

When Bats Come Calling, Rabies Scare

Rachel called us the morning she woke up and found a bat hanging out in her closet. As far as she could tell, she had not been bitten. She was 10 weeks pregnant and wondered what her next steps should be. Her husband also did not detect any bites. He kindly relocated the bat to the outside of their home, but now they were both exposed to potential rabies infection. She was about to leave for work, and her husband had already left for a busy day at the office.

Rachel had been down this road before in high school with a similar event in her childhood home. At that time, her whole family went to their local emergency department and were treated with a rabies vaccine series, or post exposure prophylaxis, to prevent them from becoming ill with rabies. At that time, she remembered being told that she would never need to go through the series again. She was calling us today because her OB provider referred her to MotherToBaby Connecticut for clarification.

In researching this comment about never needing to be treated again, I decided I needed some assistance from our local Poison Control. They confirmed that yes, she **did** need to be seen and re-treated in an emergency department of her choice. They also put me in contact with our State of CT Epidemiologist for further consultation. Our epidemiologist reiterated the need to be treated again because of this exposure. Rachel's pregnancy was **not** a reason to avoid treatment.

In such circumstances, the benefits outweigh the potential chances for adverse pregnancy outcome from the preventative vaccine series. Rachel's husband would need the vaccine, as well.

The Centers for Disease Control and Prevention (CDC) has a nice [online review](#) that I shared with Rachel that confirmed the need for her to receive treatment with the rabies vaccine. It also confirms the benefits of treatment in pregnancy outweighs the chances for any adverse pregnancy outcomes.

Rabies

- Because of the potential consequences of inadequately managed rabies exposure, **pregnancy is not considered a contraindication to postexposure prophylaxis**. Certain studies have indicated no increased incidence of abortion, premature births, or fetal abnormalities associated with rabies vaccination. **If the risk of exposure to rabies is substantial, pre-exposure prophylaxis also might be indicated during pregnancy**. Rabies exposure or the diagnosis of rabies in the mother should not be regarded as reasons to terminate the pregnancy.

Treatment for rabies exposures include the actual rabies vaccine as well as the Human Rabies Immune Globulin (HRIG). The HRIG is a medication given at the time of exposure to provide the patient with immediate protection from the rabies virus. It is only ever given once. That means Rachel will not need HRIG again.

Instead, she will just need two injections of the rabies vaccine (there are up to five shots given after a first exposure). The vaccine helps your body build its own immunity to protect you against the rabies virus.

Because this was her husband's first exposure, he will need the full treatment including the HRIG and up to five injections of the rabies vaccine.

How urgently did Rachel and her husband need to be treated? The epidemiologist said sooner rather than later, recommending they visit an emergency department within the day of exposure.

Though Rachel was not excited about having to get vaccinated again, she was relieved to learn exactly what she needed to do for the health of her baby, her husband, and herself.

We were grateful for the collaboration with our local Poison Control, state epidemiologist and the CDC documents. The best possible reproductive data was provided for this couple to make the best reproductive decisions for themselves. With the help of MotherToBaby and our collaborators, this was one less **bat**-tle they had to face alone.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

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