

Enhanced Risk Assessments for FSC Bat Courses with respect to European Bat Lyssavirus (EBL)

Background information on EBL

EBL belongs to the family of rabies viruses, which can infect insectivorous bats. EBL1 occurs predominantly in Serotine bats in parts of continental Europe, but has never been recorded in the UK. EBL2 seems to be rare everywhere in Europe. On the Continent it seems only to be found in Daubenton's bats and Pond bats. In the UK, EBL2 has only been recorded in bats, on both occasions in Daubenton's. Classic or 'sylvatic' rabies (as found in foxes and dogs) has never been recorded in bats in Europe, but both EBL strains produce very similar symptoms to classic rabies and are always fatal if untreated.

In Europe (including Russia) over the past 30 years there have been just two fatal contacts associated with EBL1 and a further two with EBL2. Compared to other everyday life-threatening circumstances, the risks are therefore very small, but they need to be managed on FSC courses with particular care.

It is likely that EBL is present at very low levels in some of our bat species. It has not been recorded in the UK in Common or Soprano Pipistrelles, which are by far the commonest species. As noted above, it has been recorded in Daubenton's bat. However of over 3,000 bats examined for EBL in the UK since 1986, less than 2% were Daubenton's. This species rarely roosts in houses, which gives an indication of how infrequently people are likely to come into direct contact with it. However, we must now acknowledge that there is a slight possibility that any UK bat may be carrying an EBL virus and base FSC protocols on this assumption.

Risk assessments and protocols for FSC bat courses

- A. In very rare circumstances EBL1 or EBL2 can be transmitted to humans by:
- a bite or scratch from an infected bat
 - bat saliva or nerve tissue entering the body via cuts and grazes or possibly via the eyes or mucous membranes

Anyone who believes that they have been so exposed MUST immediately wash the wound thoroughly with soap and water and MUST seek immediate medical attention. Prompt post-exposure treatment has been completely effective in preventing the onset of rabies. If the bat seems sick or injured, it should be retained for examination by a veterinary surgeon or experienced bat carer.

Normal FSC Accident/Incident Report procedures MUST be followed.

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B. FSC course participants should be completely reassured that the following are NOT considered to constitute a risk:

- merely seeing or being close to a bat
- visiting sites where bats are known to roost

C. However, in addition to the standard site and activity Risk Assessments normally carried out before a course, the following two protocols MUST apply on all bat courses organized or hosted at FSC Centres and Units.

1. Associate Tutors and course participants MUST NOT handle any bat UNLESS they have a written Doctor's Declaration or Certificate from their Surgery or Health Centre confirming that they are fully immunized against rabies. (Note that although EBL is not necessarily specified, it is covered by the generic rabies vaccination). A copy of this document MUST be handed to the FSC Head of Centre (or the senior person on site) at the commencement of the course.
2. If so authorised, persons handling bats MUST wear appropriate protective gloves, even for bats being held in captivity.

D. Coming into contact with bat urine, faeces or fur is NOT considered to constitute a risk. However, best hygiene practice suggests that protective gloves should be worn by Associate Tutors and course participants when handling faeces or entering confined roost sites (for example roof spaces). Gloves may be latex (more environmentally friendly) or vinyl (if allergies to latex are suspected). Any cuts or grazes should also be covered.

E. Viewing bats exiting roost sites at dusk or re-entering them before dawn should be carried out from an appropriate distance. This avoids the possibility of causing disturbance, which is an offence under EU and UK legislation. This protocol reflects the sensitivity of bats to disturbance at or near their roost, rather than any inherent risk the bats present to humans.

Further information

Frequently asked questions about EBL are available from the Health Protection Agency via the Public Health Laboratory Service website at: www.phls.co.uk/topics_az/rabies/eb1.htm

The Health Protection Agency supplies to GPs both the human diploid cell vaccine (HDCV) for immunisation and human rabies immunoglobulin for post-exposure treatment. Contact the Health Protection Agency Virus Reference Division (0208 200 4400) or the Communicable Diseases Surveillance Centre (0208 200 6868) for more information.

Further information on bats in general is available on the Bat Conservation Trust website at:
www.bats.org.uk

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