



Rabies

Frequently Asked Questions for Healthcare Workers

1. I am a healthcare worker who took care of a rabies patient after or shortly before the patient developed clinical signs of rabies – am I at risk for rabies?

There are no known cases of rabies transmission to healthcare workers caring for patients with rabies. In the United States, post-exposure prophylaxis (PEP) is recommended for healthcare workers who have been exposed to a patient's saliva, nerve tissue, or cerebrospinal fluid in the 14 days before or any time after illness onset. Possible routes of exposures include percutaneous and mucocutaneous entry of the rabies virus, such as through a wound or non-intact skin or via mucous membrane contact.

2. What are some circumstances in healthcare settings in which rabies exposure may occur?

Healthcare workers who had an open wound, non-intact skin, or mucous membrane contact with a patient's saliva, nerve tissue, or spinal fluid or who experienced an injury with a contaminated needle or other sharp device related to patient care should receive rabies PEP. Specific examples where PEP would be recommended include the following are:

- Needlesticks
- Cut or puncture with a solid sharp (e.g. scalpel injury during surgery or autopsy or cut from bone fragment that penetrates glove and skin)
- Mucous membrane contact with saliva (e.g., spray, splash, or hand-to-eye or hand-to-mouth contact of saliva to mucous membranes in the absence of personal protection)

3. What are some circumstances in healthcare settings that are NOT a risk for rabies exposure?

Exposure to feces, urine, blood, or other body fluids (not referenced in #2) is not considered a risk for rabies transmission. The rabies virus cannot survive on surfaces in the environment for any substantial period of time. Specific examples of healthcare settings where PEP is NOT recommended include:

- Touching a patient (unless an open wound, non-intact skin, or mucous membrane was contaminated with saliva or central nervous system material)
- Changing a patient's bed linens
- Taking a patient's blood pressure
- Serving or cleaning up a patient's meals, including handling used dishes and utensils
- Phlebotomy (unless a needlestick injury occurs)
- Handling blood specimens in the laboratory
- Presence near the operating or autopsy table during routine procedures

4. Where can I get more information?

The Advisory Committee on Immunization Practices (**ACIP**) has issued a Morbidity and Mortality Report on human rabies prevention. You can access that document by going to <http://www.cdc.gov/ncidod/dvrd/rabies/Professional/publications/ACIP/ACIP99.pdf>

The above information was obtained from the U.S. Centers for Disease Control and Prevention at www.cdc.gov.

