
This email has been sent to bat group contacts only. Please forward this information to others in your group.

Dear Bat Group Member,

This is a special edition bulletin from BCT to provide you with an update about the latest lyssavirus case in the UK, a case of West Caucasian Bat Lyssavirus (WCBV) in a cat in Italy, and information about rabies pre-exposure vaccinations, reflecting the range of enquiries we receive. It is a lengthy update but the key points are:

- Lyssavirus has been confirmed in a soprano pipistrelle.
- It was a small pup found in Dorset.
- It is likely to have been a spill-over from a co-roosting serotine.
- There is no evidence to suggest that soprano pipistrelles are a reservoir for EBLV in the same way as Daubenton's bats and serotines.
- Advice and guidance for bat workers (including volunteers and carers) from Public Health England (PHE), the Animal & Plant Health Agency (APHA) and BCT remains exactly the same: anyone handling a bat should wear gloves, anyone regularly handling bats should have pre-exposure vaccinations, and anyone bitten or scratched by a bat, **of any species**, should seek medical advice (even if they are already vaccinated).
- The existing pre- and post-exposure vaccines protect against EBLV-1 and EBLV-2 but are not effective against WCBV.

The full contents of this special edition bulletin are:

1. **Lyssavirus Positive Bat from Dorset**
2. **WCBV Positive Cat in Italy**
3. **Request for Dead Bats for APHA Passive Surveillance Programme**
4. **Pre-exposure vaccinations general information (including vaccination schedules)**
5. **Information for bat workers with severely impaired immune systems**
6. **Pre-exposure vaccinations for volunteers**
7. **Information for trainees and trainers**
8. **Pre-exposure vaccinations for professional ecologists**
9. **PHE guidance on timing of rabies boosters**
10. **PHE and HPA leaflets**
11. **BCT Advice & Guidance**

If you have questions about any of the content of this special edition bulletin, the situation relating to rabies in the UK, vaccinations, the wearing of gloves, or any other related matters there is information on the BCT website at: http://www.bats.org.uk/pages/-bats_and_rabies-1099.html or you are welcome to get in touch with Lisa Worledge (email: lworledge@bats.org.uk or call 020 7820 7176).

For other special edition bulletins about bats and rabies please see the BCT website at: <https://www.bats.org.uk/resources/resources-for-bat-groups/special-edition-bat-group-bulletins> (this bulletin is also available online at the same location).

1. Lyssavirus Positive Bat from Dorset

We want to let you know that a soprano pipistrelle from a location in Dorset has tested positive for a lyssavirus. The specific type of lyssavirus could not be determined as the carcass was very decomposed.

The lyssavirus positive bat, which was a young pup just a couple of weeks old, was found dead on the ground outside the roost by a member of the public. The bat was collected by a bat carer and was submitted to APHA for testing. PHE followed up all contacts after the lyssavirus diagnosis, and offered post-exposure treatment as necessary.

APHA ran multiple tests; the results of the gold-standard test for lyssaviruses, the Fluorescent Antibodies Test (FAT) for virus proteins (antigen), were positive but subsequent Polymerase Chain Reaction (PCR) tests, for viral genetic material, were negative. Therefore, APHA could not confirm which species of lyssavirus had infected the bat. Previously only two bat lyssaviruses have been detected in the UK; EBLV type 1 (EBLV-1) or type 2 (EBLV-2).

Three bat species have been recorded using the roost the pup came from, soprano pipistrelle, serotine and brown long-eared bat. APHA have tested two other dead soprano pipistrelle pups from the site and both were negative (with FAT and PCR). Two other rescued pups are doing well with a bat carer and will be released back to the roost. Given the possible presence of serotine bats in the roost and nearby locations of EBLV-1 infected serotine bats, the spill-over infection is likely to be due to EBLV-1. However, this cannot be confirmed due to the decomposed state of the soprano pipistrelle.

The result does not imply that soprano pipistrelles are a new reservoir for EBLV in the UK. At the moment there is no evidence to support this case being anything other than a spill-over from a reservoir species, most probably from a co-roosting serotine. Although this is the first known case of lyssavirus to be detected in a soprano pipistrelle in the UK there have been a small number of cases of EBLV-1 in pipistrelle species in mainland Europe.

