

## In This Issue:

- Animal Bite Reporting & Rabies Post-Exposure Prophylaxis
- Multi-state Outbreak of Cyclosporiasis

## Animal Bite Reporting & Rabies Post-Exposure Prophylaxis

### Reporting Animal Bites in Washoe County

Each year, as we enter the spring and summer months, an increase of animal bite and bat exposures are reported. In 2012 the Washoe County Health District (WCHD) and Washoe County Regional Animal Services (WCRAS) received over 1,000 reports of animal bites and bat exposures among Washoe County residents. To date in 2013, over 500 reports have already been received. The majority of reports are the result of dog and cat exposures, with less than 50 in 2012 that were a result of an exposure to other animals (including bats). Nevada Administrative Code ([NAC 441A.225](#)) requires health care providers to report animal bites of humans by a rabies-susceptible animal. [NAC 441A.155](#) defines a rabies-susceptible animal as "any mammal, including, but not limited to, a bat, cat, dog, cow, horse, ferret, cougar, coyote, fox, skunk and raccoon, and any wild or exotic carnivorous mammal." Washoe County health care providers are asked to make reports by completing the attached form (also available on line at:

<http://www.washoecounty.us/health/cdpp/reporting.html>) and faxing it to (775) 328-3764. Exposures to bats include *any bare-skin contact with a bat and situations where bat-to-skin contact or bat bites cannot be ruled out (e.g., a bat is found in a room with a child or inebriated person, or an adult wakes up to find a bat in the room).*

### A Recent Example of Non-Reporting of a Bat Bite

The WCHD received a call from a member of the public in regards to a recent bat exposure that occurred within a household. In this circumstance there were multiple bat bites among more than one family member. The family did seek medical care at local emergency department (ED) and received appropriate and complete post-exposure prophylaxis (PEP); however, this was not reported to the WCHD. This



family had multiple questions about rabies PEP that ultimately required WCHD staff to consult with CDC. Please remember to report bat bites in the same manner as any other animal bite. It is important to note that healthcare providers should fill out the animal bite report form (see page 3), NOT the patients themselves or their guardians.

### Wound Management Following an Animal Bite

Immediate and thorough cleaning of any bite or scratch wound with soap and water may be one of the most important measures to prevent rabies. The need for tetanus prophylaxis should be evaluated. Also, the need for administration of antibiotics to address other potential infections should be considered. However, according to the American Academy of Pediatrics 2012 Red Book, limited data exist to guide antimicrobial prophylaxis or therapy for patients with wounds that are not overtly infected. Patients with mild injuries in which the skin is abraded do not need to be treated with antimicrobial agents. However, the wounds should be re-evaluated for signs of infection within 48 hours.

### Rabies Post-Exposure Prophylaxis (PEP)

Although rare, rabies still occurs in humans in the U.S. Between 2007 and 2011, reported human rabies cases in the U.S. ranged from 1 -4 per year. Persons with possible rabies exposure should be evaluated as soon as possible by a healthcare provider. The decision to initiate rabies PEP should be based on the following: 1) type of exposure; 2) epidemiology of animal rabies in the area where the contact occurred and species of animal involved, and 3) circumstances of the exposure incident.

Bats are the primary reservoir for rabies in Nevada. Approximately 12% of bats tested in Washoe County between 1998 and 2012 were positive for rabies and 18% of bats tested between 2010 and 2012 were positive for rabies (Table 1). If possible, bats involved in potential human exposures should be safely collected and submitted for rabies diagnosis. This testing can be performed at the

Nevada Department of Agriculture Animal Diseases Lab (775-688-1182).

For persons who have never been immunized for rabies, PEP after a potential rabies exposure consists of 4 doses of rabies vaccine given intramuscularly on days 0, 3, 7, 14, *and* human rabies immune globulin (HRIG) at the

recommended dosage of 20 IU/kg body weight. HRIG is given at the same time as the first dose of vaccine and, if anatomically feasible, the full dose of HRIG should be thoroughly infiltrated in the area around and into the wounds. Any remaining volume should be injected IM at a site distant from vaccine administration.

