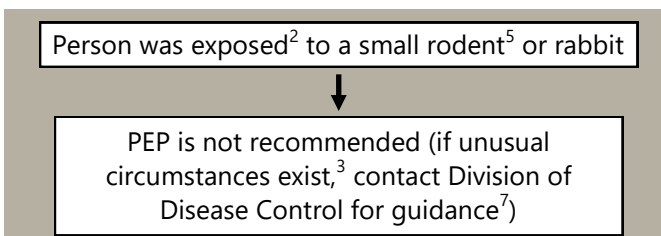
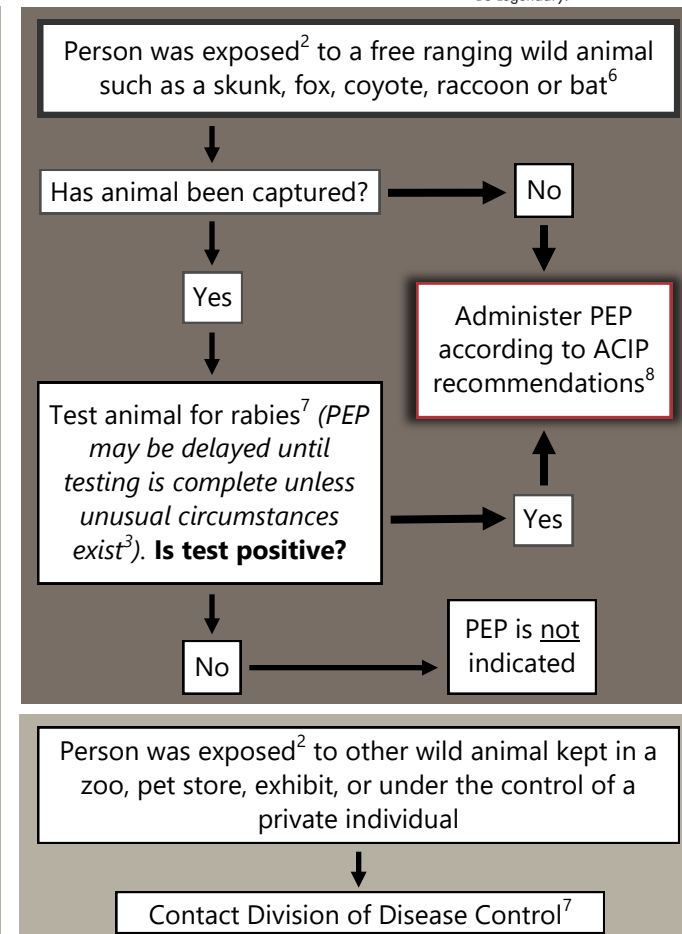
