

Rabies virus and other lyssaviruses (including Australian Bat Lyssavirus [ABLV]) post-exposure follow-up checklist

FOR WA HEALTH POPULATION/PUBLIC HEALTH UNITS (PHU) AND COMMUNICABLE DISEASE CONTROL DIRECTORATE (CDCD) USE ONLY

1. IF POTENTIAL EXPOSURE TO RABIES OR OTHER LYSSAVIRUS (INCLUDING ABLV)

1.1. Contact the exposed person (or care-giver) to:

- Identify source and circumstances of potential exposure. If exposure has been to a bat, if possible try to identify the type and species.
- Determine if any other persons or animals were exposed to the same animal/bat.
- Determine if the animal/bat is available for testing and arrange testing, where appropriate.
- Review exposed person's vaccination status and immune competence, and discuss need for postexposure treatment (PET) and prophylaxis (PEP) and if they have a preferred doctor/clinic to manage provision of PET and PEP.
- · Complete the Rabies virus and other lyssaviruses exposure assessment form.
- · Provide patient with Rabies Factsheet.

1.2. Contact exposed person's doctor /clinic to:

Discuss need for PET, including wound management and provision of PEP, and clarify that the clinic is able to complete the course of PEP on applicable dates.

1.3. Arrange PEP to nominated provider(s)

Target cache stock is maintained at tertiary regional hospitals and WA Health-approved metropolitan travel clinics.

Two forms are completed either by the WA Health Public Health Physicians (PHPs) in liaison with the reporting physician, or by WA Health-approved Travel Clinic physicians: a) the rabies virus and other lyssaviruses exposure assessment form, and

b) the rabies products order form.

The PHP checks cache stock available, where applicable, and only orders amounts to ensure target cache stock levels are maintained.

The cache stock and forms are located at: http://ww2.health.wa.gov.au/Articles/N_R/Rabies-and-other-lyssavirus-including-bat-lyssavirus

- The PHP submits the order form to Onelink by emailing customerservice@onelink.com.au and copy vaccineorders@health.wa.gov.au
- During office hours, phone Onelink on 1800 014 207 to follow up it no email response within one hour of ordering. After hours, always phone Onelink on 0459 398 111 to confirm the order.

- The warehouse will confirm receipt of the order and delivery timing to the health service, clinic
 or hospital pharmacy delivery.
- The PHP must ensure their contact details are current for any queries that may arise.

1.4. Facilitate animal / bat testing, where appropriate

- Testing of animals implicated in exposures will rarely be feasible or undertaken in developing
 countries where most persons who present for PEP in WA will have been exposed. However, if
 there is information (most likely from the exposed person) that animal testing has been undertaken
 following an overseas exposure, to the extent possible, the results of such testing should be
 sought from the appropriate authorities. PEP should commence as per recommendations, but if
 reliable negative results become available then PEP may be ceased before completion.
- For microbat and flying fox exposures in WA, wherever possible, the implicated bat(s) should be captured and sent to The Department of Primary Industries and Regional Development (DPIRD) state animal Diagnostic Laboratory Service (DDLS). This must be done without other persons being put at risk of exposure.
- Contact DPIRD officers for advice and instructions on how to capture and deliver the implicated bat on 9368 3351, or after hours phone the on-call veterinarian on 1800 675 888.
 Liaise with DPIRD officers, wildlife officers and/or veterinarians as appropriate, to facilitate collection, packaging and transport of the bat.
- Complete the submission form at https://www.agric.wa.gov.au/livestock-biosecurity/ddlsanimal-pathology-laboratory-services
- Arrange courier, <u>affix the submission form to the outside of the bat container</u> and label as follows:

URGENT – Bat (Human Exposure) The Duty Pathologist at DPIRD DDLS Receivals (C Block) 3 Baron-Hay Court SOUTH PERTH WA 6151

- Please phone ahead on 9368 3351 to advise DDLS the bat is being sent.
- DDLS will forward specimens to the Australian Animal Health Laboratories (AAHL) in Victoria for ABL testing.
- The PHU should bear the costs of transport of the implicated bat(s). All bats will be euthanized for testing when they reach the laboratory so it will probably be easier to euthanize the bat prior to transport. If the bat is alive it should be secured appropriately for transport. If it is dead or euthanized for transport, it should be kept at 4°C (not frozen).

1.5. Other issues:

- Where appropriate, PHUs may educate local health care providers about rabies/ABL preexposure and post-exposure vaccination and undertake local health promotion activities to educate the general public on how to minimise the risk of exposure to ABL infection.
- Further information visit:

http://ww2.health.wa.gov.au/Articles/N_R/Rabies-and-other-lyssavirus-including-bat-lyssavirus https://www.agric.wa.gov.au/livestock-biosecurity/ddls-animal-pathology-laboratory-services

2. IF RABIES OR OTHER LYSSAVIRUS (INCLUDING ABLV) INFECTION IS SUSPECTED OR CONFIRMED

2.1. Contact the patient's doctor to:

- Obtain patient's history.
- · Confirm results of relevant pathology tests.
- · Recommend that the tests be done if need be.

2.2. Contact the patient (or care-giver) to:

- · Confirm onset date and symptoms of the illness.
- Identify likely source of exposure including type of animal/bat and nature of exposure.
- Determine if any other persons/animals were exposed to same animal/bat.
- · Provide Factsheet and information, as appropriate.

2.3. Contact laboratory to:

Obtain any outstanding results.

2.4. Confirm case:

· Assess information against case definition.

2.5. Other issues:

- Report details of suspected or confirmed cases to CDCD and senior Health Service managers urgently, as appropriate. After hours, the on-call CDCD Public Health Physician can be contacted on 9328 0553.
- A coordinated approach to media management will be determined between the Health Service caring for the patient, CDCD and the PHU.
- · Enter case data into WANIDD within 24 hours.