

Rabies and Australian Bat Lyssavirus (ABLV) - Update



SAFETY INFORMATION 010/25

Issue date:	30 July 2025
Content reviewed by:	Health Protection NSW
Distributed to:	Chief Executives; Directors of Clinical Governance; Director, Regulation and Compliance Unit
KEY MESSAGE:	<p>Urgent administration of post-exposure prophylaxis (PEP) following bites or scratches from bats in Australia, or animals overseas, is critical for the prevention of rabies and other lyssavirus infections.</p> <p>Clinicians must contact their local public health unit (PHU) to assess the risk of ABLV or rabies after exposure and the need for PEP in any patient who presents after a bite or scratch by a bat in Australia, or by any animal overseas.</p> <p>The Australian Immunisation Handbook provides comprehensive information on PEP.</p> <p>Clinicians should be familiar with how to administer PEP including wound cleaning and disinfection, rabies vaccination and administering rabies immunoglobulin.</p>
ACTION REQUIRED BY:	Clinicians
REQUIRED ACTION:	<ol style="list-style-type: none"> 1. Distribute this Safety Information to all relevant clinicians and clinical departments to increase awareness 2. Ensure clinical staff have the knowledge to implement recommendations. 3. Include this Safety Information in relevant handovers and safety huddles.
DEADLINE:	N/A
We recommend you also inform:	<p>Directors, Managers and Staff of:</p> <ul style="list-style-type: none"> • Emergency Departments • Infectious Disease and Microbiology Departments • Public Health Units • Urgent Care clinics
Website:	https://www.health.nsw.gov.au/sabs/Pages/default.aspx http://internal.health.nsw.gov.au/quality/sabs/index.html
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Situation

A man in his 50s from Northern NSW died following ABLV infection acquired in October 2024. This is the first case of ABLV infection ever reported in NSW and the 4th in Australia. The man received post exposure prophylaxis (PEP) according to national guidelines after being bitten by a bat.

PEP is highly effective in preventing lyssavirus infection in humans and breakthrough infections are very rare.

Background

- ABLV transmission to humans is rare and preventable with PEP following a bite or scratch from a bat.
- ABLV is closely related to rabies and other lyssaviruses and causes a rabies-like fatal illness in humans.
- Pre-exposure prophylaxis is recommended for people who may handle bats, such as vets and wildlife carers.
- ABLV infection has been demonstrated in many species of Australian bats including flying foxes and microbats. Only trained, protected and vaccinated wildlife handlers should interact with bats.
- Rabies virus is not present in Australia but is present in animals in many countries and poses a risk to travellers.
- The Australian Technical Advisory Group on Immunisation (ATAGI) provides advice for the National guidance on pre-exposure prophylaxis and PEP (vaccines, schedules, dosage recommendations) available in the [Australian Immunisation Handbook](#).

Recommendations after bat (or overseas animal) bite or scratch

- Ensure wound is washed thoroughly with soap and water for at least **15 minutes**
- Apply an antiseptic with antiviral action (e.g. betadine, chlorhexidine, or iodine tincture)
- Contact your local public health unit (PHU) urgently on **1300 066 055**.
- PHU staff will help assess the risk and arrange PEP.
- PHUs may contact Emergency Departments or Urgent Care Clinics to arrange for PEP to be administered to people bitten or scratched by a bat in Australia or an animal overseas.

PEP administration

- For **comprehensive PEP administration information**, refer to the [Australian Immunisation Handbook](#)

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- PEP may require administration of both immunoglobulin (HRIG) and multiple doses of rabies vaccine. The local PHU will provide an individualised schedule to guide clinicians on the correct PEP schedule for each patient.
- People who have previously received rabies vaccine will still require PEP with further doses of vaccine.

PEP administration: Human rabies immunoglobulin (HRIG)

- It is critical that as much of the calculated dose of HRIG as possible should be infiltrated in and around the wound (if present)
- The remainder of the HRIG dose should be given intramuscularly (IM) at a site away from where the rabies **vaccine** is given (e.g. opposite deltoid).
- If the wound is in a finger, consider a ring block using local anaesthetic. Infiltrate the wound gently to avoid compartment syndrome; the adjacent tissue should not turn white.
- Avoid suturing. Instead, clean, debride, and infiltrate the wound well with HRIG.
- A video demonstrating HRIG administration can be found at the bottom of this webpage: <https://metronorth.health.qld.gov.au/hospitals-services/phu/immunisation#>
(Note: this is a QLD based video, but the technique and information is correct for NSW settings).

PEP administration: rabies vaccine

- Clinicians administering the first doses of PEP should inform the patient of the schedule and include details in discharge paperwork. The remainder of the schedule can be completed at the patients GP practice (in some cases, the remainder of the vaccine doses may be administered in ED or Urgent Care Clinic settings). A clear plan should be made as to where the patient will receive the remainder of the vaccine doses.
- The first dose of rabies vaccine should be administered in the deltoid on the **opposite side from the HRIG injection site**. (or anterolateral thigh for infants <12 months of age). Do not give rabies vaccine in the buttock.
- Ensure the vaccine is injected into muscle, not subcutaneously. refer to the [Immunisation Handbook](#)
- A tetanus vaccine may be given at the same time at a separate injection site
- Most immunocompromised people should receive an additional dose of rabies vaccine, and have **serology** (as per the [Immunisation Handbook](#)) checked 2-4 weeks after completion of the vaccine regimen.

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Further information

1. Australian Immunisation Handbook (AIH) Rabies and other lyssaviruses.
<https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/rabies-and-other-lyssaviruses>
2. NSW Health Rabies and other lyssavirus infections (including Australian Bat Lyssavirus) control guidelines.
<https://www.health.nsw.gov.au/Infectious/controlguideline/Pages/rabies.aspx>
3. NSW Health [Australian Bat Lyssa Virus factsheet](#)