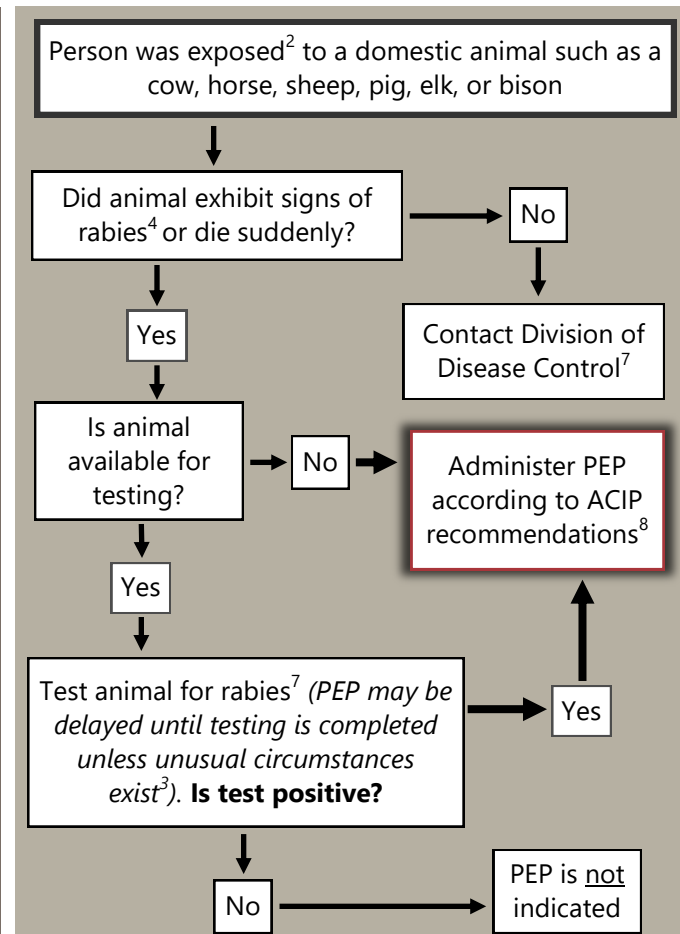
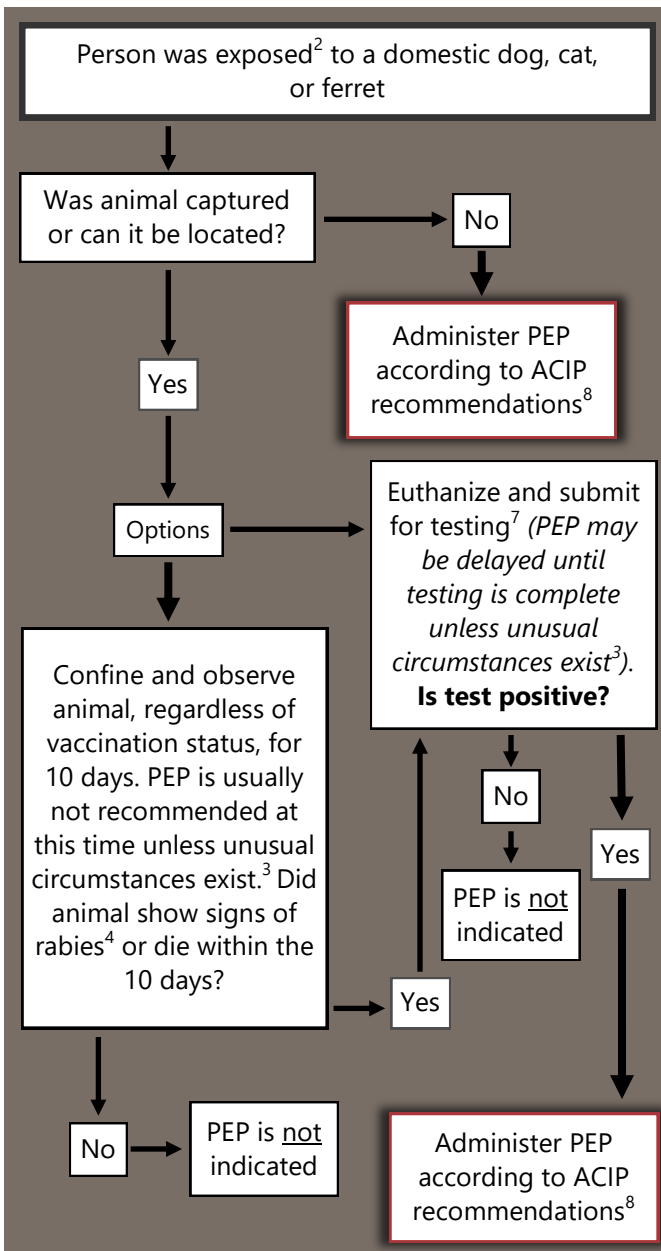


