Rabies

Reporting Obligations
Confirmed and suspected cases shall be reported to the local Health Unit.
NOTE: For reporting of animal bites or other incidents where there is possibility of human exposure to rabies, refer to Animal Exposure Report Form.

Risk Factors/Susceptibility
- History of animal bite, particularly a wild animal, stray animal, sick animal, bat or an animal bite occurring in a rabies endemic region.
- Exposure to bats in cave
- Recent corneal, solid organ or blood vessel transplant

Diagnosis & Laboratory Testing
Confirmed case: clinically compatible signs and symptoms with:
- Detection of viral antigen in an appropriate clinical specimen, preferably the brain or the nerves surrounding hair follicles in the nape of the neck, by immunofluorescence
  OR
- Isolation of rabies virus from saliva, cerebrospinal fluid (CSF), or central nervous system tissue using cell culture or laboratory animal
  OR
- Detection of rabies virus ribonucleic acid (RNA) in an appropriate clinical specimen (e.g., saliva)

Probable case: clinically compatible signs and symptoms with:
- Demonstration of rabies-neutralizing antibody titre \( \geq \) five (i.e., complete neutralization) in the serum or CSF of an unvaccinated person

Treatment & Case Management
In cases where clinical symptoms of rabies have developed, death is invariably the outcome. Treatment is primarily supportive. Use routine practices for hospitalized cases for the duration of illness.
The Health Unit will be involved in exposure investigation and follow-up of contacts.

Patient Information

Additional Resources
1. PHAC. “Canadian Immunization Guide, Rabies Vaccine.”
2. MOHLTC. “Guidelines for Management of Suspected Rabies Exposures, 2013.”

References