

<p>IN THIS ISSUE:</p> <ul style="list-style-type: none"> ▪ Rabies: Post-exposure Prophylaxis ▪ Salmonella typhimurium increase in Ontario 	<p>FROM:</p> <p>David L. Mowat, MBChB MPH FRCPC Medical Officer of Health</p>
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Introduction

Peel Public Health is warning Peel residents of the potential for rabies exposure from bats, especially at this time of year.

Bat exposures

Bats have needle-like teeth; therefore, bites from bats to a sleeping person may not be felt, and may leave no visible bite marks.

Rarely, transmission has been recorded when virus has been inhaled, or infected grafts/organs have been transplanted into patients.

Post-exposure prophylaxis should be initiated when:

- people are sleeping unattended in a room where a bat is found, or
- when there has been close contact with bats, or
- the possibility of a bite cannot be reasonably excluded – e.g., if a bat is discovered in proximity to an individual who is cognitively impaired or near a young child, or
- hikers exploring caves inhabited by infected bats inhale aerosolized virus (rare), or
- laboratory technicians homogenizing tissues infected with rabies virus (rare).

Management of people after possible exposure to rabies

Effective Procedures include:

- Immediate washing and flushing of the wound with soap and water. This is likely the most effective procedure in the prevention of rabies.

- Avoid suturing the wound if possible.
- Administer tetanus prophylaxis and antibacterial drugs as required.
- Report all suspected human exposures to bats or other mammals to Peel Public Health¹.

Peel Public Health provides consultation and the necessary biologicals.

Summary of post-exposure prophylaxis for persons not previously immunized²

Animal species	Condition of animal of time of exposure	Management of exposed person
Dog, cat or ferret	Healthy and available for 10 days' observation	1. Local treatment of wound 2. At first sign of rabies in animal, give Rablg (local and intramuscular) and start HDCV or PCECV, unless bite wound to the head or neck (begin immediately)
	Rabid or suspected to be rabid*. Unknown or escaped	1. Local treatment of wound 2. Rablg (local and Intramuscular) and HDCV or PCECV
Skunk, bat, fox, coyote, raccoon and other carnivores. Includes bat found in room when a person was sleeping unattended	Regard as rabid* unless geographic area is known to be rabies free	1. Local treatment of wound 2. Rablg (local and intramuscular) and HDCV or PCECV**
Livestock, rodents or lagomorphs (hares and rabbits)	Consider individually. Consult appropriate public health and CFIA officials. Bites of squirrels, chipmunks, rats, mice, hamsters, gerbils, other rodents, rabbits and hares may warrant post-exposure rabies prophylaxis if the behaviour of the biting animal was highly unusual.	

Rablg = (human) rabies immune globulin, HDCV = human diploid cell vaccine (Imovax®), PCECV = purified chick embryo cell culture vaccine (RabAvert®)

* If possible, the animal should be humanely killed and the brain tested for rabies as soon as possible; holding for observation is not recommended. Discontinue vaccine if fluorescent antibody test of animal brain is negative.

** See text for potential bat exposure.

¹ Health Protection and Promotion Act, Reg. 557, s. 2 (1)

² Guidelines for Management of Suspected Rabies Exposures, May 2007, MOHLTC.

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Post-exposure prophylaxis of previously unimmunized individuals

Administer:

- five doses of 1.0 mL of human diploid cell vaccine (HDCV) or purified chick embryo cell culture vaccine (PCECV).
- the first dose of HDCV or PCECV (on day 0) as soon as possible after exposure and additional doses on each of days 3, 7, 14, and 28 after the first dose.
- vaccine intramuscularly into the deltoid muscle (never in the gluteal region) or the anterolateral upper thigh in infants.
- an appropriate dose of rabies immune globulin (Rablg) (20 IU/kg body weight) on day 0. Preferably, the full dose of Rablg should be thoroughly infiltrated into the wound and surrounding area. If not anatomically feasible, any remaining volume should be injected intramuscularly at a site distant from vaccine administration.

Peel Public Health:

- supplies HDCV or PCECV, and Rablg.
- provides detailed information regarding the administration of each vaccine during initial consultation.

General Rabies Information

- In Ontario, raccoons, foxes, skunks, coyote and bats are common sources of the rabies virus and if they come in contact with dogs and cats, can pass on the rabies virus to family pets.
- So far this year, Peel has identified three rabies-positive animals, including one skunk and two bats.
- Patients should be reminded to vaccinate their pets, as required by provincial legislation.

For more information on rabies, or to report a bite or scratch from a bat or other mammal, please contact the Region of Peel – Public Health at 905-799-7700.

***Salmonella typhimurium* Increase in Ontario**

Ontario is currently experiencing an increase in the number of *Salmonella typhimurium* phage type 108 (ST PT108) cases. Six cases of ST PT108 were reported to the Central Public Health Laboratory in 2006. By contrast, over 150 cases have been identified since March, 2007. To date, 8 cases have been reported in Peel Region.

An increase in *Salmonella* and other enteric diseases is commonly seen in the summer with the increase in the number of picnics, BBQ's, swimming and other outdoor activities that may increase the risk of exposure.

As with all patients presenting with enteric symptoms, please consider food borne illness as a potential cause, and request a stool sample, to increase the possibility of isolating a causative agent and source.

Salmonellosis and other enteric infections, such as *Campylobacter* and *E.coli*, are reportable diseases.

Please report all confirmed and suspect cases of food borne illness to Peel Public Health at (905) 799-7700.