

Animal Safety – *The Facts About Rabies*

Rabies is a preventable viral disease of mammals most often transmitted through the bite of a rabid animal. The vast majority of rabies cases reported to the Centers for Disease Control and Prevention (CDC – www.cdc.gov) each year occur in wild animals like raccoons, skunks, bats, and foxes. Domestic animals account for less than 10% of the reported rabies cases, with cats, cattle, and dogs most often reported rabid.

Rabies virus infects the central nervous system, causing encephalopathy (various diseases of the brain) and ultimately death. Early symptoms of rabies in humans are nonspecific, consisting of fever, headache, and general malaise. As the disease progresses, neurological symptoms appear and may include insomnia, anxiety, confusion, slight or partial paralysis, excitation, hallucinations, agitation, hypersalivation, difficulty swallowing, and hydrophobia (fear of water). Death usually occurs within days of the onset of symptoms.

Over the last 100 years, rabies in the United States has changed dramatically. More than 90% of all animal cases reported annually to CDC now occur in wildlife; before 1960 the majority were in domestic animals. The principal rabies hosts today are wild carnivores and bats. The number of rabies-related human deaths in the United States has declined from more than 100 annually at the turn of the century to one or two per year in the 1990's. Modern day treatment has proven nearly 100% successful. In the United States, human fatalities associated with rabies occur in people who fail to seek medical assistance, usually because they were unaware of their exposure.

WHAT ABOUT RABIES IN PEOPLE?

People usually get rabies from the bite of a rabid animal. It is also possible, but quite rare, that people may get rabies if infectious material from a rabid animal, such as saliva, gets directly into their eyes, nose, mouth, or a wound.

Non-bite exposures to rabies are very rare. Scratches, abrasions, open wounds, or mucous membranes contaminated with saliva or other potentially infectious material (such as brain tissue) from a rabid animal constitute non-bite exposures. Occasionally reports of non-bite exposure are such that post-exposure treatment is given. Inhalation of aerosolized rabies virus is also a potential non-bite route of exposure, but other than laboratory workers, most people are unlikely to encounter an aerosol of rabies virus. Other contact, such as petting a rabid animal or contact with the blood, urine or feces (e.g., bat guano) of a rabid animal, does not constitute an exposure and is not an indication for treatment.

CAN I GET RABIES FROM A DOG OR CAT?

Rabies is uncommon in dogs, cats, and ferrets in the United States. Very few bites by these animals carry a risk of rabies. If the cat or dog or ferret appeared healthy at the time you were bitten, it can be confined by its owner for 10 days and observed. No anti-rabies treatment is needed.

However, if the dog, cat, or ferret appeared ill at the time it bit you or becomes ill during the standard 10 day quarantine, it should be evaluated by a veterinarian for signs of rabies and you should seek medical advice about the need for anti-rabies treatment. No person in the United States has ever contracted rabies from a dog, cat or ferret held in quarantine for 10 days.

TREATMENT?

There is no treatment for rabies after symptoms of the disease appear. However, two decades ago scientists developed an extremely effective new rabies vaccine regimen that provides immunity to rabies when administered after an exposure (post-exposure treatment) or for protection before an exposure occurs (pre-exposure treatment). Although rabies among humans is rare in the United States, every year an estimated 18,000 people receive rabies pre-exposure treatment and an additional 40,000 receive post-exposure treatment.

(All information contained in this *Safety Tip* obtained from the CDC website at www.cdc.gov.)

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