

BATS PROTOCOL
AS PER MOH



Ontario

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée

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August 8, 2008

Dear Doctor:

RE: Bat Rabies Post-Exposure Prophylaxis (PEP) Administration Policy Change

This letter is to provide you information regarding the new policy regarding Ministry of Health and Long-Term Care recommendations for rabies PEP administration with regard to bat exposures.

As you may be aware, recent research (pending publication) by Dr. DeSerres of l'Institut National de Santé Publique du Québec has led the province of Quebec to adopt a change in policy that advocates PEP administration only where direct contact with a bat has occurred. The research demonstrated that the risk of acquiring rabies as a result of non-contact bat exposures is extremely low. This is contrary to the current policy found in the Canadian Immunization Guide, 7th Edition, which prescribes PEP administration in instances where contact with a bat cannot be ruled out, including when a bat is found in the same room as a sleeping person, unattended child or cognitively impaired individual.

The decision by Quebec had prompted Ontario to review its PEP administration practices, and following expert advice from the Ontario Provincial Infectious Diseases Advisory Committee (PIDAC), the Ontario Ministry of Health and Long-Term Care has decided to adopt new recommendations for rabies PEP administration.

The attached provides Ontario's new rabies PEP recommendations in regard to bat exposures. These recommendations should replace any previous recommendations that have been issued by the Ministry in regard to bat exposures. The new recommendations are meant to be used in conjunction with your professional judgement and assessment of individual situations.

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I would appreciate your sharing this information with any staff that should be aware of these new recommendations. Should you have any questions regarding this information, please contact your local public health unit.

Yours truly,



David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health (A)
Associate Chief Medical Officer of Health, Health Protection

Attachments:

- 1) Recommendations for Rabies Post-Exposure Prophylaxis with Respect to Bat Exposures
- 2) Rabies Vaccine Questions and Answers for Health Care Providers

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Recommendations for Rabies Post-Exposure Prophylaxis with Respect to Bat Exposures

August 8, 2008

The following recommendations pertain to rabies post-exposure prophylaxis (PEP) with respect to bat exposures. The following recommendations should replace any previous recommendations in Ontario with regard to bat exposures. **The main difference between the current recommendations and any previous recommendations is that PEP is no longer indicated for the scenarios where people are sleeping unattended in a room where a bat was found, or a bat is discovered in close proximity to an individual who is cognitively impaired or near a young child. In the following recommendations PEP is only indicated when there is direct contact with a bat as defined below.**

Immediate washing and flushing of the wound or anatomic location that the bat contacted with soap and water is imperative and is probably the most effective procedure in the prevention of rabies. Suturing the wound should be avoided if possible. Tetanus prophylaxis and antibacterial drugs should be given as required.

With respect to human exposures to bats, post-exposure prophylaxis (PEP) is recommended only when a bat bite or scratch has occurred,

OR

when there is direct contact¹ with a bat AND either of the following cannot be eliminated;

- a bat bite or scratch²,
- or
- saliva from a live bat entered an open wound or mucous membranes².

Notes

1 – Direct contact means that the bat should be observed to touch or land on the person.

2 – An exception to administering PEP would be if the bat lands on the clothing of a person who can be sure that a bite or scratch did not occur and that the bat's saliva did not contact an open wound or mucous membranes.

Extreme care should be taken to ensure that there is no further exposure to the bat if it is captured or handled. In the event that the bat is captured, it should be submitted for rabies testing. Unless exposure from the bat is to the head or neck region, PEP can be delayed for up to 48 hours until the rabies test result on the bat is obtained. If PEP was initiated, it can be discontinued if the bat tests negative for rabies.

Please note that spelunker exposure in caves will require special consideration.

Rabies Vaccine

Questions and Answers for Health Care Providers

The Ministry of Health and Long-Term Care (the "Ministry") has adopted new policy for rabies post-exposure prophylaxis (PEP) administration with regard to bat exposures.

About the Policy Change:

Q: Why is the Ministry changing policy regarding bat exposures?

A: Recent research by Dr. DeSerres in Quebec demonstrated that the risk of acquiring rabies as a result of non-contact bat exposures is extremely low. This risk was calculated by gathering denominator data on exposure to bats in the general population. Similar to a previous study conducted in the United States, the study revealed that non-contact exposure to bats is frequent, and that current intervention reaches only a small percentage of exposed persons. This means that the risk is so low that the consequences and cost of vaccination outweigh the benefits.

Q: When should PEP be given for bat exposures?

A: With respect to human exposures to bats, PEP is recommended only when a bat bite or scratch has occurred,

OR

when there is direct contact with a bat AND either of the following cannot be eliminated;

- a bat bite or scratch, or saliva from a live bat entered an open wound or mucous membranes.

Q: What does 'direct contact' mean?

A: Direct contact means that the bat should be observed to touch or land on the person. This would include if the bat was handled by a child, stepped on with bare feet, flew into a person, or was touched when the person reached into its hiding place. An exception to administering PEP would be if the bat lands on the clothing of a person who can be sure that a bite or scratch did not occur and that the bat's saliva did not contact an open wound or mucous membrane.

Q: If the bat was dead when the exposure occurred, should I still offer PEP?

A: The rabies virus is inactivated by exposure to sunlight, heat, and desiccation. PEP is not recommended after contact with a dry bat carcass.

Q: How is this policy different from the ministry's previous recommendations?

A: Previous ministry policy regarding bat exposures adhered to that found in the Canadian Immunization Guide, 7th Edition, which prescribes PEP administration in instances where contact with a bat cannot be ruled out, including when a bat is found in the same room as a sleeping person, unattended child or cognitively impaired individual.

Q: What should I tell someone who has woken up to find a bat in the room?

A: If it is determined that there was no bat bite or scratch and no observed physical contact with the bat, PEP is not recommended and the person should have the bat safely removed by their local animal control officer. The chance of getting rabies from this type of exposure is extremely low.

Q: What should I do when someone presents with a bat exposure?

A: Determine the need for PEP as described above. Immediate washing and flushing of the wound or anatomic location that the bat contacted with soap and water is imperative and is probably the most effective procedure in the prevention of rabies. Suturing the wound should be avoided if possible. Tetanus prophylaxis and antibacterial drugs should be given as required.

According to the *Health Protection and Promotion Act*, any animal bite or other animal contact that may result in rabies in persons must be reported as soon as possible to the local medical officer of health.

Q: Can the bat be tested for rabies?

A: If there has been no exposure requiring PEP, as defined above, the bat should not be captured for testing. Attempting to capture the bat puts the individual at risk for coming in direct contact with the bat, which potentially exposes them to rabies.

If there has been an exposure, as defined above, extreme care should be taken to ensure that there is no further exposure to the bat if it is captured or handled. In the event that the bat is captured, it should be submitted for rabies testing.

Q: Can I delay PEP administration until I receive test results on the bat?

A: Unless exposure is to the head or neck region, PEP can be delayed for up to 48 hours until the rabies test result on the bat is obtained. If PEP was initiated, it can be discontinued if the bat tests negative for rabies.

Resources

1. Public Health Agency of Canada. Canadian Immunization Guide, 7th edition, 2006. Available at: <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-pneu-eng.php#sched>.
2. World Health Organization. Guide for post-exposure prophylaxis, 2008. Available at: <http://www.who.int/rabies/human/postexp/en/index.html>