This latest positive case, especially coming from a species other than Daubenton's bat or serotine, acts as a good reminder of just how important it is for people to follow best practice when handling **any species of bat** and to report even a small nip, scratch or bite as soon as possible. When completing the paperwork for submitting bats to APHA there is a box to tick to indicate if anyone has been bitten by the bat. This enables APHA to fast track the testing and easily trace back to those involved, in the event there is a positive case and PHE (or the relevant public health agency) can ensure those who may have been bitten receive appropriate post-exposure treatment.

This case does not change the advice and guidance in relation to bats and rabies in the UK: anyone handling a bat should wear gloves, anyone regularly handling bats should have pre-exposure vaccinations, and anyone bitten or scratched by a bat, **of any species**, should seek medical advice (even if they are already vaccinated).

2. WCBV Positive Cat in Italy

In late June a cat from Arezzo, Italy was confirmed to have rabies, having shown signs of the disease before it died. Testing showed that the cat was infected with West Caucasian Bat Lyssavirus (WCBV). It is likely the cat became infected with the virus having caught a bat. This virus had previously been recorded from Schreibers' (or common) bent-winged bat, a species found across the Mediterranean region (and more widely) but not in the UK. WCBV has not been found in any of our native bat species.

According to the Animal & Plant Health Agency (APHA) “It is possible, although very rare, for infected bats to pass rabies to other animals including pets. If a pet catches a bat, the pet must be kept under observation. If a pet falls sick or starts behaving unusually, the owner must contact their vet immediately. The vet will tell APHA if he or she suspects rabies.” You can read the APHA assessment about the Italian case on the [GOV.UK website](#).

We wanted to highlight this case because although WCBV is a lyssavirus and causes the disease rabies, it differs enough (belonging to a different phylogroup to other lyssaviruses) that the vaccines we have for EBLV are not effective against WCBV. Just as when handling bats in the UK, if you are handling bats overseas you should always wear gloves and anyone bitten or scratched by a bat, of any species, should seek medical advice (even if they are already vaccinated).

3. Request for Dead Bats for APHA Passive Surveillance Programme

The bat in Item 1. was tested as part of APHA’s passive surveillance programme to monitor for EBLV in Great Britain. More than 19,000 bats have been submitted since 1986 and 29 have been found to be infected through testing under this programme (23 Daubenton’s bats with EBLV-2, five serotines with EBLV-1 and the soprano pipistrelle with an EBLV). A saliva swab collected from a Daubenton’s bat under an APHA/Scottish Government active surveillance scheme in 2008 also tested positive for EBLV-2, making a total of 30 EBLV positive bats in all, including the most recent case.

Of more than 13,000 bats tested through the scheme (not all bats submitted are able to be tested) fewer than 600 have been Daubenton’s bats and fewer than 250 have been serotines. As well as the soprano pipistrelle case here in the UK, lyssaviruses have also been found in other species in continental Europe. We would therefore like to take this opportunity to encourage bat workers to submit **all** dead bats (for example ones that have died in care, been found during roost visits, etc.) for testing. The passive surveillance programme is important to our understanding of the distribution of EBLV in the UK.

APHA are especially interested in Daubenton’s bats, serotines, Natterer’s bats and Brandt’s bats, as well as any vagrant species (including any Schreibers’ bent-winged bats, although this is not known to be a vagrant species to the UK) but **all** species are accepted.

To request a dead bat pack, please complete the online form on the BCT website at: <https://www.bats.org.uk/advice/found-a-dead-bat> or by email enquiries@bats.org.uk. We would ask that you only call the Helpline (0345 1300 228) specifically to order packs if you aren’t able to use the online form or email as we are experiencing a very large volume of calls to the Helpline at the moment.

4. Pre-exposure vaccinations general information (including vaccination schedules)

Anyone handling a bat should wear gloves of an appropriate thickness to prevent bites getting through, anyone regularly handling bats should have pre-exposure vaccinations, and anyone bitten, licked or scratched by a bat, of any species, should seek prompt medical advice (even if they are already vaccinated).

Anyone handling bats regularly should have pre-exposure vaccinations as follows:

- Initial course of three vaccinations over a 28 day period (on day 0, day 7 and day 28)
- A single booster one year after the primary course has been completed
- Subsequent booster doses every three to five years (or as informed by rabies antibody testing; see item 9. below)

The above schedule is taken from Chapter 27 of the Green Book (Immunisation against Infectious Disease); information on vaccinations aimed at GPs and other medical professionals. This is available from <https://www.gov.uk/government/publications/rabies-the-green-book-chapter-27>.

