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Memorandum

To: Nurses and Physicians, Region 18 (Eeyou Istchee)

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(in consultation with Dr. Alain Aspirault and Dr. Hugo Plante, veterinarians, Ministère de l'Agriculture, des
Pêcheries et de l'Alimentation du Québec - MAPAQ)

Update on the management of patients bitten by, and/or other significant exposure to, animals in Eeyou Istchee

• STEPS TO FOLLOW:


1. Establish whether or not there has been a significant risky exposure to an animal:

→ **Only BATS and terrestrial MAMMALS (including dogs, cats, foxes, skunks, raccoons, etc.) can potentially transmit rabies to humans¹.**

For more information on mammals with a potential risk of rabies transmission to humans in Québec, please refer to Quebec's intervention guide for the prevention of human rabies (2012) (Sections 5.1.3, 5.2, and 7.2.2.1) (See References).

→ **A SIGNIFICANT EXPOSURE WITH RISK of rabies transmission from an affected animal to a human includes:**

- A **bite** by an affected animal: a percutaneous animal bite is the most common mode of rabies transmission and is associated with > 99% of human rabies cases worldwide;
- A **scratch** by an affected animal;
- **Contact** of an affected **animal's saliva** or **cerebrospinal fluid (CSF)** with the **human victim's mucous membrane** or **fresh wound** (defined as a wound that has bled or oozed in the past 24 hours).

Note:  In case of known exposure to bats, especially in individuals who are not fully verbal like infants, the clinician should rule out with certainty: a possible bite or scratch by a bat, or contact of bat saliva with the human victim's mucous membrane or fresh wound.

2. Immediately **CLEAN** the affected area thoroughly as this has been shown to be an effective intervention to **significantly reduce the risk of rabies transmission:**

→ **WASH the wound (or other exposure site) with SOAP & WATER for 10-15 minutes,**

even if the exposure occurred many hours before the patient's presentation. Then, apply a **viricidal agent** to the wound (or other exposure site), such as: 10% povidone-iodine, aqueous iodine or tincture of iodine, 70% alcohol or 2% chlorhexidine gluconate.

→ **Appropriate wound care can decrease the risk of rabies infection by about 90%.**

→ Do NOT close (e.g. with sutures) an animal bite wound²

3. Evaluate the need for **ANTI-TETANUS prophylaxis** in the affected patient. Please refer to the *Protocole d'immunisation du Québec (PIQ, 6th edition: sections 10.1.1 & 2³)* for specific recommendations on the administration of anti-tetanus prophylaxis.

4. Refer to the MSSS's newly developed **evidence-based online tool** that aims to help clinicians manage patients with risky exposures to animals:

→ **See :** <http://www.msss.gouv.qc.ca/aide-decision/etape.php?situation=Rage>

¹ Terrestrial mammals include: 1) domestic mammals (e.g. dogs and cats), 2) wild mammals (e.g. foxes, coyotes, skunks), and 3) rodents (e.g. marmots, beavers, porcupines) and lagomorphs (e.g. hares). Certain mammals are more receptive to rabies infection (e.g. wild dogs and foxes), than others (e.g. rodents and lagomorphs). However, in high-risk regions (such as region 18), a bite from a large rodent or hare will need an investigation and the human victim should be considered for rabies PEP treatment. For questions about culprit animals, please contact technical officers and/or veterinarians at the MAPAQ.

² In exceptional situations where wound closure may be necessary, consult an ID specialist and/or a plastic surgeon at the McGill University Health Centre (specialist physicians on call at the McGill University Health Centre can be paged at: 514-934-1934 extension 52222)

³ For the electronic version of the PIQ, please see:

<http://mssa4.msss.gouv.qc.ca/fr/document/publication.nsf/4b1768b3f849519c852568fd0061480d/6335dde40226af59852575cc0048804d?OpenDocument>



5. When using this tool, it is **important** to take the following information into consideration:

- All nine (9) communities of Eeyou Istchee (region 18) are considered to be at **HIGH RISK** of rabies infection from wild animals⁴.
- Therefore, **ALL** patients with bites (or other significant risky exposures) to animals have to be **SIGNALLED** to the Public Health Department of Region 18.
- Enter information using the MSSS's on-line tool, and **fill out** the Public Health Department's **signalling form** in **Appendix 1**. Please **fax** the **completed signalling form** in Appendix 1 to the Public Health Department of the CBHSSJB.
- Please note that there are **NO** local public health veterinarians in our region. However, technical officers and veterinarians at MAPAQ can provide technical guidance regarding *culprit animals*⁵ to our local clinicians and public safety officers by phone.
- Please note the following useful contact information for technical guidance in the assessment and management of culprit animals and their human victims for rabies prevention:

