

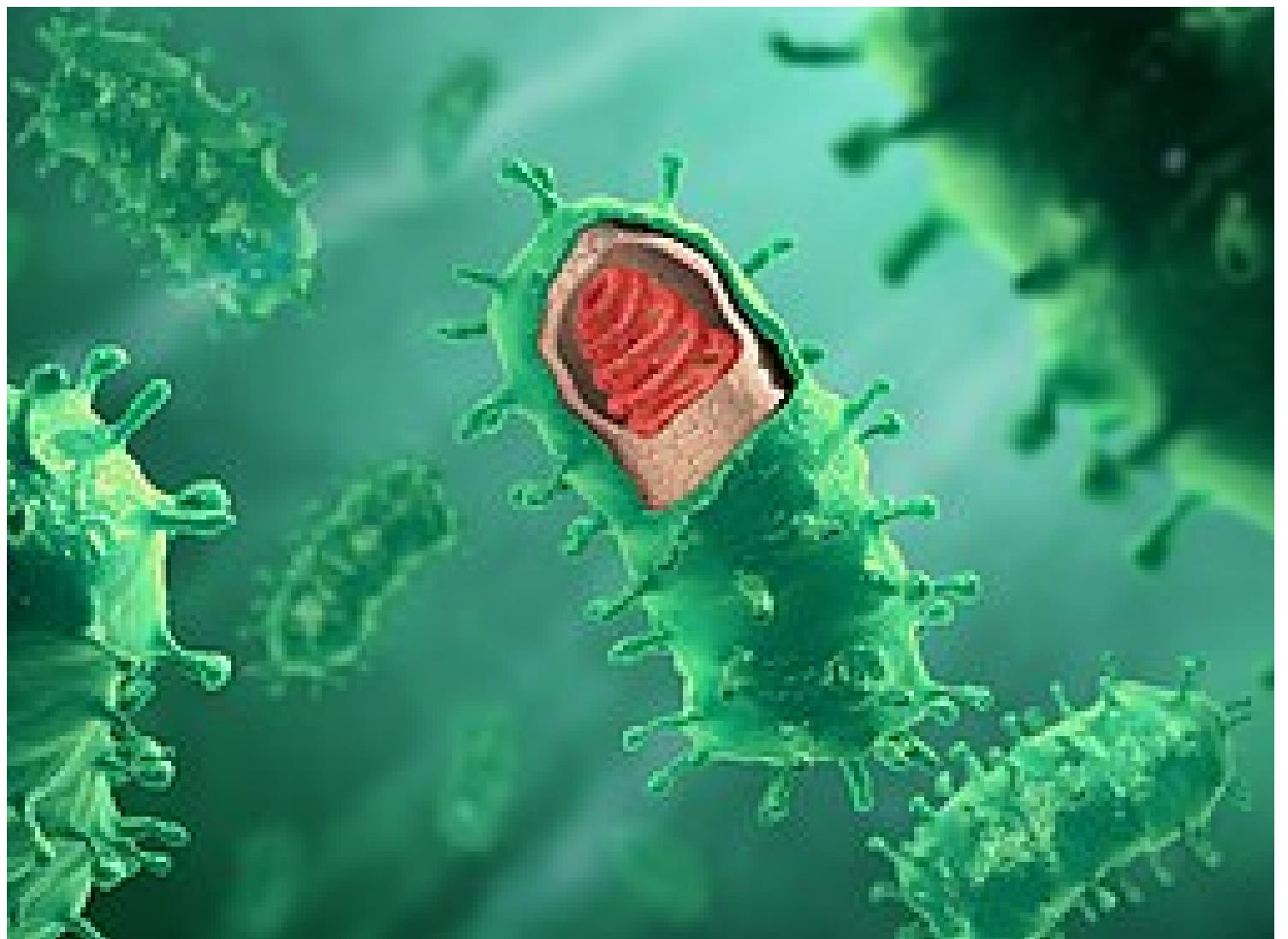
April 2023 Board of Health Spotlight

Rabies



What Is Rabies?

- Rabies is a viral disease that infects the central nervous system.
- Infection with the virus is nearly always fatal if appropriate medical care is not received.
- All warm-blooded mammals including humans are susceptible to rabies.