The way in which someone obtains the pre-exposure vaccinations will be different depending on whether they are a volunteer (see item 6.), a trainee volunteer (see item 7.), or a professional bat worker (see item 8.).

5. Information for bat workers with severely impaired immune systems

There is specific guidance about rabies vaccinations for people who have severely impaired immune systems due to certain medications or illness and may wish to handle bats. These individuals may not respond fully to treatment with rabies vaccine following a bat bite and, as EBLV infections are fatal in humans, it may not be possible to treat them effectively.

In these cases, careful counselling is essential to ensure the person is made aware of the potential risks. Further details about who would be considered to be immunosuppressed and what they should do next is available in guidance published by PHE. The guidance is aimed at medical professionals and is available from:

<https://www.gov.uk/government/publications/contraindications-and-special-considerations-the-green-book-chapter-6>

Any bat workers who have health conditions which may affect their immune systems are advised to discuss this further with their GP.

6. Pre-exposure vaccinations for volunteers

Rabies vaccines are free of charge for people who handle bats solely in a voluntary capacity across the UK. Vaccinations can usually be obtained through GPs but not all GPs will offer this service and some may charge a fee for the service, even if the vaccine itself is obtained from PHE. There is a 'free vaccinations for bat workers advice letter' that can be downloaded from the BCT website at:

<https://www.bats.org.uk/about-bats/bats-and-disease/bats-and-disease-in-the-uk/bats-and-rabies-faqs>. It may be useful for people to take a copy along when requesting pre-exposure vaccinations.

Please note: where the requirement for vaccinations relates to paid work then the employer will have to pay for the vaccinations (even if the person also regularly handle bats in a voluntary capacity), and the vaccine will need to be sourced privately (see item 8. below).

There are some differences across the different parts of the UK that it's very important volunteers are aware of:

- **England** – Public Health England (PHE) provide rabies vaccinations free of charge only for people who **regularly** handle bats in a voluntary capacity (see item 7. below about vaccinations for people in training).

There are guidelines available from PHE for GPs and other medical professionals about the process for requesting pre-exposure vaccinations. These can be found online at:

<https://www.gov.uk/government/publications/rabies-pre-exposure-prophylaxis-guidelines> (this includes the form that GP has to complete with the help of the volunteer as it includes questions about why the person needs a free booster, how often bats are handled, etc. It is worth having a look at the form in advance to be clear about what information needs to be provided to the GP).

- **Wales** – the management of the service is currently under review, but at this time requests for vaccine should be sent to PHE using the PHE request form referred to above.
- **Scotland** – pre-exposure rabies vaccine and rabies antibody tests should be available to volunteers free of charge from the NHS. Individuals should approach their GP practice for vaccinations (Please note: antibody tests are not free of charge for volunteers in other parts of the UK). If vaccinated by their GP practice volunteers may have to pay a prescription charge if they are required to do so normally.

Health Protection Scotland are working on updating their document 'Rabies: Guidance on prophylaxis and management in humans in Scotland'. When completed it will be available to download their website <http://www.hps.scot.nhs.uk/>, however until it is completed HPS are directing medical professionals to the Green Book Chapter 27 (see above).

- **Northern Ireland** – pre-exposure vaccinations are available free of charge for licensed non-occupational bat handlers via their GP using an HS21 prescription.

7. Information for trainees and trainers

In England PHE will not provide free vaccinations for volunteers unless they are regularly handling bats. This means that where someone is about to start being trained in bat handling as a volunteer (e.g. as a trainee bat carer or in another capacity e.g. bat box checking or trapping) then PHE's approach is that vaccinations should not be required provided people are wearing gloves, closely supervised and should anyone be bitten (which gloves and close supervision should minimise the risk of) they seek post exposure treatment asap.

