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Exposure to bats: updated recommendations

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Since the mid-1990s, Canada and the United States have recommended the testing of bats or the use of rabies postexposure prophylaxis after discovery of a bat in the same room as a child, a cognitively impaired person or a sleeping person.[1–3] These recommendations were based on case reports from the United States in which a strain of bat rabies virus was isolated from people who had had no obvious exposure to a bat.[2]

Canadian researchers have since determined that rabies is extremely rare when there is no obvious contact with a bat. A case of rabies related to bedroom exposure (the presence of a bat in the room of a sleeping individual with no recognized physical contact with the bat) has been estimated to occur in Canada once every 84 years.[4] This rate is very low even though bedroom exposures to bats occur fairly often (about 10 per 10 000 people annually) and are reported for postexposure management less than 5% of the time.[5] The researchers estimated that more than 2.6 million people would need to be treated to prevent 1 case of rabies related to a bedroom exposure.

The National Advisory Committee on Immunization is therefore now recommending the testing of bats or the use of rabies postexposure prophylaxis only when *both* of the following conditions apply:

- There has been direct contact with a bat (i.e., the bat has touched or landed on a person) *and*
- A bite or scratch from a bat or exposure of a wound or mucous membranes to saliva from a bat cannot be ruled out.

A full discussion of these changes is available in the committee's updated recommendations on managing bat exposures to prevent human rabies.[6] Clinicians can also consult with their local public health office for assistance in determining the risk associated with a particular exposure to a bat.

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More than 2.6 million people would need to be treated to prevent 1 case of rabies after bedroom exposure to a bat.

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