Transmission

- Rabies virus is spread through direct contact with saliva or nervous system tissue from an infected animal.



Animal bites



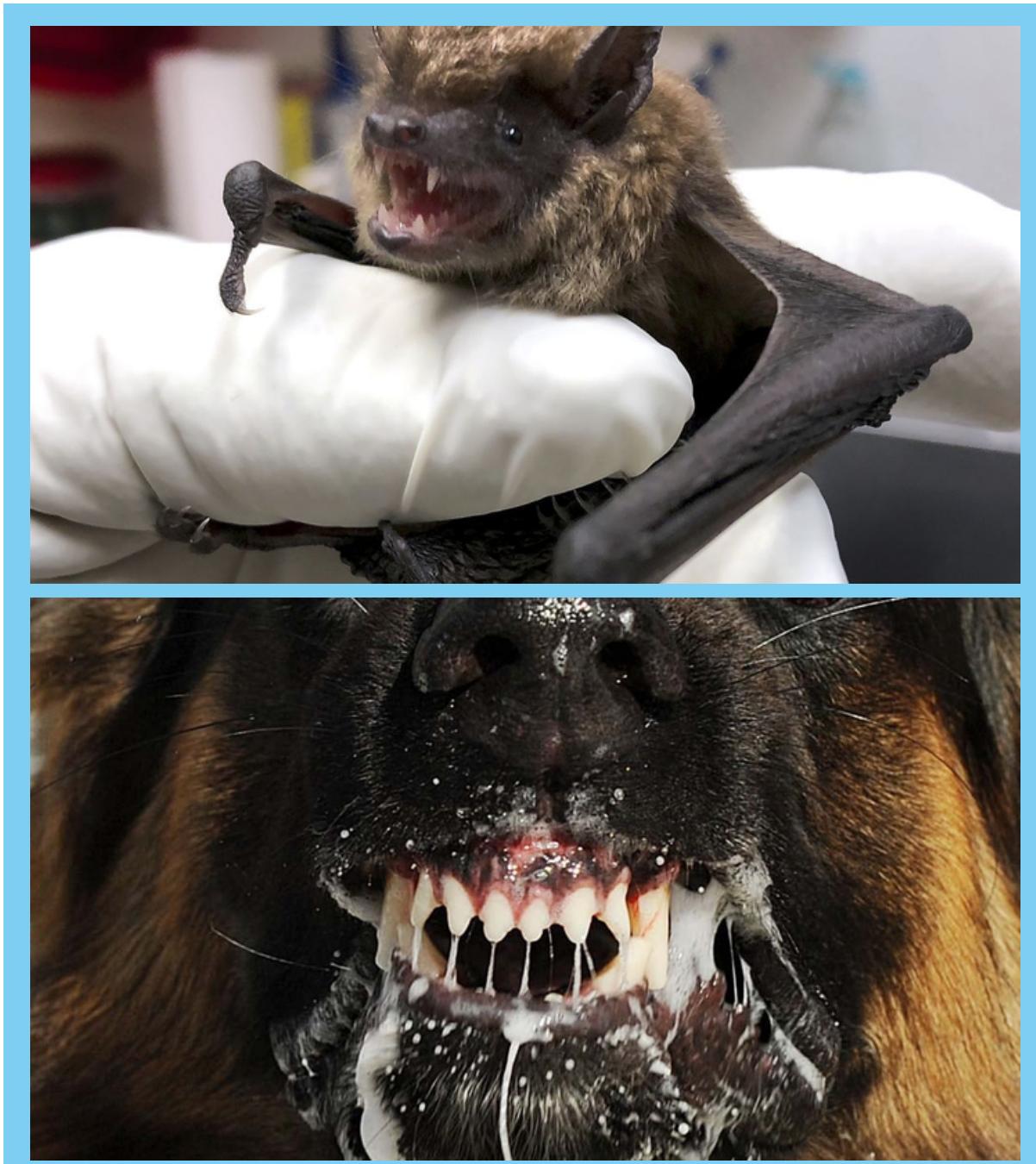
Scratches and lacerations



Virus contact with mucous membranes

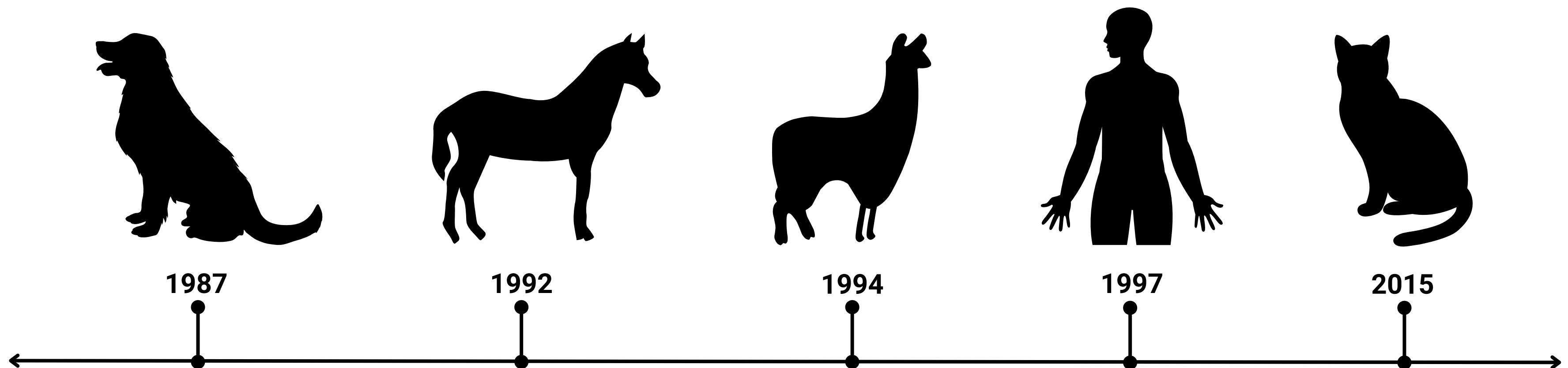
Rabies in Animals

- In the US, more than 90% of cases in animals occur in wildlife.
- Pets and livestock can get rabies from bats in WA.
- Symptoms to look out for in animals.
 - Behavior change
 - Excessive drooling or foaming in the mouth
 - Difficulty swallowing
 - Loss of coordination
 - Drooping of lower jaw
 - Unusually aggressive or vicious behavior
 - Sometimes animal may not appear ill
- Lab testing is the only way to know for sure.

