

To: Vermont Health Care Providers, Health Care Facilities, and Veterinarians
Date: August 6, 2024
From: Natalie Kwit, DVM, MPH, DACVPM, State Public Health Veterinarian

Appropriate Use of Rabies Postexposure Prophylaxis (rPEP) in Vermont

Background

Reports of indoor bat encounters, animal bites, and use of rabies postexposure prophylaxis (rPEP) have increased significantly over the past several weeks. Many recent reports of rPEP that the Health Department receives indicate that vaccination was unnecessary. Rabies vaccines are complex, expensive, and limited. **Each person who may have been exposed to rabies must be assessed quickly to determine if they need the vaccine.** People who need the vaccine and don't get it before symptoms start (typically 1–3 months after exposure) will most likely die, so this assessment is critical. This process also helps control costs, avoids unnecessary visits to emergency departments, and ensures an adequate supply of vaccine by only giving it to people who need it.

Rabies is a deadly viral disease of the brain that infects mammals. In Vermont, rabies is most commonly found in wild animals such as raccoons, skunks, foxes, bats and woodchucks. Cats, dogs and livestock can also get rabies if they have not been vaccinated. Small mammals or rodents such as rabbits, mice, and chipmunks are rarely infected with rabies and are not known to transmit rabies to humans.

Rabies is on the rise in Vermont. So far this year, 44 animals have tested positive for rabies — 27 raccoons, nine skunks, seven foxes, and one bobcat, a 183% increase from this time last year. Most rabid animals were from Chittenden (27%), Franklin (23%), and Caledonia (16%) Counties. While bats are the primary species responsible for human rabies cases in the U.S., none have tested positive for rabies in Vermont so far this year.

The virus is primarily spread through the bite of an infected animal. It is also possible but exceedingly rare for transmission to occur when infected saliva or neurologic tissue contacts a mucous membrane or open wound, such as a scratch from the animal. People cannot get rabies by petting or handling animals, or from contact with urine, blood, feces, or fomites (such as bowls, beds, or surfaces contacted by potentially rabid animals).

Requested Actions

- 1. Consult with the Vermont Department of Health if you are unsure rPEP is indicated.**

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Infectious disease epidemiology staff are available around the clock to assist health care providers with rabies exposure risk assessments. Call 802-863-7240, Option 2 (24/7) if you have questions about a patient's possible exposure to rabies, and whether rPEP is recommended. Refer patients with questions about their animal exposure to the Vermont Rabies Hotline at 1-800-4-RABIES (1-800-472-2437). This may reduce unnecessary visits to hospital emergency departments.

2. Administer rPEP when appropriate following a thorough risk assessment.

rPEP should be given to a patient when any of the following conditions are present:

- A person is bitten on the head, neck, or face by a wild animal, even if the animal is available for testing. rPEP may be discontinued if the animal tests negative for rabies.
- A bat is found **in the same room** as a child or a sleeping person, they cannot definitively rule out that they were bitten by the bat **and** the bat is *not* available for testing.
 - Finding a bat in another part of the house does not mean there was an exposure, and these scenarios should be assessed by the Vermont Rabies Hotline or Health Department.
 - rPEP is usually not necessary while awaiting rabies testing for bats.
- A person is bitten by a raccoon, skunk, fox, bat, or woodchuck **and** the animal is *not* available for testing.
- A person is bitten by a domestic animal (e.g., dog or cat) **and** the animal is *not* available for observation or testing, particularly if the bite was unprovoked or the animal was acting strangely or looked sick. Bites are considered provoked and lower risk for rabies exposure if a person approaches, feeds, pets, handles, or does something that might frighten the animal.

[Click here](#) to see flow charts to support the risk assessment process.

3. Consider delaying rPEP when further diagnostic information will soon be available.

There is no strict timeframe in which rPEP must be started to be effective, but it must be administered before symptoms of rabies develop, usually weeks to months after rabies virus exposure. rPEP is more effective at preventing rabies if administration is not significantly delayed after rabies exposure.

If the animal that caused the potential rabies exposure is tested at the Health Department Laboratory, rPEP may be delayed until test results are available. Refer

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patients to the Rabies Hotline at 1-800-4-RABIES (1-800-472-2437) or [contact a Game Warden](#) by calling the nearest State Police dispatcher to help with submission of wild animals for rabies testing.

Delay rPEP if a dog, cat, or ferret is being observed for 10 days after biting a human or is submitted for rabies testing. If the animal remains alive after 10 days or tests negative for rabies, do not administer rPEP.

4. Report animal bites and any administration of rPEP.

All domestic animal bites must be reported to the local [Town Health Officer](#) or other town official by calling or by faxing a completed [Town Health Officer Animal Bite Report Form](#). Town Health Officers oversee 10-day observation periods for healthy dogs, cats, and ferrets who bite humans. rPEP is unnecessary while these animals complete the observation period.

Health care providers must report the administration of rPEP by sending a completed [Rabies Postexposure Prophylaxis Report Form](#) to the Health Department's Epidemiology Program:

- Submit by fax to 802-951-4061
- Submit by secure e-mail to AHS.VDHEpiLabRabies@vermont.gov.

5. Properly administer rPEP based on current ACIP recommendations.

Consult this [CDC webpage](#) on how to administer rPEP based on the [ACIP Rabies Vaccine Recommendations](#).

Additional Resources

- [Rabies – Vermont Department of Health](#)
- [Rabies in the United States: Protecting Public Health \(CDC\)](#)
- [Rabies Postexposure Prophylaxis \(CDC\)](#)
- [CDC Yellow Book: Rabies](#)

If you have any questions about this HAN, please contact the Rabies Epidemiology Team at: AHS.VDHIDEpiRabies@vermont.gov

To be removed from the HAN or have your information updated, please email the Vermont HAN Coordinator at: vthan@vermont.gov.

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HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from the Vermont Department of Health, which is not necessarily considered to be of an emergent nature.

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