Health. Did you know that? It is there for anyone. By calling the main number 617 983 6800, you can say why you are calling. Even after hours, one will be paged, if it is an emergency. I used both methods last week. I was on my way to a doctor’s appointment when I received the call about the squirrel bite, so I called and spoke to Judith, who explained that the squirrel is so small, it would die very quickly from rabies. If my squirrel in question had been injured from an animal attack, it would not have had time to develop the illness. Judith would call the dispatcher and get more information and she would not be recommending testing of the squirrel.

After my appointment I could not rest easy until I found out the rest of the story. I called MDPH again and asked them to page the epidemiologist who was on call. Melissa confirmed Judith’s response but did not have any information on my particular situation. Melissa hoped that the bite victim was not given the antiviral treatment for rabies. She told me they had been receiving calls all week about mice and squirrels and they were happy to get them. They would rather that a doctor call and ask; than to treat unnecessarily. She was certain the squirrel did not need to be tested.

One more call to police dispatch was in order to say thank you and to advise the squirrel could be disposed. Lastly, a call to the family to see how they were doing and to pass along DPH’s number if they wanted more information. The patient wasn’t home yet but his grown daughter told me he was fine, had received wound treatment only and that the hospital was in agreement that he did not need the preventive series of shots for rabies. She also told me that Judith had called them and spoke at length about the circumstances. The family was very grateful for town’s response.

What’s better than once bitten, twice shy? Not being bitten in the first place. The rabies phrase we are supposed to teach our children is, “Pet your own; leave others alone.” But for one elderly man who attempted kindness toward a squirrel, all’s well that ends well.

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