- Physician on call for the Public Health Department of the CBSSSJ: (514) 702-2940
- Local public safety officers: *see **Appendix 2***⁶
- Technical officers and veterinarians at MAPAQ:
 - Telephone (hotline⁷): 1-844-ANIMAUX
 - Fax: (418) 380-2201
- Coordinator of infectious diseases at the Public Health Department (CBSSSJ)⁸
 - Telephone: (514) 861-2352
 - Fax: (514) 861-5206
 - Email: kianoush.dehghani@mcgill.ca

6. In **making a clinical decision** on whether to offer post-exposure prophylaxis (**PEP**) to an individual who has recently had a risky exposure to a culprit animal, consider the following **criteria** regarding the **culprit animal**:

➔ Is the culprit animal available for assessment?

- i. **NO**, the culprit animal is **NOT available** for assessment, then:
 - 1) Due to the high-risk profile of region 18 for animal rabies, follow the MSSS's recommendations by using the online tool to provide the human victim with **PEP *immediately*** (see Section 7 on PEP).
- ii. **YES**, the culprit animal **IS available** for assessment, then:

➔ Is the culprit animal wild or domestic?

- Ila. The culprit animal is **WILD** (including stray dogs) and available for assessment (either **dead** or **alive**), then:
- 1) Due to the high-risk profile of region 18 for rabies among wild animals, follow the MSSS's recommendations by using the online tool to provide the human victim with **PEP immediately** (see Section 7 on PEP).
 - 2) Contact your community's **local public safety officer** (see **Appendix 2**) and inform him about the culprit wild animal. *The wild animal carcass may have to be frozen in the community for later analysis for rabies, as per the directives of MAPAQ/MFFP technical officers.*
- NOTE: Call MAPAQ's hotline for any questions about the assessment of the culprit animal. MAPAQ's technical officers (in collaboration with the MFFP⁹) support our local clinicians and public safety officers in the assessment (i.e. for potential signs and symptoms of rabies) and management of culprit wild animals. This management may include euthanasia, frozen storage of the carcass, and brain sample extraction and delivery for rabies lab analysis at the Canadian Food Inspection Agency (CFIA) in Ontario (i.e. to update the surveillance information on animal rabies in the region).*
- Ilb. The culprit animal is **DOMESTIC** and available for assessment, then:

⁴ This is mainly according to the Institut nationale de santé publique du Québec's (INSPQ) on-going surveillance results of rabies among foxes in various jurisdictions in Québec.

⁵ In this memo, the term “**culprit animal**” is used to refer to a terrestrial mammal at risk of rabies infection that has bitten or scratched (or had other significant risky exposure with) a human victim.

⁶ During non-working hours, please contact the local fire hall and ask for the public safety officer or the fire chief on-call for assistance.

⁷ The hotline is open for technical advice during office hours (8:30-16:30 on weekdays), and emergencies 24/7.

⁸ The coordinator of infectious diseases at the Public Health Department of the CBHSSJB is Dr. Kianoush Dehghani.

⁹ Ministère des Forêts, de la Faune et des Parcs du Québec



- ➔ If the domestic animal is DEAD:

- a. Due to the high-risk profile of our region for rabies infection, consider administering the PEP to the affected human victim as soon as possible.
- You may also contact MAPAQ's hotline and discuss the case with the veterinarian on call, including peri-mortem characteristics of the culprit **domestic** animal. In certain cases, MAPAQ's veterinarian may recommend to not administer PEP to the affected human victim (e.g. when the peri-mortem circumstances do not indicate risk of rabies infection in the domestic animal). He/she may also decide to collaborate with the local public safety officer in preparing the culprit animal's head for delivery and rabies analysis at the CFIA. Pending the analysis results, the rabies PEP for the affected human victim should **NOT** be delayed for more than 48 hours.

Please refer to the *PIQ* (6th edition: sections 10.7 and 11.3¹¹) for specific recommendations on the administration of rabies PEP to human victims who are either “unvaccinated” **or** previously “vaccinated” for rabies.

