



Bulletin No. 20
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Rabies Epizootic Continues

Since the previous *Epidemiology Bulletin* (No. 14, March 14, 1997) describing the rabies epizootic among foxes along the north and west coast of Alaska, several additional animal cases have been detected and three persons have required rabies post-exposure prophylaxis. This *Bulletin* summarizes recent activities and provides recommendations for rabies control.

Rabies among animals:

As reported in *Bulletin* No. 14, during January 1 to March 14, 1997, eight rabid foxes were detected from seven villages. Between March 15 and April 30, nine additional rabid animals were identified (Table 1). The epizootic remains concentrated in the same region (Figure 1).

Table 1. Animal rabies cases in Alaska, by species and community, January-April 1997

No.*	Date**	Species	Community
1.	January 28	Arctic fox	Point Lay
2.	February 12	Arctic fox	Point Lay
3.	February 21	Red fox	St. Michael
4.	March 5	Arctic fox	Point Hope
5.	March 6	Red fox	Shaktoolik
6.	March 11	Arctic fox	Banner Creek
7.	March 11	Red fox	Kivalina
8.	March 12	Red fox	Bethel
9.	March 13	Arctic fox	Chevak
10.	March 19	Red fox	Emmonak
11.	March 25	Red fox	St. Michael
12.	April 7	Red fox	Chuathbaluk
13.	April 13	Canine	Napakiaik
14.	April 16	Arctic fox	Prudhoe Bay
15.	April 17	Red fox	Kotlik
16.	April 19	Arctic fox	Tununak
17.	April 22	Canine	Tununak
18.	April 25	Red fox	Goodnews Bay

Notes:
* Case nos. 1, 2, and 4-9 were reported in *Epidemiology Bulletin* No. 14, March 14, 1997; case no. 3 was inadvertently omitted.
** Refers to the date the specimen was received at the State Public Health Laboratory.

Rabies post-exposure prophylaxis:

Patient no. 1 - On March 12, a 23-year-old male cut his hand while cleaning a hacksaw he had just used to remove the head of an Arctic fox being submitted for rabies testing. The animal tested positive for rabies (Table 1, case no. 9). Rabies post-exposure prophylaxis was started on March 14.

Patient no. 2 - On March 12, a 74-year-old male resident of Mekoryuk was bitten on his right hand by a fox he had wounded while hunting. The fox subsequently escaped and therefore could not be tested. Rabies post-exposure prophylaxis was initiated on March 17.

Patient no. 3 - On April 9, an alert school teacher noticed that a 6-year-old boy had a scratch on his face; the boy said that the scratch was caused by his family's dog. The dog, an unvaccinated 6 month old, died 2 days previously and had been taken to the dump and burned. The boy's mother recalled first noticing the lesion on her son's face on April 6 and remembered that the dog had been bitten by a fox on March 25. Rabies post-exposure prophylaxis was started on April 11. The dog's carcass was retrieved from the dump, shipped to the laboratory, and found to be positive for rabies (Table 1, case no. 13).

Recommendations:

Rabies is endemic in the fox population of northern and western Alaska. Periodic epizootics have been documented generally every 3-5 years. There is a constant threat of spread from foxes to domestic animals (largely dogs) and then to people. This risk is

increased during an epizootic such as is presently occurring. Since there is no effective way to eliminate rabies from foxes, control efforts must focus on reducing the chance of rabies transmission from domestic animals to people. **In endemic or epizootic regions, rabies control and animal control activities are a high priority.**

1. Vaccinate dogs - All dogs need to be vaccinated against rabies at the first opportunity after ages 3 and 12 months of age and then every 3 years. Animal rabies vaccine is available from veterinarians and, in rural parts of the state, lay vaccinators.

2. Control stray and feral dogs - Communities need to aggressively act to control stray and feral dogs. Local measures usually require the cooperation, planning, and action of diverse groups and individuals - including sanitarians and other regional health corporation staff, village public safety officers, Alaska state troopers, lay vaccinators, animal control officers, village leaders, and village or tribal councils.

3. Rapidly follow-up all human exposures - The most important aspect of management of a patient exposed to a potentially rabid animal is immediate and thorough wound care. Consultation with the Section of Epidemiology is available to determine if rabies post-exposure prophylaxis should be administered.

4. Evaluate potentially rabid animals - Following human exposure to a potentially rabid animal, the circumstances need to be evaluated to decide if the animal needs to be submitted for rabies testing or placed in quarantine. If a person is bitten or scratched by a potentially rabid animal or by a dog (whether vaccinated or not), the animal should **never** be disposed of without prior consultation from animal control or public health officials.

Figure 1. Communities with rabid animals, January-April, 1997