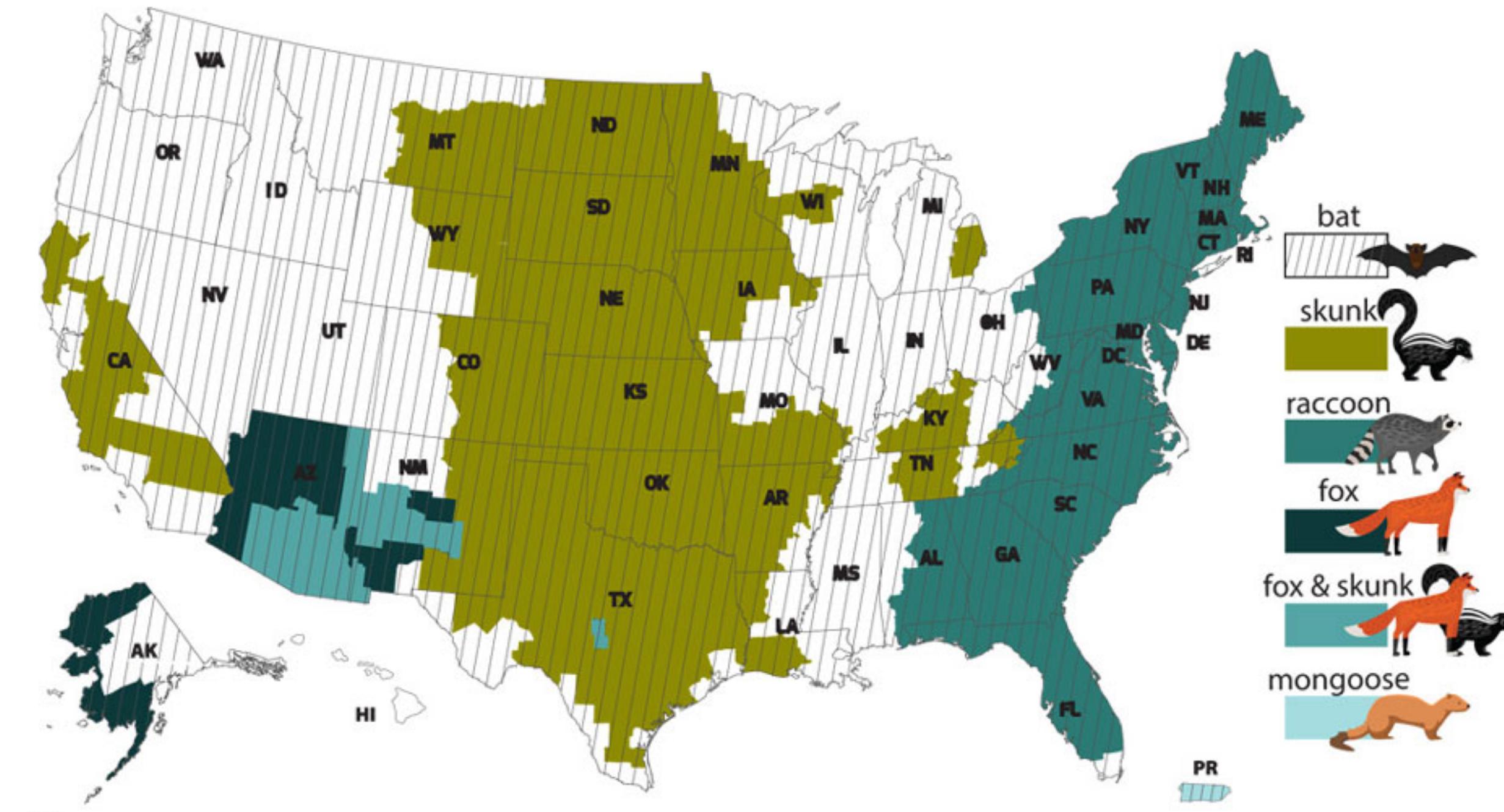


WA State Rabies Cases

- Bats are the only known carrier of rabies in Washington State.
- Less than 1% of wild bats are infected with rabies.
- Last known rabies cases in WA for different mammals includes:



Rabies in the US



Rabies in WA State vs United States

The number of animal rabies cases, including both domestic animals and wildlife:



- Wildlife: 40
- Domestic animals: 0



- Wildlife: 4,589
- Domestic animals: 362

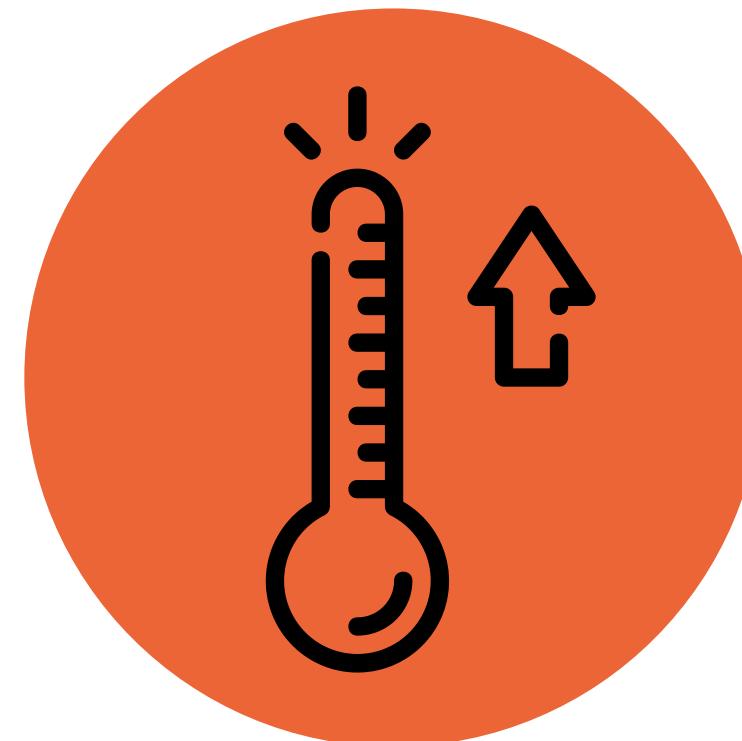
*Based off data from 2018.