Once someone is in a position to start handling bats without close supervision and will be handling bats regularly, then they should be vaccinated (and if they are a volunteer and not undertaking paid bat work they will be able to get free vaccinations). Some trainers have expressed concerns over this policy. In this section we provide some key questions from trainers and answers:

1. *Why is it safe for trainees to handle bats without vaccinations, but experienced handlers, who are less likely to be bitten are recommended to be vaccinated? Why should anyone who has gone through the process of learning and developing their experience without vaccination bother to get vaccinated when they've got the hang of it?*

PHE continues to emphasise the importance of pre-exposure vaccination for those regularly handling bats, and the fact that it is essential for **anyone** who is bitten, or exposed to bat saliva, to receive post-exposure treatment.

Anybody who handles bats should report an exposure to a health professional to allow them to be risk assessed for rabies post-exposure treatment (vaccine). Whilst training, the contact with bats should be well supervised so that any exposures can be easily identified and post-exposure treatment started promptly if needed. However, once an individual is practicing independently and handling bats on a regular basis on their own, there is a greater potential for unrecognised exposures to occur. This is why it is important these individuals are vaccinated to provide a degree of protection if an exposure was unfortunately not recognised at the time.

PHE is also aware that not everyone who starts training to be a bat handler will continue to handle bats on a regular basis after their training, therefore we need to ensure that the free vaccine provide by PHE on behalf of the Department of Health and Social Care is used to

protect those at greatest risk on an ongoing basis. Vaccine is available to those who have completed training and will be handling bats on a regular and voluntary basis.

2. *Some people are made more nervous by knowing that they are being supervised, and accordingly less skilled at handling bats. Why the need for supervision?*

This issue about supervision is not that it will prevent bites occurring but that it will ensure that appropriate gloves are worn and enable any bites, scratches or mucous membrane exposures to bat saliva that do occur to be rapidly identified by the trainer, who can then confirm the trainee is assessed by a health professional for prompt post-exposure treatment (i.e. a course of rabies vaccine). This will also ensure the message about the importance of reporting bites to a health professional and the requirement for post-exposure vaccination is re-emphasised to bat handlers at all stages of their work.

Not wearing appropriate gloves and not reporting bites to a health professional were both issues that came out in the Bat Workers Study [results were shared in a BCT bulletin in October 2018, see: <https://www.bats.org.uk/resources/resources-for-bat-groups/special-edition-bat-group-bulletins>] and are key preventive measures that can be imparted to trainees during their training period which will hopefully embed these behaviours into their future practice. So supervision is also another opportunity to emphasise the importance of wearing appropriate gloves during training (and during independent practice) to minimise the risk of a bite actually penetrating the skin.

3. *Is the change in guidance for rabies pre-exposure due to a decreased risk of rabies from bat bites?*

No, the risk from bats in the UK has not changed nor has PHE's position of the importance of pre- and post-exposure vaccination for handling bats on a regular basis. This change actually enables a greater emphasis to be put upon safe handling of bats and reporting of bites during the training process, with vaccination being a key requirement once they have completed their training, are committed to the role and will be acting as a bat carer or other bat volunteer (e.g. in bat box checks, trapping, etc.) working independently.

8. Pre-exposure vaccinations for professional ecologists

Anyone who is handling bats in an employed capacity is not entitled to free vaccine or free vaccination on the NHS and so should have the cost of their vaccinations covered by their employer or themselves if they are self-employed (this is true even if they are also a volunteer and indeed even in cases where they handle bats more for volunteering than in paid work).

People should be able to obtain their vaccinations either through their employer's occupational health provider (for larger organisations) or from their own doctors surgery. However, not all surgeries will undertake private work (i.e. vaccinations that people have to pay for). There may be alternative doctors surgeries locally that will provide vaccinations or a Google search will find private GPs in an area and it is possible that one of them may be able to help.

Most travel clinics will provide pre-exposure rabies vaccination. Some bat workers have reported to us that not all clinics will do non-travel vaccinations. The best ones (based on feedback from bat workers rather than BCT recommendations) seem to be Superdrug (<https://healthclinics.superdrug.com/>), Nomad (<https://www.nomadtravel.co.uk/travel-clinic/clinic-finder>), and MASTA (<https://www.masta-travel-health.com/FindAClinic>; this organisation works through local pharmacies). Some bat workers have used Boots Travel Clinics

(<https://www.boots.com/health-pharmacy-advice/vaccinations/travel-vaccination-health-advice-service>) but a number of people have reported that they are one of the companies that won't do non-travel vaccinations, so there does appear to be some variation between the individual Boots clinics.