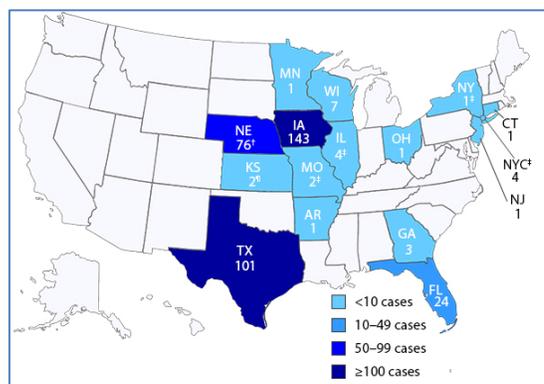
**Table 1. Summary of Specimens Tested for Rabies, Washoe County, 1998 - 2012**

|                   | Bat       |            | Canine, Domestic |            | Coyote   |           | Feline, Domestic |            | Raccoon  |           | Weasel family* |           | Rodents  |           |
|-------------------|-----------|------------|------------------|------------|----------|-----------|------------------|------------|----------|-----------|----------------|-----------|----------|-----------|
|                   | # pos.    | # tested   | # pos.           | # tested   | # pos.   | # tested  | # pos.           | # tested   | # pos.   | # tested  | # pos.         | # tested  | # pos.   | # tested  |
| 1998              | 0         | 8          | 0                | 0          | 0        | 1         | 0                | 0          | 0        | 1         | 0              | 2         | 0        | 1         |
| 1999              | 3         | 12         | 0                | 1          | 0        | 0         | 0                | 1          | 0        | 0         | 0              | 1         | 0        | 2         |
| 2000              | 3         | 41         | 0                | 37         | 0        | 4         | 0                | 42         | 0        | 5         | 0              | 5         | 0        | 5         |
| 2001              | 1         | 52         | 0                | 31         | 0        | 1         | 0                | 26         | 0        | 3         | 0              | 7         | 0        | 0         |
| 2002              | 8         | 48         | 0                | 27         | 0        | 4         | 0                | 22         | 0        | 7         | 0              | 11        | 0        | 6         |
| 2003              | 5         | 50         | 0                | 29         | 0        | 2         | 0                | 16         | 0        | 10        | 0              | 5         | 0        | 3         |
| 2004              | 2         | 55         | 0                | 29         | 0        | 1         | 0                | 21         | 0        | 6         | 0              | 1         | 0        | 3         |
| 2005              | 9         | 44         | 0                | 0          | 0        | 1         | 0                | 0          | 0        | 5         | 0              | 3         | 0        | 1         |
| 2006              | 2         | 36         | 0                | 22         | 0        | 2         | 0                | 14         | 0        | 6         | 0              | 6         | 0        | 4         |
| 2007              | 3         | 58         | 0                | 449        | 0        | 0         | 0                | 25         | 0        | 9         | 0              | 2         | 0        | 5         |
| 2008              | 9         | 45         | 0                | 82         | 0        | 0         | 0                | 23         | 0        | 16        | 0              | 9         | 0        | 2         |
| 2009              | 9         | 64         | 0                | 96         | 0        | 0         | 0                | 32         | 0        | 10        | 0              | 4         | 0        | 10        |
| 2010              | 4         | 27         | 0                | 67         | 0        | 0         | 0                | 43         | 0        | 12        | 0              | 3         | 0        | 3         |
| 2011              | 6         | 37         | 0                | 45         | 0        | 0         | 0                | 25         | 0        | 4         | 0              | 3         | 0        | 2         |
| 2012              | 9         | 41         | 0                | 72         | 0        | 0         | 0                | 17         | 0        | 2         | 0              | 0         | 0        | 2         |
| <b>Totals</b>     | <b>73</b> | <b>618</b> | <b>0</b>         | <b>987</b> | <b>0</b> | <b>16</b> | <b>0</b>         | <b>307</b> | <b>0</b> | <b>96</b> | <b>0</b>       | <b>62</b> | <b>0</b> | <b>49</b> |
| <b>% positive</b> | 11.8      |            | 0.0              |            | 0.0      |           | 0.0              |            | 0.0      |           | 0.0            |           | 0.0      |           |