# Rabies Exposure Assessment<sup>1</sup> Algorithm



1. Risk assessment should include the type of exposure, the species of animal involved, and circumstances of the exposure incident (e.g., appearance and behavior of animal, provoked or unprovoked attack, etc.).
2. Two types of exposures exist. A bite exposure is any penetration of the skin by teeth. A nonbite exposure is contamination of open wounds, abrasions (including scratches) or mucous membranes (e.g., mouth, nose, eyes) with saliva or other potentially infectious material (e.g., cerebrospinal fluid, spinal cord, brain tissue). Direct contact with a bat is also an exposure (see 6). If no exposure occurred, PEP is not necessary.
3. If the animal exhibited any sign(s) of rabies (see 4), the attack was vicious or unprovoked, or the bite(s) occurred in the head or neck region, consider starting PEP immediately.
4. Signs of rabies may include any of the following: excitability, vicious attacks, biting, agitation, restlessness, aggression, lack of fear, excessive salivation, aversion to water, inability to swallow or drink, muscular dysfunction, coordination or gait irregularities, paralysis, convulsions, avoidance of contact with humans or other animals, lethargy, and loss of appetite.
5. Small rodents include squirrels, hamsters, mice, rats, gerbils, chipmunks, gophers, moles, and voles.
6. Any potential exposure to a bat requires a thorough evaluation. See reverse for additional information.
7. See reverse for contact information for rabies exposure consultation and rabies testing laboratories in ND.
8. See reverse for ACIP recommendations for rabies PEP.

## Bat Exposures

Any direct contact between a human and a bat should be evaluated for an exposure. If the person is reasonably certain a bite, scratch, or mucous membrane exposure did not occur, PEP is not necessary. If the bat is available for testing and the test is negative, PEP is not necessary. The following situations may qualify as exposures requiring consideration of PEP:

- Finding a bat with a person who may be unaware that direct contact had occurred (ex. An adult witnesses a bat in the room with a previously unattended child, mentally disabled person, or intoxicated person)
- A deeply sleeping person awakens to find a bat in the room

***Please contact the Division of Disease Control for consultation regarding potential exposure to bats.***

## ND Contact Information

### **Rabies Exposure Consultation in ND**

**NDDoH Division of Disease Control**

800-472-2180 or 701-328-2378

*After hours contact 701-220-0819*

### **Rabies Testing Laboratories in ND**

**NDDoH Division of Microbiology**

701-328-6272

*After hours contact 701-400-2772 or State Radio at 800-472-2121*

**NDSU Veterinary Diagnostic Laboratory**

701-231-7527 or 701-231-8307

### **Animal Health and Wildlife Contacts in ND**

**North Dakota Department of Agriculture, State Veterinarian's Office**

701-328-2655

**North Dakota Game and Fish Department**

701-328-6300

## Post-exposure Prophylaxis (PEP) for Rabies

The Advisory Committee on Immunization Practices (ACIP) recommends that unless a person has previously completed the rabies vaccination regimen (either pre- or post-exposure) or is immunosuppressed, PEP should always consist of human rabies immune globulin (HRIG or RIG) and four vaccine doses. RIG and the first dose of the 4-dose vaccine should be administered as soon as possible after exposure (day 0). Additional doses of vaccine should be administered on days 3, 7, and 14. Previously vaccinated persons should receive 2 vaccine doses, the first dose as soon as possible after the exposure (day 0) and the second dose 3 days later (day 3). Persons with immunosuppression should receive RIG and five vaccine doses. RIG and the first dose of the 5-dose vaccine should be administered as soon as possible after exposure (day 0). Additional doses of vaccine should be administered on days 3, 7, 14, and 28.

Every attempt should be made to adhere to the ACIP's recommended vaccination schedules. For most minor deviations from the schedule (i.e., delays of a few days for individual doses), vaccination can be resumed as though the patient was on schedule. If substantial deviations from the schedule occur, reinitiation of the entire series may be required. Contact the Division of Disease Control for guidance on deviations from the vaccine schedule.

**For additional information on rabies PEP and vaccine availability in North Dakota, please visit [www.ndhealth.gov/disease/Rabies/Vaccine](http://www.ndhealth.gov/disease/Rabies/Vaccine).**

### References

1. Human Rabies Prevention – United States, 2008: Recommendations of the Advisory Committee on Immunization Practices (ACIP). CDC MMWR 2008; 57 (No. RR-3).
2. Use of a Reduced (4-Dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies: Recommendations of the Advisory Committee on Immunization Practices (ACIP). CDC MMWR 2010; 59 (No. RR-2).
3. Compendium of Animal Rabies Prevention and Control, 2016: National Association of State Public Health Veterinarians, Inc. Journal of the American Veterinary Association. Vol.248, No.5, March 1, 2016.