

Rabies

Basics

OVERVIEW

- A severe, invariably fatal, viral inflammation of the gray matter of the brain (known as “polioencephalitis”) of warm-blooded animals, including humans; “gray matter” is the nerve tissue of the brain that contains the nerve cell bodies

SIGNALMENT/DESCRIPTION OF PET

Species

- All warm-blooded mammals, including dogs, cats, and people
- United States—five strains of rabies virus are found in the skunk, raccoon, coyote, fox, and insectivorous bat populations; all five strains can be transmitted to dogs and cats

Mean Age and Range

- None, but adult animals that come in contact with wildlife are at most risk

SIGNS/OBSERVED CHANGES IN THE PET

- Quite variable; atypical presentation is the rule rather than the exception
- Three progressive stages of disease—(1) prodromal stage—early signs of disease; signs may include change in behavior, apprehension, nervousness, anxiety, unusual shyness or aggression, seeking solitude; (2) furious stage—signs may include irritability (chewing at wound, biting at cage), wandering and roaming, excitability, avoidance of light (known as “photophobia”), and viciousness (biting, attacking); and (3) paralytic stage—also known as the “dumb form” of rabies; signs may include disorientation, incoordination, seizures, paralysis of various parts of the body (determined by location of original site of exposure to the rabies virus, such as a bite wound), change in voice (known as “dysphonia”), excessive salivation/drooling “frothing”, and choking sounds due to inability to swallow; lower jaw (mandible) and voice box or larynx paralysis; dropped jaw; fever; dilated (mydriasis) or unequal pupil size (anisocoria) that may not respond to light; final signs include coma and death
- 90% of cats with rabies have the furious form of disease

CAUSES

- Rabies virus

RISK FACTORS

- Exposure to wildlife, especially skunks, raccoons, bats, and foxes
- Inadequate vaccination against rabies
- Bite or scratch wounds from unvaccinated dogs, cats, or wildlife
- Exposure to aerosols in bat caves
- Pets that do not have the ability to develop a normal immune response (known as an “immunocompromised pet”)—use of modified live virus rabies vaccine



Treatment

HEALTH CARE

- Strictly inpatient for pet suspected of being exposed to rabies or having rabies
- The veterinary health care team will administer nursing care with extreme caution; locked kennels with access only by designates
- No treatment for rabies
- Once the diagnosis is certain, euthanasia is indicated; local public health officials will need to be notified prior

ACTIVITY

- Confine to secured quarantine area with clearly posted signs indicating suspected rabies
- Feed and water without opening the cage or run door (in other words, pass food and water bowls into the cage or run through specialized access points designed for such use)

DIET

- Soft, moist food; most affected pets will not eat

SURGERY

- Generally none
- Skin biopsy—may help establish diagnosis before death of the pet; diagnosis must be confirmed by identification of rabies virus infection from central nervous system tissue after death of the ill animal

Follow-Up Care

PATIENT MONITORING

- All suspected rabies patients should be isolated securely (quarantined) and monitored for any development of mood change, attitude change, or clinical signs that might suggest the diagnosis
- An apparently healthy dog or cat that bites or scratches a person should be monitored for a period of 10 days or according to local or state regulations; if no signs of illness occur in the pet within 10 days, the person has had no exposure to the virus; dogs and cats do not shed the virus for more than 3 days before development of clinical disease
- An unvaccinated dog or cat that is bitten or exposed to a known rabid animal must be quarantined for up to 6 months or according to local or state regulations

PREVENTIONS AND AVOIDANCE

- Vaccines (dogs and cats)—vaccinate according to standard recommendations and state and local requirements; all dogs and cats with any potential exposure to wildlife or other dogs and cats; vaccinate after 12 weeks of age; then 12 months later; then every 3 years using a vaccine approved for 3 years' duration; the veterinarian will use only inactivated virus or recombinant vector vaccines for cats
- Rabies-free countries—entering dogs and cats are quarantined for long periods, usually 6 months
- Disinfection—any contaminated area, cage/run, food dish, water bowl or instruments must be disinfected thoroughly; use a 1:32 dilution (4 ounces per gallon) of household bleach to inactivate the virus quickly

POSSIBLE COMPLICATIONS

- Paralysis
- Attitude or behavior changes
- Death
- Exposure of rabies virus to other animals or people

EXPECTED COURSE AND PROGNOSIS

- Prognosis—grave; almost invariably fatal
- Dogs and cats with clinical infection usually succumb within 1–10 days of onset of clinical signs; often within 3–4 days

Key Points

- Rabies is a serious, fatal infection for the pet; rabies can be spread from animals to people (known as having “zoonotic potential”); extreme risk; people must avoid being bitten by a rabid animal or an animal that has been bitten by a potentially rabid animal, but is not yet showing signs (incubating); strict quarantine of the animal is required
- Tell your veterinarian about any possible human exposure (such as contact with the pet or other suspected rabid animal or a bite or scratch)
- Any person possibly exposed to rabies should see a physician immediately
- Local public health officials must be notified; adherence to the regulations must be done carefully and completely to protect people and pets

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