

IS THERE A RISK TO HEALTH CARE WORKERS FROM CONTACT WITH A PATIENT WHO HAD RABIES?

Except for recipients of tissue transplants, there has never been a confirmed case of human-to-human transmission of rabies. Thus, the risk to providers and hospital staff is extremely low. However, because the rabies virus may be present in certain tissues and secretions in a patient with rabies, an individualized risk assessment should be performed.

What is rabies? Rabies is a viral disease that causes an encephalitis (inflammation of the brain). Only about one to three cases of human rabies occurs each year in the USA. The rabies virus is almost always transmitted to humans by bites from wild or domestic animals. Signs and symptoms of rabies in humans can include headache, agitation, delirium, difficulty swallowing, hallucinations, seizures, paralysis, and coma. Virtually all patients die within a few weeks after the onset of illness.

How could health care workers be exposed to the rabies virus from a patient?

Although there has never been a confirmed case of direct person-to-person transmission, certain secretions and tissues of a patient with rabies may contain sufficient virus to be infectious. These are: saliva and respiratory secretions, neural tissue, tears, and cerebrospinal fluid (CSF).

A health care worker would have to be exposed percutaneously (e.g., a bite), or have these infectious fluids come into contact with an open wound or a mucosal surface (eyes, ears, nose, mouth). Once these fluids dry, they are no longer considered infectious.

Blood, urine, feces, and sweat are NOT considered infectious, and contact with these substances would not be considered an exposure to rabies.

If a person is exposed, can rabies be prevented?

Yes, safe and effective preventative treatment is available – the treatment is called rabies post-exposure prophylaxis or PEP.

Which health care workers should receive PEP against rabies?

- Those who had been bitten by the patient
- Those who had the patient's saliva, respiratory secretions, tears, or CSF come into contact with a mucous membrane (e.g., through getting directly sprayed with saliva from a cough or during endotracheal tube management while not wearing a face shield).
- Those who had the patient's saliva, respiratory secretions, tears, or CSF come into contact with an open wound in their skin (i.e., a wound that had been open and bleeding within the past 24 hours).
- Those who sustained a needle stick IF the needle had been in contact with the patient's CSF or neural tissue.

Other contact with the patient or the patient's surroundings does not require treatment. Contact with blood, urine, feces, and sweat does not constitute an exposure.

If you are still undecided about whether you sustained an exposure that needs preventive treatment, or if you think that you DO require the treatment, contact the following: