

Case Report

RABIES THREAT FROM THE BITE OF A SQUIRREL

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EXPOSURE HISTORY

History of squirrel bite on right index finger.

A 22 year old lady hailing from Koonammuchi, Thrissur, Kerala had got a baby squirrel from the roadside when it was about 3 weeks old. She had kept it in a cage in the work area of her house where it was accessible to cat and other animals. She had reared it for 3 months by giving food to the squirrel without any problem, but on 20.06.11 at about 5pm it bit her right index finger while feeding. Immediate wound toilet was done. Subsequently on 23.06.11 it was found dead.

DIAGNOSIS

The dead squirrel was taken to Mannuthy Veterinary College where they detected Negri bodies on autopsy. On 24.06.11 they went to Amala Institute of Medical Sciences, Thrissur from where she was started on Anti-Rabies Post Exposure Prophylaxis (IM) and she was referred to Govt. Medical College, Thrissur She reported to Community Medicine Clinic, Govt. Medical College, Thrissur for immunoglobulin (as it was Category III bite) on 24.06.11 at 3pm.

ON EXAMINATION

- i) A small bite mark present on the right index finger measuring 0.3 cm 0.3cm
- ii) A linear mark 5cm on the dorsal aspect of the right thumb.

She had no previous history of Anti Rabies Vaccination, no history of any drug allergy and was not on any medications. She opted for HRIG and was administered (6.3ml HRIG).

CURRENT STATUS

She has completed the full course of Anti rabies vaccination (6 doses). Now she is doing well.

PATHOLOGY REPORT

Histopathology report was positive for Negri bodies.

DISCUSSION

Rabies is an enzootic and epizootic disease of worldwide importance¹. Rabies is an acute viral disease, which causes encephalomyelitis in virtually all the warm blooded animals, including man. A diagnosis of rabies can be made on clinical grounds if reliable history

of exposure is available or specific signs like hydrophobia or aerophobia are present. There are no laboratory tests to diagnose the infection before onset of clinical disease. Fluorescent Antibody detection in skin

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Report of Laboratory Examination for Rabies

1. Reg. No. : 23/2011-12
 2. Date : 24/6/2011
 3. Reference : Request for RME
 4. Owner's Name and Address : C.R. Vasud, Chingath CID,
 Mannuthy, Squirel (3 months old)
 5. Particulars of specimen :
 6. Results :
 a. Negri bodies : Detected (See Slides)
 b. Other lesions : Negri bodies in brain

Examined by : Dr. N. Vijayan
 Mannuthy
 Date: 24/6/2011

Signature of the Head of the Department : [Signature]
 Head of the Department

Signature of the Examiner with Name and Date : [Signature]
 Date: [Date]

Note:
 1. It should be clearly understood, however, that failure to detect Negri bodies on routine histopathological examination of the brain does not exclude the possibility of rabies with "occasional" or "focal" Negri bodies. It would be desirable, however, to perform fluorescent antibody tests on exposed to the site of bite, if the circumstances of the case suggest that the animal was suffering from rabies.
 2. Presence of Negri bodies is adequate evidence of rabies.
 3. Consult the physician with the report at the earliest for further advice.

biopsy (from neck) can be done for confirmation of diagnosis. Post mortem tests include demonstration of 'Negri Bodies' and isolation of virus². Rabies is invariably fatal disease once symptoms develop. Treatment focuses on animal exposures where rabies transmission is a possibility². Rabies cases have been reported in both rodents and lagomorphs, including a rabid pet guinea pig in 2003 which bit its owner in the clavicle³.

As rodents seldom transmit rabies and the epidemiological picture is showing a change, in the current scenario in Kerala, "Should our present strategy of treatment for rodent bites be revised?"

ACKNOWLEDGEMENTS

We gratefully acknowledge the authorities at Mannuthy Veterinary College and others who helped us in the endeavour.

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