



## Human Rabies Prevention

In the United States, human rabies is rare, but almost always fatal. The risk of infection must be carefully and accurately assessed in all possible rabies exposure situations. Because of the severity of rabies infection the Snohomish Health District (SHD) investigates all reported animal bites. In 2009 SHD investigated 380 animal bites and recommended rabies postexposure prophylaxis (PEP) for 23 people. Recommendations for PEP have changed recently (discussed below), and consultation with SHD is always advised when making any PEP decisions.

### Which animals transmit rabies in Washington State?

Bats are the primary reservoir of rabies in the Northwest. In 2009 two rabid bats were found in Snohomish County. Washington has no known terrestrial animal reservoirs.

### How should bat exposures be assessed?

Exposure to a bat requires thorough evaluation. Transmission of rabies virus can occur from minor or unrecognized bites or scratches. Exposures can occur during sleep, and the person may not be aware of a bite/scratch. PEP is recommended for all persons with a bite, scratch, mucous membrane, or sleep exposure to a bat. If the bat is available for rabies testing, and tests negative, PEP is **not** indicated.

### How should non-bat exposures be assessed?

PEP is not usually recommended for non-bat bites and scratches. When someone has been bitten/scratched by a dog, cat, or ferret, attempts are made to confine the animal for 10 days and observe for symptoms of rabies. Testing is required in special situations. When exposure to other wild animals, (e.g., raccoons, skunks, etc.) occurs, we recommend contacting public health to discuss testing and whether PEP is indicated. Small rodents and lagomorphs (rabbits and hares) are almost never found to be infected with rabies.

### Where can my patient obtain the first dose of rabies vaccine and rabies immune globulin (RIG)?

Most primary care sites (including public health clinics) **do not** carry RIG. Therefore, persons needing PEP are usually referred to hospital emergency departments.

### What is the NEW SCHEDULE for rabies PEP?

Rabies PEP for previously unvaccinated persons consists of one dose of RIG and four (previously 5) doses of rabies vaccine administered over a 14-day period. ***RIG and the first dose of rabies vaccine are given as soon as possible after exposure. This date is then considered day 0 of the PEP series. Additional doses of rabies vaccine are given on days 3, 7, and 14.*** For adults, the rabies vaccine should always be administered IM in the deltoid area. For children, the anterolateral aspect of the thigh is also acceptable. **The gluteal area should NEVER be used for rabies vaccines** because administration in this area can result in lower neutralizing antibody titers. RIG is dosed by patient weight (20 IU/kg for all age groups) and, if anatomically feasible, the full dose should be infiltrated around and into any visible wounds. Any remaining volume should be given IM at a site distant from vaccine administration. Please note that administration of rabies PEP is reportable to Public Health.

### How do I report animal bites and rabies PEP administration?

Call Snohomish Health District's Communicable Disease Program at 425.339.5278.

Published by:  
Health Statistics  
& Assessment  
Tel: 425.339.8618  
Fax: 425.339.5218  
www.snohd.org



### Report Snohomish County Communicable Diseases

STD's: 425.339.5298/Fax: 425.339.8707

After hours emergency only: 425.339.5295

Tuberculosis: 425.339.5225/Fax: 425.339.5217

24-hr Reporting: 425.339.5235

Communicable Diseases: 425.339.5278

Fax: 425.339.8706

Health Statistics &  
Assessment  
3020 Rucker Ave  
Everett, WA 98201

**EpiNews**

**CD Cases Reported Jan – March, 2010**

Disease	2010	2009
AIDS	7	3
Arboviral Disease	0	0
Campylobacteriosis	26	20
Chlamydial infections <sup>§</sup>	390	457
E.Coli 0157:H7	5	3
Giardiasis	25	21
Gonorrhea <sup>§</sup>	39	49
Hepatitis A	0	3
Hepatitis B, acute	1	1
Hepatitis B, chronic*	29	41
Hepatitis C, acute	1	0
Hepatitis C, chronic*	165	147
HIV infection	5	8
Listeriosis	0	0
Measles	0	0
Meningococcal disease (N. meningitidis)	4	2
Mumps	0	0
Pertussis	4	20
Rubella	0	0
Salmonellosis	15	12
Shigellosis	2	3
Syphilis; primary, secondary and other	2	5
Tuberculosis, pulmonary	3	4
Tuberculosis, other	4	1

\*Includes probable and confirmed cases  
<sup>§</sup> Previously counted by date reported; now counted by date of diagnosis

## Snohomish County Alliance for Health Care Access

Access to health care has long been a challenge nationwide. Recently, Congress passed legislation targeting one aspect of access—having the means to pay for care. However, about 5% of the population will still lack coverage after the legislation is in effect. Locally, about 15% of Snohomish County adults currently have no insurance; 43% of these adults reported avoiding care due to cost and 62% reported that they have no personal health care provider. Moreover, even persons with coverage may not be able to access care. Among Snohomish County adults who have insurance, 9% avoided care because of cost, and 15% reported they have no personal health care provider. Thus, access will likely remain a problem for many adults.

To partially address this problem, the Snohomish Health District and the Snohomish County Medical Society in 2008 convened providers and representatives of hospitals and third party payers to explore local options. A core group of local leaders has met regularly to review progress and has endorsed an option that takes advantage of an existing program, King County Project Access (KCPA).

KCPA is a non-profit organization that provides intensive case management to support physicians who volunteer their time and provide services in their current practice setting. Persons who need care, but are without insurance, are referred to KCPA. KCPA nurses interview the patient, review medical records, assure that

appropriate laboratory and imaging studies have been done, and make appointments with physician volunteers. KCPA also assures that interpreters are available when needed and that patients are well prepared to be at the office on time (no-show rates are below 10%). Physicians who currently participate are often surprised to learn that these “charity” patients fit easily into the physician’s practice. When physicians need additional services for patients (such as operating room time), KCPA arranges for these services (which are also donated). In short, physicians donate their time for a worthy cause and with a minimum of hassle.

In May of this year, we hope to implement our local project, the Snohomish County Alliance for Health Care Access. Initially the focus will be on referrals for specialty care. Recruitment is already underway for specialists in any field who are willing to participate. Providers and staff at community health centers will be trained on the referral process. KCPA is already developing the forms and the infrastructure to support the process. A website for the Snohomish County Alliance for Health Care Access is being developed, but you can learn more about King County Project Access at [www.kcprojectaccess.org](http://www.kcprojectaccess.org). For more information or to volunteer to provide services here in Snohomish County, please contact Marshall Turner, Executive Director, Snohomish County Medical Society at [mst@wsma.org](mailto:mst@wsma.org) or 206.956.3646.

**\* FYI \***

Snohomish Health District has a new website! All of the important county data is still there, simply visit [www.snohd.org](http://www.snohd.org). If you have an older SHD document with a different web address, please visit [www.snohd.org/Shd\\_HS](http://www.snohd.org/Shd_HS) for copies of reports and other data.