



Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 287-8016; Fax (207) 287-9058  
TTY Users: Dial 711 (Maine Relay)

## Maine Health Alert Network (HAN) System

### PUBLIC HEALTH ADVISORY

**To:** Health Care Providers, Animal Control Officers, Game Wardens, Wildlife Rehabilitators, Veterinarians, and Vet Techs

**From:** Dr. Siiri Bennett, State Epidemiologist

**Subject:** Rabies Positive Bat in Bangor Potentially Exposes Several Individuals

**Date / Time:** Friday, March 22, 2019 at 2:30pm

**Pages:** 3

**Priority:** **High**

**Message ID:** 2019PHADV005

**Abstract:**

**Summary:** Maine Center for Disease Control and Prevention is investigating the circumstances surrounding a rabid bat in the general area outside the Shaw House in Bangor on the weekend of March 16 and 17. The bat tested positive for rabies at Maine's Health and Environmental Testing Laboratory (HETL).

Maine CDC is working closely with the community to identify all individuals who may have handled the bat, particularly those that handled it with bare hands, and make recommendations for rabies post-exposure vaccination. Rabies is fatal, so appropriate vaccination and prophylaxis for individuals who handled the bat with bare hands is essential.

The intent of this HAN is to remind Mainers that bats are wild animals and should not be handled without proper protection, encourage rabies post-exposure vaccination for individuals potentially exposed to this bat, and alert others to the presence of a rabid bat in the community.

## Rabies Positive Bat in Bangor Potentially Exposes Several Individuals

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**Background:** Rabies is an acute viral infection that affects the brain and spinal cord. Early signs of rabies in people may include fever or headache, but this changes quickly to nervous system signs, such as unclear thinking, sleepiness, or anxiety. Once someone with rabies starts showing signs, they usually die. It could take weeks to years for a person to show signs of rabies after being infected. Most people start showing signs of the disease within one to three months after a true exposure to a rabid animal, in the absence of treatment. Rabies in people is rare in the United States. Rabies in animals, mainly wild animals, is endemic in Maine. The last human case in Maine was in 1937.

**Transmission:** Rabies is transmitted between mammals. The virus can be found in the saliva, brain, and spinal cord of infected animals. Rabies is spread when infected animals bite or scratch another animal or person. The virus can also be spread if saliva or tissue from the brain or spinal cord gets into broken skin or the mouth, nose, or eyes. These are called rabies exposures. Rabies is not spread by petting the fur of a rabid animal. It is not spread by blood, urine, feces, or by touching dried saliva of a rabid animal.

**Individuals at Risk:** The live bat was found in the vicinity of the Shaw House, a homeless youth shelter in Bangor. It was passed among several individuals who handled it with their bare hands across several locations in the Bangor area. Those who had direct skin contact with the bat, who did not wear gloves or use a cloth or other barrier between them and the bat, are at risk of acquiring rabies. Rabies is fatal. Individuals who had direct skin contact with the bat should start rabies prophylaxis as soon as possible including RIG and the rabies vaccine.

**Recommendations:** Maine CDC is continuing to monitor for additional contacts and will continue to provide recommendations as necessary. Rabies post-exposure prophylaxis (PEP) is the best method of protection against rabies after exposure. Rabies PEP is a reportable condition that must be reported within 48 hours of administration by telephone, fax, or mail. Rabies PEP recommendations can be found in the table on the next page.

**Human post-exposure prophylaxis schedule\***

<b>Vaccination status</b>	<b>Intervention</b>	<b>Regimen*</b>
Not previously vaccinated	Wound cleaning	All PEP should begin with immediate thorough cleansing of all wounds with soap and water. If available, a viricidal agent (e.g., povidone-iodine solution) should be used to irrigate the wounds.
	Human rabies immune globulin (HRIG)	Administer only once on day 0, the day prophylaxis is initiated. If not available initially, HRIG can be given as soon as possible through the 7th day of treatment. One dose could mean multiple injections as it is administered by body weight.  Administer 20 IU/kg body weight. HRIG is currently available in 2mL and 10mL vials with a concentration of 150 IU/mL. <b>At this concentration, the dose is 0.133 mL/kg or 0.06 ml/lb of body weight.</b>  If anatomically feasible, the full dose should be infiltrated in and around the wound(s), and any remaining volume should be administered intramuscularly (IM) at an anatomic site distant from vaccine administration.  HRIG should not be administered in the same syringe as vaccine. <b>Because HRIG might partially suppress active production of rabies virus antibody, no more than the recommended dose should be administered.</b>
	Vaccine	Human diploid cell vaccine (HDCV) or purified chick embryo cell vaccine (PCECV) 1.0 mL, IM (deltoid area†) 4 doses: 1 each on days 0§, 3, 7 and 14¶
Previously vaccinated**	Wound cleaning	See wound cleaning section above.
	HRIG	<b>HRIG should NOT be administered.</b>
	Vaccine	HDCV or PCECV 1.0 mL, IM (deltoid area†) 2 doses: 1 each on day 0§ and day 3

\* These regimens are applicable for persons in all age groups, including children.

†The deltoid is the only acceptable site of vaccination for adults and older children. For younger children, the outer aspect of the thigh may be used. Vaccine should never be administered in the gluteal area.

§ Day 0 is the day the first dose of vaccine is administered.

¶ For persons with immunosuppression, rabies PEP should be administered using 5 doses of vaccine given on days 0, 3, 7, 14 and 28.

\*\* Any person with a history of pre-exposure vaccination with HDCV, PCECV or rabies vaccine adsorbed (RVA); prior PEP with HDCV, PCECV or RVA; or previous vaccination with any other type of rabies vaccine and a documented history of antibody response to the prior vaccination.

**Reporting:**

- Phone: 1-800-821-5821 (Disease Reporting and Consultation Line)
- Fax: 207-287-8186

**For More Information:**

- Maine CDC’s Rabies webpage <https://www.maine.gov/dhhs/rabies/>
- Federal CDC’s Rabies webpage <https://www.cdc.gov/rabies/>