\* Weasel family includes skunks and ferrets

## Multi-State Outbreak of Cyclosporiasis in the United States

On June 28, 2013, the Centers for Disease Control and Prevention (CDC) was notified of 2 laboratory-confirmed cases of *Cyclospora* infection in Iowa residents who had become ill in June and did not have a history of international travel during the 14



days before the onset of illness. Since that date, CDC has been

collaborating with public health officials in multiple states and the US Food and Drug Administration (FDA) to investigate an outbreak of cyclosporiasis.

As of July 30, 2013, CDC has been notified of 372 cases of *Cyclospora* infection from 16 states. Most of the illness onset dates have ranged from mid-June through early July. At least 21 persons reportedly have been hospitalized in three states. Nebraska and Iowa have performed investigations within their states and have shared the results of those investigations with CDC. Based on their analysis, *Cyclospora* infections in their states are linked to a salad mix. CDC will continue to work with federal, state, and local partners in the investigation to determine whether this conclusion applies to the increase in cases of cyclosporiasis in other states. It is not yet clear whether the cases from all of the states are part of the same outbreak.

*Cyclospora* infection is not a reportable condition in Nevada. However, if you see a **laboratory confirmed case** of Cyclosporiasis, please call the Communicable Disease Program, WCHD at 775-328-2447.

PLEASE PRINT CLEARLY

Washoe County



Health District

FAX COMPLETED REPORTS TO:  
(775) 328-3764

**ANIMAL BITE REPORT – To Be Completed By Health Care Provider**

|  |   |
|--|---|
| <b>INSTRUCTIONS FOR COMPLETING FORM:</b> | <p><b>This form should be completed by the health care provider, unless the person bitten did not seek medical care. PLEASE PRINT LEGIBLY.</b> Complete all sections in full.</p> <p><b>Fax completed form as soon as possible to Washoe County Health District at 328-3764.</b> This allows the local rabies control authority to evaluate &amp; monitor the biting animal &amp; fulfills the health care provider's requirement to report animal bites under Nevada Administrative Code 441A. The original form should stay with the patient's chart.</p> <p>Questions? Please call 328-2447.</p> |
|--|---|

|                                     |  |
|-------------------------------------|--|
| <b>Today's Date:</b> ____/____/____ | <b>Name of Hospital/ Urgent Care/Clinic:</b> _____ |
|-------------------------------------|--|

|                       |   |
|-----------------------|---|
| <b>Exposed Person</b> | Name: _____ Age: _____                                    |
|                       | Parent/Guardian's Name if patient is a minor: _____       |
|                       | Street Address: _____ City: _____ State: _____ Zip: _____ |
|                       | Phone: Home: _____ Work: _____ Cell: _____                |

|             |   |
|-------------|---|
| <b>Bite</b> | Date Bite Occurred: _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM  |
|             | Where on body bitten: _____ Skin Broken? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|             | <input type="checkbox"/> <b>If bite occurred at exposed person's address, check this box and skip to Animal Information. If not, complete the following:</b> Address/place where bite occurred: _____ |
|             | Street Address: _____ City: _____ State: _____ Zip: _____   |

|                           |   |
|---------------------------|---|
| <b>Animal Information</b> | Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: _____        |
|                           | Owner's Name: _____   |
|                           | <input type="checkbox"/> <b>If owner is exposed person, check this box &amp; skip to Medical care obtained. If not, complete the following:</b> |
|                           | Street Address: _____ City: _____ Zip: _____  |
|                           | Phone: Home: _____ Work: _____ Cell: _____  |

|  |                                    |
|--|------------------------------------|
| <b>Medical care obtained?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, complete the following:    |
| Health care provider: _____  | Hospital/Urgent Care/Clinic: _____ |

|  |       |
|--|-------|
| <b>Explain circumstances of bite incident:</b> | _____ |
|  | _____ |
|  | _____ |

This information is accurate to the best of my knowledge.

**Signature of Person Bitten or Parent/Guardian:** \_\_\_\_\_