



- Please bring to the attention of all doctors -

Date: 26 April 2017

Contact telephone number: 1300 232 272 (24 hours/7 days)

Rabies Prevention

Rabies causes encephalitis following infection with rabies virus or other lyssaviruses, including Australian bat lyssavirus (ABL). Infection occurs following exposure to saliva or neural tissue from an infected animal, usually through a scratch or bite. Rabies is almost invariably fatal once infection develops, and prevention and post-exposure prophylaxis remain the cornerstones of management.

Lyssaviruses are found worldwide. Dogs are the main reservoir, but other domestic and wild animals can also carry rabies virus. Rabies virus in terrestrial mammals is present throughout almost all of Asia (including Bali), Africa, the Middle East, the Americas and Europe [see www.who.int/rabies/en/]. Australia is currently free of rabies in terrestrial mammals, however, Australian bat lyssavirus occurs in flying foxes (fruit bats) and insectivorous microbats throughout Australia.

Advise patients on measures to avoid potential rabies virus and other lyssavirus exposure:

- Advise travellers to rabies-enzootic regions to avoid close contact with either wild or domestic animals including contact with stray dogs or cats.
- Do not allow young children to feed, pat or play with animals. The height of young children makes bites to the face and head more likely, reducing time available for post-exposure prophylaxis.
- Do not carry food near monkeys, and do not feed or pat monkeys, even in popular areas around temples or markets where travellers may be encouraged to interact with the monkeys.
- Avoid focusing attention on monkeys carrying their young, as they may feel threatened and bite.
- Avoid contact with bats anywhere in the world, including Australia. Trained bat handlers/carers should only handle bats if vaccinated and wearing appropriate personal protective equipment.

Consider pre-exposure rabies vaccination (3 doses) for high-risk patients including:

- Travellers and expatriates spending time in rabies-enzootic areas. Take a risk assessment and consider the likelihood of interaction with animals and access to emergency medical care.
- Persons working with terrestrial animals in rabies-enzootic areas.
- Persons liable to receive bites or scratches from bats in any country, including Australia.

Advise at-risk patients of post-rabies exposure management:

- Immediately wash all bite wounds and scratches with soap and water thoroughly, then apply a virucidal antiseptic (e.g. povidone-iodine solution).
- Seek medical attention immediately for wound assessment and consideration of human rabies immunoglobulin (HRIG) and rabies vaccination.
- If overseas, obtain a post exposure prophylaxis certificate from the vaccination facility, documenting type, dates, dose and number of rabies vaccines given, and HRIG if applicable.

Provide post exposure prophylaxis following a potential rabies virus and other lyssavirus exposure:

- Consider rabies vaccine and HRIG in any bite, scratch, abrasion, nibble, or any lick to broken skin or mucous membrane from a bat in Australia or terrestrial mammal overseas.
- **Contact the Communicable Disease Control Branch on 1300 232 272 to obtain rabies vaccine or HRIG for post exposure prophylaxis.** Do not write a script.

For further information about those eligible for pre-exposure prophylaxis, and administration of post exposure prophylaxis see the [The Australian Immunisation Handbook](#) and www.sahealth.sa.gov.au/InfectiousDiseaseControl

For all enquires please contact the CDCB on 1300 232 272 (24 hours/7 days)

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