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MEMORANDUM

TO: Emergency Departments
Infection Preventionists
Local Boards of Health

FROM: Alfred DeMaria, Jr., MD
State Epidemiologist

DATE: July 20, 2009

SUBJECT: Bats and Potential Rabies Exposures

Reports of bats inside the living area in a home are relatively common at this time of year. During warm summer days, bats find their attic roosting space too hot and may move into people's living quarters in search of cooler temperatures. Unfortunately, this may put them into proximity, or even direct contact, with people.

Below are several important points that may assist you in evaluating these situations as possible rabies exposures.

- Transmission of rabies from any mammal, including bats, requires a bite or contamination of an open wound or mucous membrane with saliva.
- The 2008 Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) Human Rabies Prevention Recommendations state that after direct contact with a bat, "if the person can be reasonably certain a bite, scratch, or mucous membrane exposure did not occur, or if the bat is available for testing and is negative for presence of rabies virus, post-exposure prophylaxis is not necessary."
- The Recommendations then state that "...situations that **might** qualify as exposures include finding a bat in the same room as a person who might be unaware that a bite or direct contact had occurred (e.g., a deeply sleeping person awakens to find a bat in the room or an adult witnesses a bat in the room with a previously unattended child, mentally disabled person, or intoxicated person).

These situations **should not** be considered exposures if rabies is ruled out by diagnostic testing of the bat, or circumstances suggest it is unlikely that an exposure took place.” (*emphasis added*)

- They also state, “Other household members who did not have direct contact with the bat or were awake and aware when in the same room as the bat **should not** be considered as having been exposed to rabies.” (*emphasis added*)
- Finally, in exposure situations where the bat is available, the animal should always be tested. The decision to initiate rabies post-exposure prophylaxis can almost always wait for a few days pending laboratory evaluation of the animal or, alternatively, PEP can be discontinued if the animal is determined to be negative.

Local Boards of Health are one resource available to you to assist with rabies questions, and public health employees trained in rabies risk assessment are available 24/7 from the Massachusetts Department of Public Health’s Division of Epidemiology and Immunization at 617-983-6800.

The complete ACIP guidelines on Human Rabies Prevention are available at <http://www.cdc.gov/mmwr/PDF/rr/rr5703.pdf>.