LAHAN
Los Angeles County Health Alert Network

LAC DPH Health Advisory
Significant Increase in Rabid Bats in LA County: What Providers Need to Know about Rabies Post Exposure Prophylaxis
September 4, 2026

County of Los Angeles Public Health

This message is intended for all primary care, pediatric, urgent care, and emergency medicine providers in Los Angeles County.
Please distribute as appropriate.

Note: This communication was updated on 10/22/26 to include the new LAC DPH Rabies: Guidance for Physicians website, updated rabies risk summary, and revised reporting information (highlighted below).

Key Messages

- Rabid bat detections are at record highs in Los Angeles County. Bats are the county's primary rabies risk.
- Bat bites are small, often painless, heal quickly, and are easily missed. For this reason, any bat encounter in which a bite cannot be definitively ruled out should be treated as a high-risk rabies exposure, regardless of whether a bite was seen or felt.
- Prompt wound care plus rabies post exposure prophylaxis (PEP) is highly effective at preventing rabies, if administered before the onset of symptoms. Any physician may order and administer it.
- Healthcare providers should appropriately assess bat exposures and animal bites for rabies risk, and when PEP is indicated, properly administer the correct regimen and doses.
- Primary care and urgent care practices should complete the patients' rabies vaccine series in-office rather than referring the patients to the emergency department (ED).
- Report all mammal bites (except rodent, squirrel, and rabbit bites) and all suspected bat exposures that occur in LA County or involve LA County residents to LAC DPH.

Situation

There has been an increase in the number of rabid bats detected each year in LA County. A record was set in 2025 with 69 rabid bats. In 2026, 60 rabid bats have been detected as of September 1, far above the 5-year median for January-August (40 bats). Anecdotally, similar trends are being noted nationwide. In LA County, 451 bat encounters were reported in 2025, a third of them indoors. Of bats tested, 19% were positive overall, rising to 30% in the fall.

LAC DPH has identified a rise in rabies PEP administration errors; these include not providing PEP after a high-risk bat exposure (mistakenly thinking a bat bite must be visible) and administering PEP in the wrong anatomic location.

Rabies has the highest case fatality rate of any infectious disease, with no effective treatment once clinical signs begin. Rabies PEP is highly effective when properly administered before symptom onset. Rabies PEP is typically considered a medical urgency, not a medical emergency. There is usually time to assess the exposure and the animal before starting PEP.

Clinicians should familiarize themselves with rabies risk by animal exposure and review proper rabies PEP administration.

Rabies Risk & PEP in LA County

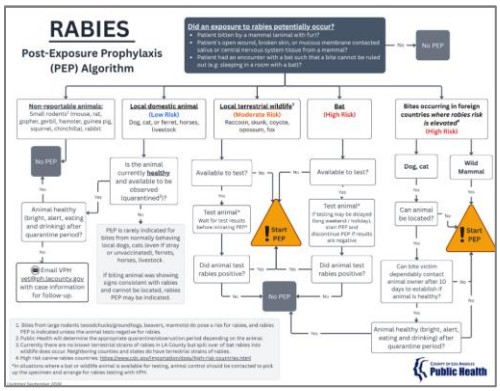
Bats pose the primary rabies risk in LA County. Bat bites are small, relatively painless (like a pinprick), and heal quickly, so a patient may not realize they were bitten. If a bat is found or reported in a room with a sleeping, intoxicated, very young, or non-verbal person, this should be treated as a high-risk exposure unless the bat tests negative.

The most common indication for PEP in LA County is local bat bites/encounters, with the remainder being bites from raccoons, coyotes, skunks, foxes, or internationally acquired animal bites. Bites from small rodents (rats, mice, squirrels, gophers) and rabbits are not known to present rabies exposure risk and are not reportable.

Local dog and cat bites in LA County are low risk, though unvaccinated dogs and cats who are acting abnormally or animals imported from canine rabies endemic countries carry a higher risk.

Quarantining domestic animals and testing wildlife or deceased animals can prevent the need for PEP if the pet stays healthy for 10 days or the rabies test is negative. LA County rabies testing has a fast turnaround time and can reduce the number of vaccine doses needed.

The LAC DPH Rabies Risk Summary guides providers through a decision-tree to determine if PEP is indicated by animal exposure.