Rabies in Humans

- After a rabies exposure, symptoms may appear after 2-8 weeks or even months.



Headache



Fever



Pain at exposure site



Agitation or confusion

Rabies Prevention

- Protect yourself and your pets and family from rabies with the following advice:



**Keep pet's vaccinations
up-to-date**



Keep pets supervised



**Do not touch or handle
wild animals**



**Leave strays and other's
pets alone**

Partnerships



Local vet



Local hospitals



Public health lab

YHD's Role

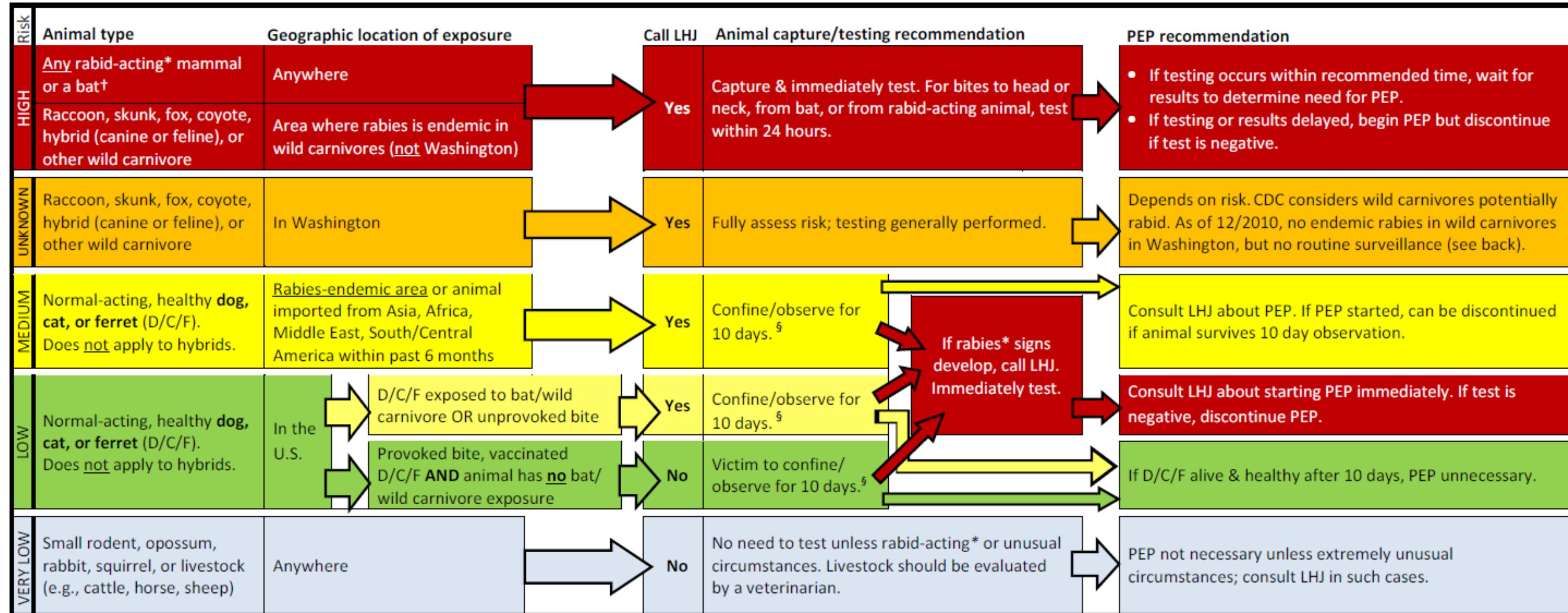
- Suspected rabies cases must be immediately reported to YHD.
 - Rabies cases are a notifiable condition.
- Fill out an animal bite report.
- Environmental Health will determine if the animal needs to be tested and if medication is needed for the victim.
- Partnership with PHL and a local veterinarian for specimen testing.

