

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
William A. Hinton State Laboratory Institute  
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Bureau of Infectious Disease Prevention,  
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(617) 983-6550

MEMORANDUM

TO: Emergency Departments  
Infection Preventionists  
Local Boards of Health

FROM: Alfred DeMaria, Jr., MD  
State Epidemiologist

DATE: July 20, 2009

SUBJECT: Bats and Potential Rabies Exposures

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Reports of bats inside the living area in a home are relatively common at this time of year. During warm summer days, bats find their attic roosting space too hot and may move into people's living quarters in search of cooler temperatures. Unfortunately, this may put them into proximity, or even direct contact, with people.

Below are several important points that may assist you in evaluating these situations as possible rabies exposures.

- Transmission of rabies from any mammal, including bats, requires a bite or contamination of an open wound or mucous membrane with saliva.
- The 2008 ACIP Human Rabies Prevention Recommendations state that after direct contact with a bat, "if the person can be reasonably certain a bite, scratch, or mucous membrane exposure did not occur, or if the bat is available for testing and is negative for presence of rabies virus, postexposure prophylaxis is not necessary."
- The Recommendations then state that "...situations that **might** qualify as exposures include finding a bat in the same room as a person who might be unaware that a bite or direct contact had occurred (e.g., a deeply sleeping person awakens to find a bat in the room or an adult witnesses a bat in the room with a previously unattended child, mentally disabled person, or intoxicated person). These situations **should not** be considered exposures if rabies is ruled out by

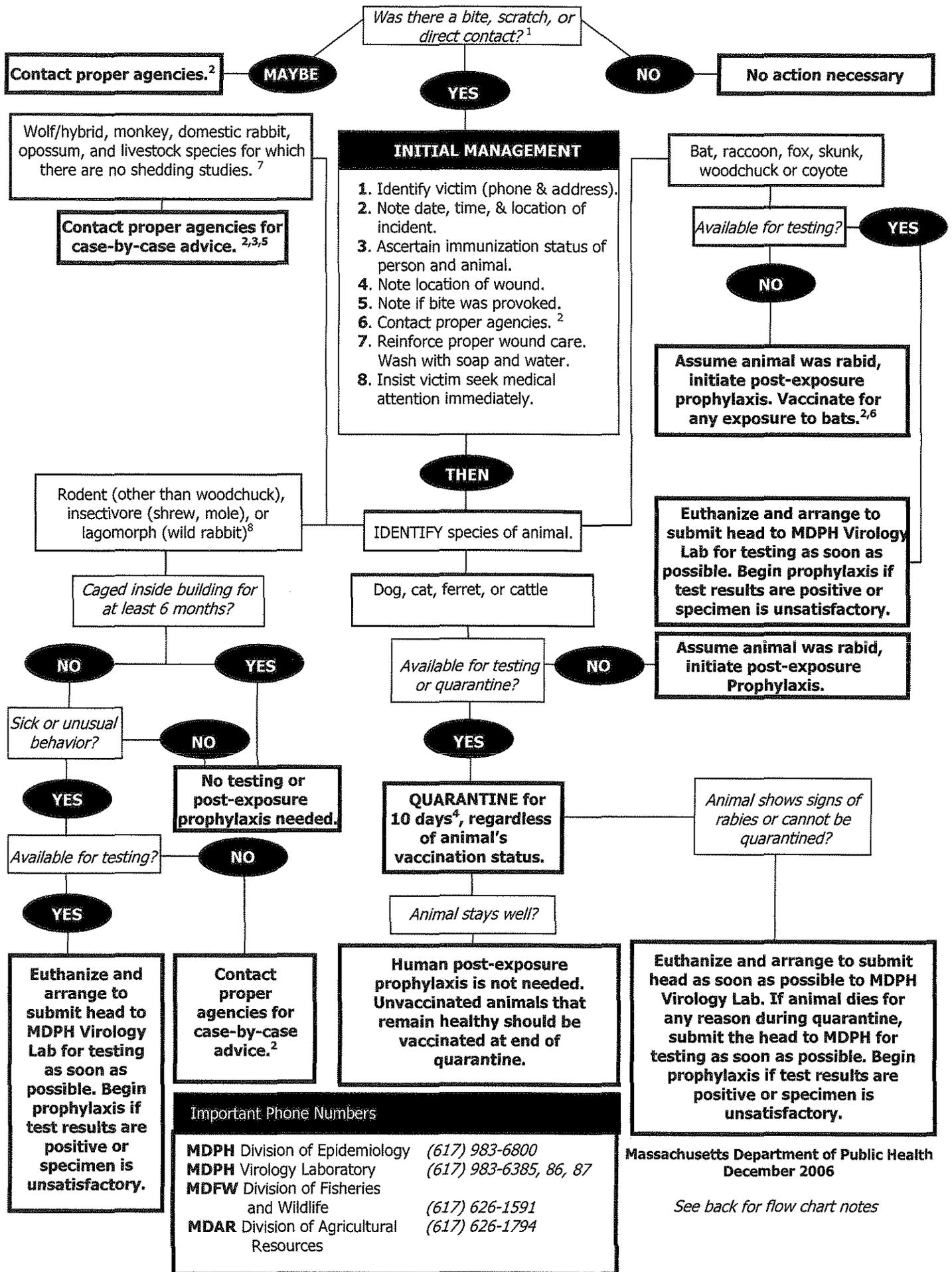
diagnostic testing of the bat, or circumstances suggest it is unlikely that an exposure took place.” (*emphasis added*)

- They also state, “Other household members who did not have direct contact with the bat or were awake and aware when in the same room as the bat **should not** be considered as having been exposed to rabies.” (*emphasis added*)
- Finally, in exposure situations where the bat is available, the animal should always be tested. The decision to initiate rabies post-exposure prophylaxis can almost always wait for a few days pending laboratory evaluation of the animal or, alternatively, PEP can be discontinued if the animal is determined to be negative.

Local Boards of Health are one resource available to you to assist with rabies questions, and public health employees trained in rabies risk assessment are available 24/7 from the Massachusetts Department of Public Health’s Division of Epidemiology and Immunization at 617-983-6800.

The complete ACIP guidelines on Human Rabies Prevention are available at <http://www.cdc.gov/mmwr/PDF/rr/rr5703.pdf>.

# ATTACHMENT 2: Management of Human Exposure to Suspect Rabid Animals



### Important Phone Numbers

**MDPH** Division of Epidemiology (617) 983-6800  
**MDPH** Virology Laboratory (617) 983-6385, 86, 87  
**MDFW** Division of Fisheries and Wildlife (617) 626-1591  
**MDAR** Division of Agricultural Resources (617) 626-1794

Massachusetts Department of Public Health  
 December 2006

See back for flow chart notes

## **RABIES FLOW CHART NOTES**

1. Defined as a bite, scratch, or direct contact where there is contamination of a scratch, abrasion, mucous membrane, or open wound (one that has been bleeding in the past 24 hours) with potentially infectious material such as saliva or central nervous system tissue or fluid.
2. Contact the Massachusetts Department of Public Health (MDPH), Division of Epidemiology and Immunization for advice on human exposure. Domestic animal exposure should be reported to the local animal control official or the Massachusetts Division of Agricultural Resources (MDAR), Bureau of Animal Health and Dairy Services. Questions about wild animal exposures and ferret exposures should be addressed to the Massachusetts Division of Fisheries and Wildlife (MDFW).
3. Wolf/hybrids are considered unvaccinated despite vaccination history.
4. The type of quarantine will be determined by the local animal inspector. Questions about all domestic animal quarantines except ferrets should be addressed to the Bureau of Animal Health. Questions about ferret quarantines should be addressed to the MDFW.
5. Wild rabbits are at low risk for rabies, but rabbits caged outdoors are at greater risk. Bites by wild rabbits rarely warrant prophylaxis. However, a rabbit caged outdoors that bites a human should be tested for rabies.
6. Post-exposure prophylaxis should be given in any situation where a bat is physically present and a bite, or any other exposure/contact, cannot be ruled out. In situations which there is reasonable probability that such contact occurred (e.g. a sleeping individual awakes to find a bat in the room, an adult witnesses a bat in the room with a previously unattended child, person of diminished competence, intoxicated individual, etc.), post-exposure prophylaxis is appropriate even in the absence of a demonstrable bite or scratch.
7. If a person is bitten or otherwise exposed to the saliva of a wild animal or a domesticated animal for which there are no shedding studies, the animal may need to be euthanized and tested for rabies. Since the shedding period of rabies virus in such animals is unknown, a quarantine period (e.g., of two weeks) is not appropriate in the event that a person is bitten or otherwise exposed to the animal's saliva. Contact the Massachusetts Department of Public Health (MDPH), Division of Epidemiology and Immunization for advice on human exposures to these animals. In addition, exposures to these animals should also be reported to the local animal control official or the Massachusetts Department of Agricultural Resources (MDAR).
8. Although beavers and otters are rarely encountered by human beings, they represent a rabies risk closer to that posed by woodchucks than to the smaller mammals. If the animal is unavailable for testing, PEP should be considered.

### **IMPORTANT TELEPHONE NUMBERS**

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| MDPH, Division of Epidemiology and Immunization:   | (617) 983-6800               |
| MDPH, State Laboratory Institute, Virology Laboratory:                                   | (617) 983-6385, -6386, -6387 |
| MDFW, Division of Fisheries and Wildlife:  | (617) 626-1591               |
| MDAR, Division of Agricultural Resources,<br>Bureau of Animal Health and Dairy Services: | (617) 626-1794               |