Actions Requested of Providers

- **Suspect** a bite whenever a patient reports potential direct contact with a bat's head or teeth, even without a visible mark or reports of pain. Presume a bite may have occurred if a bat had unobserved access to a person who was sleeping, intoxicated, very young, cognitively impaired, or otherwise unable to reliably report contact.
- **Assess** rabies risk based on the animal species, behavior, and geographic location (see Rabies Risk Summary above). Ask if the biting animal is available for rabies quarantine or testing. If so, rabies PEP may not be necessary.
- **Initiate** PEP promptly when indicated, know how to properly administer rabies PEP (see Rabies PEP and Common Rabies PEP errors below). Every attempt should be made to adhere to the recommended PEP schedule. CDC has developed a PEP clinical calculator to assist with scheduling.
- **Assist** patients in completing their rabies PEP vaccine series. If rabies PEP was initiated in an ED, assist the patient (and the ED) by ordering and administering the remaining rabies vaccine doses. Most primary care and urgent care practices can order and quickly receive vaccine from authorized wholesalers within 48 hours. Rabies PEP is usually covered by insurance (see Medical Coding for Rabies PEP below).
- **Report** animal bites or suspected bat exposures in LA County using the bite report form or online portal. In addition, if the animal is available for quarantine or testing, advise the patient to report the animal to local animal control. Animal control will work with Veterinary Public Health to arrange quarantine or testing, which will influence further PEP recommendations.
- **Refer** to the LAC DPH resource Animal Bites and Rabies Exposure-A Checklist for Physicians in LA County**.** This resource includes step-by-step information for clinicians regarding collecting a bite/exposure history, evaluating the need for PEP, PEP administration, and procuring HRIG and rabies vaccine from authorized wholesalers**.**

Treatment Following Animal Bites and Bat Exposures

Wound care

If a visible wound is present, clean thoroughly with soap and water; irrigate with a virucidal agent (e.g., povidone-iodine) if available. Give tetanus prophylaxis as indicated and avoid suturing when possible. Provide antibiotic treatment as clinically indicated.

Rabies PEP — patients who are not pre-immunized for rabies *(this is most LA County patients)*

- **Rabies vaccine series**: give IM in the deltoid on Days 0, 3, 7, and 14. Add a 5th dose on Day 28 if immunocompromised. In young children, the anterolateral thigh is appropriate as well. NEVER give rabies vaccine in the gluteal muscles.

  AND

- **Single dose of human rabies immune globulin** (HRIG): 20 IU/kg, given ideally on Day 0 but within 7 days of starting treatment. Infiltrate as much as possible into and around the wound if one is found; give any remainder IM at a site distant from the rabies vaccine — **never** in the same syringe or same muscle. **Administer HRIG even if there is no apparent wound** (as is the case for most bat exposures). Do not give HRIG in the gluteal area unless the bite wound is in the gluteal area.

Rabies PEP — patients who are pre-immunized for rabies

- Two doses of rabies vaccine only. Give IM in the deltoid on Days 0 and 3. **Do not** inject in the gluteal muscle. HRIG is not indicated.

Safety

There are no known contraindications to rabies vaccination. Pregnancy is not a contraindication, and a rabies exposure or diagnosis does not require pregnancy termination.

Avoid Common Rabies PEP Errors

- Do NOT give rabies vaccine in the gluteal muscle as this may diminish immunologic response. If done, dose must be repeated. Give rabies vaccine in the deltoid muscle in adults. IM in the anterolateral thigh is appropriate for young children.
- Do NOT skip HRIG in bat encounters with no apparent bite. If the patient is previously unvaccinated, HRIG still needs to be included.
- Do NOT give HRIG and rabies vaccine in the same muscle on the same day. This renders both biologicals less effective.
- Do NOT put HRIG in the gluteal area unless the bite wound is in the gluteal area. This can result in sciatic nerve injury.

See CDC Rabies Post-exposure Prophylaxis Guidance for more details.

Medical Coding for Rabies PEP

Rabies PEP is usually covered by insurance. Use the CPT and ICD-10 codes shown below. The CPT code for the rabies vaccine is the same for rabies **pre**-exposure and **post**-exposure prophylaxis, therefore, the ICD-10 Diagnosis code is essential for clarifying that it is for lifesaving post-exposure use.

- HRIG: CPT Code 90376
- Rabies Vaccine: CPT Code 90675
- ICD-10 Diagnosis Code: Z20.3 (required to indicate post-exposure use)

Reporting and Consultation

Animal bites and bat exposures

Providers must report all mammal bites and all suspected exposures to bats (even if there is no evidence of an actual bite) that occur in LA County, or involve an LA County resident, even if the animal appeared healthy. Bites from other small rodents (mouse, rat, gopher, gerbil, hamster, guinea pig, squirrel, chinchilla) and rabbits are not reportable.

- Report to Veterinary Public Health (VPH) by submitting the bite report form or using the online reporting portal.
- Contact VPH with questions about rabies risk, bite reporting, or animal testing: vet@ph.lacounty.gov or 213-288-7060. Ask to speak to the veterinarian on-duty

Consultations regarding rabies PEP

For patient-care consultations related to rabies PEP schedule or deviations in PEP

- Weekdays 8:00 am–5:00 pm: call 213-240-7941 and ask for the physician on-call
- After hours (urgent PEP consultation): call 213-240-7941 and ask for the physician on-call.

Additional Resources

LAC DPH

- Rabies: Guidance for Physicians
- LA County Rabies in Animals

CDC

- Clinical Screening for Rabies PEP | Rabies | CDC
- Rabies PEP
- PEP Calculator

This message was sent by Dr. Sharon Balter, Director of Acute Communicable Disease Control Program, Los Angeles County Department of Public Health.

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