

## Veterinary Public Health

New Jersey Department of Health and Senior Services (NJDHSS)

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### Patient Assistance Program for Rabies Prophylaxis

Rabies post-exposure prophylaxis (PEP) is usually covered by health insurance plans as an emergency medical treatment for all persons who are determined to be exposed to rabies. In the case of individuals and families who do not have health insurance and have a limited income, there are two options. First, under N.J.S.A 4:19-15.11, dog license fees can be used by municipal governments to provide PEP.

Additionally, there is a patient assistance initiative called RxHope that can be utilized to obtain Chiron RabAvert human rabies vaccine for PEP at a reduced cost for qualified individuals. The application must be made by a physician who must also certify the family income to demonstrate financial need. A description of the program and the form necessary to enroll individuals can be found at the website, [www.rxhope.com](http://www.rxhope.com)

### Primary Rabies Vaccinations Not Effective Until One Month After Administration

Veterinary practitioners should be sure to inform clients that animals receiving their initial (or primary) rabies vaccination are not considered to be fully immunized until 28 days after the vaccination is administered. Owners should do everything possible to prevent pets from being exposed to suspect rabid animals during this critical period.

### Forged Rabies Vaccination Certificates

The American Veterinary Medical Association has alerted its member veterinarians about recent reports of pet owners forging rabies vaccination certificates in order to procure dog licenses. People who believe that vaccinations harm their pets are allegedly using the names and license numbers of veterinarians obtained from websites published by state licensing

boards, along with vaccine lot numbers, to forge the certificates. Falsification of these documents potentially poses a serious public health risk. Veterinary practitioners and licensing clerks are encouraged to report suspicious rabies vaccination certificates to the NJDHSS Veterinary Public Health Unit.

## Bat Rabies

In all instances of possible human exposure involving bats, including situations where a bat is found in the home, the bat in question should be safely collected if possible and submitted to the NJDHSS Public Health and Environmental Laboratories (PHEL) for rabies testing. Bats that have bitten people should always be delivered directly to the laboratory and tested on a Priority 1 (same day) basis. The use of couriers and delivery services for such high priority specimens should not be utilized unless *immediate* delivery can be guaranteed. Bat specimens should be kept at refrigeration temperatures to prevent decomposition. Do not destroy the head of the bat during capture or euthanasia.

Municipal officials should train police, animal control officers, local pest control operators that provide animal removal services and other first responders to properly respond to bat situations and to NOT let the animal go or throw the body away. They should also notify residents of the procedures to be followed and what agency to contact in the event of a bat encounter.

Because bat bites may be less severe, heal rapidly and be more difficult to locate or recognize than bites inflicted by larger mammals, rabies post-exposure prophylaxis (PEP) is recommended for all persons with bite, scratch, or mucous membrane exposure to a bat, unless prompt laboratory testing of the bat has ruled out rabies infection. PEP may be appropriate even in the absence of a demonstrable (i.e., obvious) bite, scratch or mucus membrane exposure in situations where there is a reasonable probability that such an exposure occurred. PEP should be considered when there has been direct contact between a human and a bat, unless the person can be absolutely certain that an exposure did not occur. PEP also may be considered for persons in the same room as a bat and who might be unaware that a bite occurred (e.g., an unsupervised infant, sleeping adult, intoxicated or mentally disabled person). Merely being in close proximity to a rabid bat does not constitute an exposure, and in general PEP is not specifically recommended for other household members who were not in the same room with the bat.

## Recovery of a Patient from Clinical Rabies

In 2004, a healthy 15 year old girl was diagnosed with clinical rabies approximately one month after being bitten by a bat. Medical attention was not sought, and rabies post-exposure prophylaxis was not administered after the bite occurred. Upon onset of illness, she complained of fatigue, unsteadiness, and double vision. On the sixth day of illness, the bat-bite history was reported and rabies was a possible diagnosis. Rabies virus-specific antibodies were detected in the patient's serum and cerebrospinal fluid to support the diagnosis.