 <p>YAKIMA HEALTH DISTRICT 1210 Ahtanum Ridge Drive Union Gap WA 98903 509.249.6525 or 509-249-6541</p>		ANIMAL BITE REPORT FAX WITHIN 24 HOURS TO: (509) 249-6625
IMPORTANT: FILL IN FORM AS COMPLETELY AS POSSIBLE		
VICTIM INFORMATION Last Name _____ First Name _____ MI _____ DOB _____ / _____ / _____ Age _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Address _____ City _____ State _____ Zip _____ Home phone (____) - _____ Work Phone (____) - _____ Cell Phone (____) - _____ Occupation _____ Employer _____ If victim under 18: Parent/Guardian Name _____ Phone (____) - _____ Address _____ City _____ State _____ Zip _____ School Name _____ City _____ Grade _____ Has victim had rabies vaccination (min. 3 doses) in past? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Total Doses: _____ Last Dose _____ / _____ / _____ Has victim received a Tetanus shot in the last 5 years? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Most recent tetanus shot _____ / _____ / _____		
BITE INFORMATION Date of bite _____ / _____ / _____ What happened to cause bite? _____ Where did bite occur (e.g. home, work, etc) _____ Site of bite wound (e.g. head, hand, leg) _____ Was the skin broken? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Was the wound cleaned? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk If yes, at: <input type="checkbox"/> Home <input type="checkbox"/> Health Facility Who was notified? <input type="checkbox"/> Doctor or other healthcare provider <input type="checkbox"/> Animal Control, District Name _____ <input type="checkbox"/> Police, Case # _____ <input type="checkbox"/> Other _____ If Doctor or Healthcare Provider seen: Name of Clinic or Hospital _____ Doctor Name _____ Phone Number (____) - _____		
ANIMAL AND OWNER INFORMATION ANIMAL INFORMATION: (do not use this form for rabbit or rodent bites) Type: <input type="checkbox"/> Bat <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Ferret <input type="checkbox"/> Raccoon <input type="checkbox"/> Other _____ Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Ownership: <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Domestic → If domestic animal, name _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk Breed _____ Color _____ Disposition: <input type="checkbox"/> Healthy <input type="checkbox"/> Sick <input type="checkbox"/> died, date: _____ / _____ / _____ <input type="checkbox"/> Unk If sick, symptoms: <input type="checkbox"/> Paralyzed <input type="checkbox"/> Drooling <input type="checkbox"/> Confused <input type="checkbox"/> Thirsty <input type="checkbox"/> Aggressive <input type="checkbox"/> Agitated <input type="checkbox"/> Other _____ Born in U.S.? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Traveled out of country in last 6 mos.? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Where? _____ Animal rabies vaccination status: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Vaccination not current <input type="checkbox"/> Never been vaccinated <input type="checkbox"/> Unknown Rabies vaccination within last 3 years? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Most recent (mo/yr) _____ / _____ Total doses _____ Animal Clinic Name _____ City _____ Phone (____) - _____		
OWNER INFORMATION: Name _____ Phone (____) - _____ Street Address _____ City _____ State _____ Zip _____ Mailing Address _____ City _____ State _____ Zip _____		
YHD USE ONLY: Rec'd _____ / _____ / _____ From _____ <input type="checkbox"/> Fax <input type="checkbox"/> Verbal <input type="checkbox"/> Mail-PM _____ / _____ / _____ Investigator _____ PHIMS #: _____ Ent _____ / _____ / _____ Comp _____ / _____ / _____ RFMI? <input type="checkbox"/> N <input type="checkbox"/> Y _____ / _____ / _____ NOQ _____ / _____ / _____ <input type="checkbox"/> Mail <input type="checkbox"/> Verbal NOQR _____ / _____ / _____ <input type="checkbox"/> Mail <input type="checkbox"/> Verbal Other LHU? <input type="checkbox"/> N <input type="checkbox"/> Y → LHU _____ Not _____ / _____ / _____		

YHD's Role

- If medication is needed, YHD nurses coordinate with local hospitals.
- Medical treatment for rabies is Post-Exposure Prophylaxis (PEP)
 - Initial day of treatment includes 1 dose of human rabies immunoglobulin and rabies vaccine.
 - Additional doses on days 3, 7, and 14.





YHD Strategic Goals



Deliver mandated services



Develop a network of community partners invested in improving public health



Increase the effectiveness and efficiency of district services

Questions?