- ¹³ This information can also be obtained directly from the MSSS's website at: <http://extranet.santemonteregie.qc.ca/userfiles/file/sante-publique/maladies-infectieuses/RA-Tab-Delai.pdf>



- Guide d'intervention visant la prévention de la rage humaine. MSSS. Janvier 2012.

Website: <http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2011/11-271-06W.pdf>

- *Protocole d'immunisation du Québec* (2013). MSSS. 2013.

Website:

<http://msssa4.msss.gouv.qc.ca/fr/document/publication.nsf/4b1768b3f849519c852568fd0061480d/6335dde40226af59852575cc0048804d?OpenDocument>



Appendix 1: Public Health Department form for reporting patients bitten by, and/or other exposure to, animals in Eeyou Istchee

FAX to confidential number at the Public Health Department – CBHSSJB: 514-861-5206

Information on the individual exposed:

Name: _____ DOB: __Y__/_M__/_D__ Sex: ☐ F ☐ M
 Community of residence: _____ Telephone: _____
 Is this patient immune-suppressed? ☐ Yes ☐ No If "YES", please explain _____
 Significant medical conditions: _____

Description of incident:

Date of incident: __Y__/_M__/_D__ Community where incident happened: _____
 Type of culprit animal: ☐ Domestic ☐ Wild
 Did the exposure involve patient's head or neck? ☐ Yes ☐ No
 Type of patient's exposure with the animal's saliva or cerebro-spinal fluid: ☐ Bite ☐ Scratch
☐ Exposure involving patient's mucous membrane(s): Specify _____
☐ Exposure involving patient's pre-existing fresh wound that has bled or oozed in the past 24 hours: Specify _____
☐ Other: Explain _____

Additional information regarding a WILD culprit animal:

What type of wild animal? ☐ Dog ☐ Bat (also see the question below)* ☐ Other: Specify _____
 Is the wild culprit animal "dead"? ☐ Yes ☐ No ☐ Not sure: Explain _____
 If the animal is dead, is it available for lab analysis? ☐ Yes ☐ No ☐ Not sure: Explain _____
 If the animal is alive, is it available for lab analysis? ☐ Yes ☐ No ☐ Not sure: Explain _____
BATS: *If the culprit animal was a bat, was there a "known" physical contact?
☐ Yes ☐ No ☐ Not sure: Explain _____

Additional information regarding a DOMESTIC culprit animal:

What type of domestic animal? ☐ Dog ☐ Cat ☐ Other: Specify _____
 Is the domestic culprit animal dead? ☐ Yes ☐ No ☐ Not sure: Explain _____
 If the animal is dead, is it available for lab analysis? ☐ Yes ☐ No ☐ Not sure: Explain _____
 If the animal is alive, is it available for observation? ☐ Yes ☐ No ☐ Not sure: Explain _____
 If the animal is available for observation, do you have the contact information of the animal owner?
☐ No ☐ Yes: Please write down the name and the telephone number of the animal owner: _____
 - Have you contacted your local Public Safety Officer regarding observation of this animal? ☐ Yes ☐ No
 (Note: For the list of contact information of all safety officers see Appendix 2)
 - If the animal is under observation, has the appropriate notification form been sent (see:
<http://extranet.santemonteregie.qc.ca/userfiles/file/sante-publique/maladies-infectieuses/RA-Decl-Ter.pdf>) to MAPAQ
 (Fax: 418-380-2201)? ☐ Yes ☐ No
 - (OPTIONAL) If the owner of the culprit domestic animal has an up-to-date immunization record for that animal, please
 fax it to the Public Health Department of Region 18 (along with the completed version of this form).

Information on PRE-exposure prophylaxis of the human victim:

Has the human victim received a rabies vaccine before this risky animal exposure? ☐ Yes ☐ No
 If "YES", which anti-rabies vaccine? _____ How many doses? _____
 Date of previous anti-rabies vaccine? __Y__/_M__/_D__

Information on DECISION for POST-exposure prophylaxis (PEP) of the human victim:

Is anti-rabies prophylaxis recommended for this patient? ☐ Yes ☐ No

IMPORTANT: Please fill out the "Post-exposure anti-rabies prophylaxis" form
 (See: http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2011/11-277-01WF_formulaire.pdf),
 and fax it along with this form to the Public Health Department of Region 18.