Please see item 4. above for the general information about vaccinations and note the requirement for a one-year booster after the initial three doses of vaccine. At the time of writing, each vaccine dose costs around £40 to £65, with a full initial course of three doses typically costing around £120 to £195.

Vaccine shortages – there are currently some limitations in the supply of one of the rabies vaccines available in the UK for occupational and travel needs. This does happen from time to time. (NB: This does not affect the availability of vaccines for post-exposure purposes, so vaccine will always be available to anyone bitten by a bat.)

If the requirement is for an ongoing booster rather than a primary course of pre-exposure vaccine or a one-year booster, there is some flexibility around the timing of booster doses of vaccines (i.e. 3-5 years after the last booster or as informed by rabies antibody testing; see item 9. below). So people can either wait (if they are within these time frames) as vaccine supplies should improve in due course or they may need to contact other providers (see suggestions above).

7. Updated PHE guidance on timing of rabies boosters

As we mentioned in the [July Bat Group and Bat Carers Bulletins](#), PHE have updated guidance on the timing of rabies boosters based on antibody levels. The guidance is aimed at health professionals in England and Wales but is very useful for bat workers to be aware of.

The document can be found on the GOV.UK website at: <https://bit.ly/3hNe5wX> (please note that rabies antibody tests are only available free of charge from the NHS to volunteers in Scotland, in all other parts of the UK they have to be paid for. The test is offered by APHA and can be organised through a GP or occupational health scheme).

8. PHE and HPS leaflets

PHE have information for members of the public who have been bitten or scratched by a bat. The information can be found by following the link from: <https://www.gov.uk/government/publications/rabies-risks-from-bat-bites> and includes information on bats and rabies, the risk of contracting rabies after a bat bite, and how to treat a bite.

Health Protection Scotland have produced their own version of the same leaflet which can be downloaded for use in Scotland at: <https://www.hps.scot.nhs.uk/web-resources-container/bat-contact-and-rabies-risk/>

9. BCT Advice & Guidance

As a result of the latest case we have updated our advice and guidance information and the relevant pages on the BCT website. The 'Good Practice Guidelines on Bats & Rabies', guidance on 'Wearing Gloves when Handling Bats', and a separate document about disease risk management aimed at bat rehabilitators are available from the BCT website at: <https://www.bats.org.uk/resources/resources-for-bat-groups/useful-links-documents> along with a Frequently Asked Questions document aimed at bat handlers. It is important this information is shared with bat group members. Additional information is available under the bats and diseases section of the BCT website at: <https://www.bats.org.uk/about-bats/bats-and-disease/bats-and-disease-in-the-uk/bats-and-rabies>

As stated above, if you have questions about any of the content of this special edition bulletin, the situation relating to rabies in the UK, vaccinations, the wearing of gloves, or any other related matters there is information on the BCT website at: http://www.bats.org.uk/pages/-bats_and_rabies-1099.html or you are welcome to get in touch with Lisa Worledge (email: lworledge@bats.org.uk or call 020 7820 7176).

Best wishes,



Colin.

If you wish to alter your contact preferences, including to opt-out of receiving future communications from us, please contact me by either calling 020 7820 7193 or emailing cmorris@bats.org.uk (if you are receiving this Bulletin forwarded to you by your bat group contact, please contact the bat group directly rather than emailing me).

Colin Morris

Bat Groups Officer

Bat Conservation Trust, Quadrant House, 250 Kennington Lane, London SE11 5RD

Direct line: 020 7820 7193

National Bat Helpline: 0345 1300 228 (hours of service are 09.30 to 16.30, Monday to Friday)

There are dedicated Bat Group pages on the BCT website at:

<https://www.bats.org.uk/resources/resources-for-bat-groups>

Find us on: www.bats.org.uk | [Facebook](#) | [Twitter](#) | [Instagram](#)

Get involved and help BCT conserve the UK's bats and their habitats by [joining BCT as a member](#), or remember us by [leaving a gift in your Will](#).

The Bat Conservation Trust (known as BCT) is a registered charity in England and Wales (1012361) and in Scotland (SC040116). Company Limited by Guarantee, Registered in England No: 2712823. Registered office: Quadrant House, 250 Kennington Lane, London SE11 5RD. Vat Reg No: 877158773.