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TO: Infection Preventionists, Emergency Departments and Hospital Pharmacies

FROM: Alfred DeMaria, Jr., M.D.
Medical Director and State Epidemiologist
Bureau of Infectious Disease

cc: Local Health Departments

DATE: August 14, 2013

RE: Administration of Rabies Postexposure Prophylaxis (PEP)

Administration of rabies vaccine and human rabies immune globulin peaks during the summer, especially during the month of August. August is the month when juvenile bats that have been roosting in attics of dwellings, start to become more independent and may mistakenly make their way down into the living quarters. For individuals exposed to a rabid bat, or other animal, prompt administration of PEP will prevent development of disease. However, administration of PEP when no appropriate exposure has occurred, or if rabies in the animal can be ruled out, can expose patients to unnecessary treatment and cost, limit supplies, and jeopardize capacity to protect people who are truly at risk for rabies.

To assist you in managing patients who may present with concerns about rabies exposure, MDPH is reminding you of the following:

- **Transmission of rabies can ONLY occur through introduction of infected saliva directly into a person's body, usually through a bite.**
- **Introduction into the body can also occur if infected saliva comes in contact with fresh, recently bleeding cuts or wounds, or is introduced into the eyes, nose, or mouth.**
- **Transmission does not occur through saliva contact with intact skin or through contact of any kind with the animal's fur, urine, feces, or blood.**
- **Raccoons and skunks are the animals most commonly found to be rabid in Massachusetts; however, most cases of rabies in people in the United States over the last few decades have been due to bat exposure for which the individuals did not seek medical care.**

- **Bats pose a unique risk for rabies because their teeth are small and individuals may not recognize that a bite has occurred. Any direct contact with a bat where a bite or scratch cannot be ruled out constitutes an exposure.**
- **Small mammals such as mice, chipmunks, or squirrels are rarely found to be rabid and PEP is generally not recommended for bites from these animals.**
- **Rabies virus has not been shown to be transmitted through indirect contact with saliva such as touching an animal's fur or a surface that may have had the animal's dried saliva on it.**
- **Administration of PEP following a rabies exposure in almost all situations can wait pending either quarantine or testing results on the animal.**
 - **Patients who have been exposed by a dog, cat, ferret, or cow do not need to receive PEP IF the animal can be identified and is available for a 10-day quarantine. If the animal remains healthy for the 10 days, no rabies exposure occurred. If the animal develops signs of rabies, it should be immediately euthanized and tested.**
 - **Patients who have been exposed by a high-risk wild animal such as a raccoon, skunk, bat, fox or woodchuck (groundhog), can wait to receive PEP if the animal is available for testing.**
- **PEP is indicated in the following scenarios involving bats:**
 - **Sleeping person wakes up to a bat in the same room**
 - **Bat is found in the room with a previously unattended child or mentally incapacitated individual.**
- **PEP is not generally necessary when bats are found in the house but not in the sleeping quarters.**

The attached algorithm may be useful to you in determining when PEP is necessary. If you have any questions about whether or not a specific scenario requires administration of rabies post-exposure prophylaxis, please contact the MDPH Division of Epidemiology and Immunization at (617) 983-6800 (available 24/7).

For additional information on rabies, you may also visit the MDPH rabies website at www.mass.gov/dph/rabies.