Comments: _____

Name of intervening health professional: _____

Signature of intervening health professional: _____

Date: __Y__/_M__/_D__



Appendix 2: Coordinates of local public safety officers in Region 18

Name (public safety officer)	Community	Telephone
Jules Quachegan	Chisasibi	819-855-2444 or 819-855-2878 ext:421 After hours (emergency): 819-855-2911
Ivan Gilpin	Eastmain	819-977-3080 ext:222 After hours (emergency): 819-977-2911
Ryan Gunner	Mistissini	418-923-3222 After hours: 418-923-3200
Clarence Jason Jolly	Nemaska	819-673-2442 or 819-673-2443 After hours (emergency): 819-673-2222
James Wapachee	Ouje-Bougoumou	418-745-2576 ext:223 After hours (emergency): 418-745-2575
Roger Hester	Waskaganish	819-895-8720 or 819-895-8650 ext: 3285 After hours (emergency): 819-895-9000
Bobby Blacksmith	Waswanipi	819-753-2587 After hours (emergency): 819-753-2411/2412
Victor Blackned	Wemindji	819-978-3773 ext: 223 After hours (emergency): 819-978-3911
Josie George	Whapmagoostui	819-929-3469 After hours (emergency): 819-929-9110



Formulaire de déclaration - Évaluation animale pour la rage

a) Remplir et télécopier le formulaire **UNIQUEMENT** si le chien, le chat ou le furet est disponible et que les coordonnées de son propriétaire (ou d'une personne qui peut observer l'animal) sont connues ou peuvent être obtenues.

b) Le déclarant DOIT REMPLIR LES SECTIONS 1 à 5 INCLUSIVEMENT (S.V.P. remplir en lettres moulées).

1. PROFESSIONNEL DE LA SANTÉ DÉCLARANT		Date : ____ / ____ / ____ <small>A M J</small>
Nom : _____	Établissement : _____	
Téléphone : _____	Télec. : _____	
2. REQUÊTE D'ÉVALUATION ANIMALE		
<input type="checkbox"/> observation chien, chat et furet seulement		TÉLÉCOPIER LE FORMULAIRE À L'INTENTION DE MAPAQ Téléc. : 418 380-2201 Tél. : 1 800 463-5023 (option 5)
3. IDENTIFICATION DE LA PERSONNE EXPOSÉE		
Nom/prénom : _____	DDN : ____ / ____ / ____ <small>A M J</small>	Sexe : <input type="checkbox"/> M <input type="checkbox"/> F
Enfant < 14 ans / nom du parent ou tuteur légal : _____		
Adresse : _____ <small>Numéro Rue Ville Code postal</small>		
Tél. (résidence) : _____ Tél. (autre) : _____		
4. DESCRIPTION DE L'INCIDENT		
Date de l'incident : ____ / ____ / ____ <small>A M J</small>		Ville où s'est produit l'incident : _____
Espèce animale : <input type="checkbox"/> Chien <input type="checkbox"/> Chat <input type="checkbox"/> Furet		
Race : _____ Couleur : _____ Signes distinctifs : _____		
<input type="checkbox"/> Implication de la police - # rapport si disponible : _____		
Lieu, circonstances et commentaires : _____		
5. IDENTIFICATION DU PROPRIÉTAIRE DE L'ANIMAL IMPLIQUÉ		
Nom/prénom : _____		<input type="checkbox"/> Même que la personne exposée
Adresse : _____ <small>Numéro Rue Ville Code postal</small>		
Tél. (résidence) : _____ Tél. (autre) : _____		
6. ACCUSÉ DE RÉCEPTION DU MAPAQ		
Accusé de réception par : _____		Date : ____ / ____ / ____ <small>A M J</small>
7. RÉSULTATS DE L'OBSERVATION		
<input type="checkbox"/> Négatif (l'animal ne pouvait pas transmettre la rage) <input type="checkbox"/> Impossible de conclure (propriétaire/animal non retracé, pas de retour d'appel, observation incomplète, suspicion de rage) <input type="checkbox"/> Dossier transmis à la DSP : _____	Commentaires : _____ _____ _____ _____	
Par : _____		Date : ____ / ____ / ____ <small>A M J</small>

(Signature suivie des prénom et nom en lettres moulées) (fonction)



Appendix 4: Post-exposure prophylaxis form for rabies

Note: please fax a copy of the completed form to the Public Health Department of the CBHSSJB at (514) 861-5206, and keep a copy of the completed form in patient's chart.