Clinical management consisted of supportive care and neuroprotective measures, including a drug-induced coma, and she was extubated 33 days later. The patient has continued to recover and is now able to walk with assistance and feed herself. This case is unique, because it is the first time a patient who did not receive rabies prophylaxis, either before or after illness onset, has recovered. The following link is to a CDC article summarizing this case:

[www.cdc.gov/mmwr/preview/mmwrhtml/mm5350a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5350a1.htm)

## Proper Handling of Dogs, Cats and Ferrets That Have Bitten People

When a person is bitten by the family pet, it is important that the local health department be promptly notified so it can consult with the bite victim or guardian, veterinarian, physician and/or animal control officer to ensure proper handling of the animal and/or rabies specimen and consult with the physician with regard for the necessity to initiate rabies post-exposure prophylaxis (PEP). If possible, dogs, cats and ferrets should be ordered confined and observed for signs of rabies for 10 days. If the owner chooses to have their pet euthanized, it is imperative that the sample be delivered promptly to the NJDHSS PHEL and that the physician treating the bite victim be informed of

the approximate time when testing will be completed and the result provided. Euthanasia should not be performed until arrangements have been made for prompt delivery and testing. In certain high-risk situations, same-day testing can be arranged on days before or after a weekend or holiday by contacting the NJDHSS Veterinary Public Health Unit. In high risk cases, physicians may choose to start PEP and then can discontinue treatment if testing determines that the biting animal did not have rabies. Good communication between all involved parties will minimize problems related to delays and the inappropriate initiation of PEP to bite victims.

## Rabies in Guinea Pigs and Rabbits

Although the likelihood of pet rodents and lagomorphs (rabbits) becoming infected with the raccoon variant of rabies is very low, rabbits, guinea pigs and other pet rodents housed or allowed to free-roam outdoors are at some risk. Since the raccoon variant of rabies entered New Jersey in 1989, the NJDHSS has confirmed rabies in eight domestic rabbits in New Jersey. All but one rabbit had a history of being attacked in an outdoor hutch, or having a bloody paw indicative of a bite wound.

The New York State Department of Health diagnosed a guinea pig with rabies, 26 days after it was seen in close proximity to a raccoon while outside in the yard. Although the guinea pig had squealed and burrowed beneath an outbuilding, the owner did not

witness the apparent contact between the animal and the raccoon.

Veterinarians should include rabies in the differential diagnosis for sudden onset of neurologic disease in rodents and lagomorphs that have been housed or allowed to free-roam outdoors. If pet rodents and lagomorphs with outdoor exposure present with bites or other wounds of unknown origin, they should be confined and observed for six months for signs of rabies. Pet rodents and lagomorphs that die or are euthanized due to neurologic illness within 10 days of a bite to a human should be sent in to the NJDHSS PHEL for testing to rule out rabies. There has never been a human case of rabies transmitted from a pet rodent or lagomorph; however, proper procedures should be followed in these cases.

## Updated Rabies Laboratory Submission Forms

The NJDHSS PHEL advises all health officers, veterinarians and animal control officers to take advantage of a current large inventory of “Request for Rabies Examination” forms (VIR-16, revised Oct. 2004) and to utilize these forms for all specimen submissions to the Rabies Laboratory. Only one VIR-16 form (versus multiple photocopies) is required to accompany the specimen. Use of the older

version of the form is problematic for NJDHSS PHEL personnel to log in and document results, so please utilize the new form. The forms are available by calling 609-292-5481 or by downloading either the Word or PDF versions of the VIR-16 at the bottom of “What You Should Know About Rabies” brochure found at the following website:

[www.state.nj.us/health/cd/f\\_rabies.htm](http://www.state.nj.us/health/cd/f_rabies.htm)

## Other Rabies and Animal Control Documents Available on the Website

Numerous documents can be found by scrolling to the bottom of the rabies webpage [www.state.nj.us/health/cd/f\\_rabies.htm](http://www.state.nj.us/health/cd/f_rabies.htm), including fact sheets on rabies and bats, directions and a map to the NJDHSS PHEL, and rabies specimen submission instructions. In addition, all of the forms and brochures for rabies control, the Animal Population Control Program, dog licensing and

state/municipal-sponsored rabies clinics can be downloaded from the NJDHSS Infectious and Zoonotic Disease Program website: [www.state.nj.us/health/cd/izdphome.htm](http://www.state.nj.us/health/cd/izdphome.htm). The document titled “New Jersey Guide to Post Exposure Rabies Treatment for Health Care Providers” is posted on this site under “Technical Information for Health Care Providers” and provides detailed information on rabies post exposure treatment.

### Contact Information for the NJDHSS Veterinary Public Health Unit (VPH)

Dr. Faye E. Sorhage, State Public Health Veterinarian

Dr. Colin T. Campbell, Senior Public Health Veterinarian

Ms. Linda Frese, Principal Rabies Control Technician

During working hours (weekdays, 8:00 a.m. - 5:00 p.m.): 609-588-3121 or 7500

### Visit us on the web!

[www.nj.gov/health/cd/izdphome.htm](http://www.nj.gov/health/cd/izdphome.htm)

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