VACCINATION CONTRE LA RAGE EN POSTEXPOSITION FORMULAIRE DE RECOMMANDATION

Nom _____ Prénom _____ Sexe : ☐ F
DDN _____ / _____ / _____ Âge : _____ Numéro ass. mal. _____ ☐ M
Adresse _____ Numéro _____ Rue _____ Ville _____ Code postal _____
Téléphone résidence _____ Téléphone autre _____
Raisons motivant la recommandation _____
Poids objectif _____ lb / _____ kg

IMMUNOGLOBULINES ANTIRABIKES (RIG)								
Jour	Date prévue (A/M/J)	Dose à administrer* (20 UI/kg)	Voie**	Dose administrée (ml)	Nom/Numéros de lot***	Établissement	Date A/M/J	Signature
0		UI	Plaie					
		soit :						
		ml	I.M.					

* Flies de 2ml à 150 UI/ml.

** Infiltrer la plus grande quantité possible d'immunoglobulines autour et dans la plaie. Le reste sera administré par voie intramusculaire dans le muscle dorsofessier (≥ 3 ans) ou le vaste externe (< 3 ans).

*** Des produits de deux lots différents ne peuvent être mélangés dans une même seringue.

VACCIN ANTIRABIQUE								
Jour	Date prévue A/M/J	Dose	Voie	Site de l'injection	Nom/Numéro de lot	Établissement	Date A/M/J	Signature
0		1 ml	I.M.	G / D				
3		1 ml	I.M.	G / D				
7		1 ml	I.M.	G / D				
14		1 ml	I.M.	G / D				
28*		1 ml	I.M.	G / D				

* La cinquième dose est recommandée uniquement chez les personnes immunosupprimées. Consulter le PIQ pour plus d'information.

NE JAMAIS UTILISER LE MUSCLE DORSOFESSIER POUR L'ADMINISTRATION D'UN VACCIN

Il est important de respecter l'intervalle minimal entre les doses et de modifier le calendrier de vaccination en conséquence si la personne se présente à une date ultérieure à celle qui était prévue.

RECOMMANDATION FAITE PAR (PRÉNOM ET NOM EN LETTRES MOULÉES) : _____

Signature : _____ Date : _____ Tél. : _____










Établissement administrant les produits : _____ Personne-ressource : _____
Téléphone : _____



Appendix 5: Recommended maximal delay between a bite by a risky animal and treatment of the human victim by PEP (adopted from the website of the MSSS, last updated on May 7, 2013)



TEMPS D'ATTENTE DU RÉSULTAT DE L'ANALYSE DE LA CARCASSE AVANT DE DÉBUTER LA PROPHYLAXIE POSTEXPOSITION (PPE)

Animal impliqué	Site de la morsure	Comportement	Niveau de risque dans le secteur géographique*	Temps d'attente (à partir de la morsure)
 Domestique 	Tête et cou		Élevé	Le plus court possible
			Modéré	
			Faible	
	Autres sites	Normal	Élevé	48 h
			Modéré	
			Faible	
		Normal	Élevé	48 h
			Modéré	
			Faible	
 Sauvage (incluant chauve-souris) *** 	Tête et cou		Élevé***	Le plus court possible
			Modéré	
			Faible	
	Autres sites	Normal	Élevé***	Le plus court possible
			Modéré	
			Faible	
		Normal	Élevé***	48 h
			Modéré	
			Faible	
 Gros rongeur / lagomorphe 	Tête et cou		Élevé	Le plus court possible
			Modéré	
			Faible	
	Autres sites	Normal	Élevé	48 h
			Modéré	
			Faible	
		Normal	Élevé	48 h
			Modéré	
			Faible	



Compatible avec la rage : agressivité **ou** difficulté à marcher/voler **ou** paralysie **ou** démarche chancelante **ou** familiarité anormale avec l'humain (vérifier auprès du vétérinaire de l'ACIA de votre secteur – Fin de semaine et jours fériés, composer le 1 866 806-4115 pour joindre le vétérinaire de garde).

* Pour connaître le niveau de rage du secteur d'où provient l'animal, consultez les listes de municipalités dans les secteurs suivants : [Sud du Québec](#) - [Nord du Québec](#) – à l'extérieur du Canada

** Attendre le résultat de l'analyse de la carcasse de l'animal.

*** Le risque de rage chez la chauve-souris est élevé sur tout le territoire du Québec.