

Rabbits Die of Cat Bites, So Why the Fuss?

A rescuer telephoned Nancy, a wildlife rehabilitator in southeastern Colorado, about a juvenile wild rabbit that her cat brought into the house the night before. The rescuer had taken the rabbit to the office where she worked and called for advice. Nancy instructed her to keep the rabbit in the box, not handle it, and to bring it to her immediately.

Nancy recalled a television news story from the previous evening while she spent the next few minutes preparing for the rabbit's arrival. Local health department tests had confirmed that fleas from a wild rabbit in a nearby subdivision were positive for Bubonic plague. This finding was unusual because plague-carrying fleas are more common on ground dwelling rodents, such as prairie dogs and ground squirrels. Nancy wondered about the incoming rabbit.

She prepared a small cage with bedding and a heat source. She then put gloves and flea powder that was safe for rabbits next to the cage. Alerted by the announcement of plague in fleas on a wild rabbit, she decided not to take either the rabbit or the cage inside her rehabilitation facility, which is also her home.

When the rescuer arrived, Nancy used gloves to carefully transfer the cottontail to the prepared cage. She immediately initiated her flea control protocol and covered the cage with a cloth. She then asked the rescuer for extensive intake details, such as the location where the rabbit was found, the kinds of interactions that the rescuer and her cat had with the rabbit, any treatment provided, and rescuer contact information.

Nancy explained to the rescuer that since plague had been found in the community, specifically in the rescuer's neighborhood, she needed to pay attention to her health, her cat's health and the health of anyone else who had been close to, or had interacted with, the rabbit. The rescuer did not seem to take Nancy's cautions very seriously, so Nancy repeated her warning, strongly urging the rescuer to call her physician immediately if she developed any 'flu-like symptoms,' as well as to make sure she mentioned her contact with the rabbit. She should also call her veterinarian if the cat showed any reluctance to eat or developed other health problems. The rescuer agreed and left.

Nancy examined the rabbit more closely. It was lethargic and seemed warmer than normal. She gave it some isotonic fluids and let it rest. The rabbit was dead when Nancy checked it 2 hours later. As rehabilitators know, juvenile wild rabbits often die from attacks by cats or other predators. Rabbits also can die from stress resulting from being chased and caught by a predator, being taken to the rescuer's office or otherwise transported, from handling, and so forth. But rabbits also can die of disease.

Nancy promptly called the local health department and explained the situation. The health department was reluctant to spend time and money to test a rabbit that had died after being captured by a cat. Nancy emphasized that the animal had been found in the area where plague-bearing fleas recently had been identified on another wild rabbit and asked again that the rabbit be tested for disease. The health department finally agreed to send someone to collect the rabbit and test it.

Wearing gloves, Nancy placed the rabbit carcass in double plastic bags in a cooler containing ice on her porch and then disposed of the bedding and disinfected the cage and area in which the cage had rested. When the rabbit's carcass had not been collected by the next day, Nancy again called the health department and finally convinced a supervisor to send someone for the rabbit and to test it immediately.

On the following day, Nancy received an anxious call from the health department. A gross necropsy revealed liver problems that were suggestive of plague! Health department technicians were running blood work to determine the exact diagnosis. The supervisor told Nancy that she

was on a 'fever watch' for six days. Nancy gave them the contact information for the rescuer and was assured that they would call her as well.

Four days later, the health department called both Nancy and the rescuer to report that the rabbit's blood did not test positive for plague, but did for Tularemia. Although they probably were close to being out of the incubation period, anyone who had potential contact with the rabbit still was advised to alert their physicians if they developed 'flu-like symptoms'. Nancy continued to feel fine and didn't experience any symptoms.

She decided to follow-up with the rescuer when her busy rehabilitation season started to calm down about six weeks later. To Nancy's surprise, the rescuer said she had developed a high fever, severe headache, and extreme joint pain about eighteen days after her contact with the rabbit. The rescuer had gone immediately to her physician, who thought her condition serious enough to consider sending her on a 'flight for life helicopter' to a Denver hospital for diagnostics and treatment; however, after consultation, the physician decided to begin antibiotics at his office since the exposure to Tularemia was confirmed. If the rescuer had not improved quickly, she would have been flown to a hospital.

The rescuer told Nancy that she still was recovering after several weeks of antibiotics and being critically ill. Without the diagnosis of Tularemia, precious time would have been lost in the testing process, putting her survival at risk. Nancy's knowledge and persistence had helped to save this woman's life.

This case provides some lessons:

- Do not assume that an obvious problem described by the rescuer or identified in the initial examination, such as a cat bite, is the only or primary consideration.
- Collecting a full case history and rescuer contact information for each intake is critically important.
- It is absolutely essential for rehabilitators to know about wildlife diseases and be aware of wildlife health conditions in their area.
- Learning what's normal for the species, age, and condition of the species you rehabilitate can help you quickly notice when things are different. Be able to recognize common and uncommon problems, such as cat bites, fractures, aspiration, parasites, and diseases.
- While one doesn't want to panic rescuers, it is necessary to mention risks – especially when they may be serious, such as the potential for zoonotic disease.
- Following careful admit, handling, parasite control, and quarantine protocols is important for both people and wildlife.
- Know when to call for help and advice from fellow rehabilitators, veterinarians, health officials, and others – and do so!
- If you are concerned that there may have been a human exposure to a zoonotic disease, be persistent and insist on having the animal tested – and follow-up if you do not get a timely response.
- Pay close attention to flu-like symptoms – and tell your physician about any contact with wildlife.

Thanks to Nancy Kelly for sharing this case!

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Resources:

- CDC - <http://emergency.cdc.gov/agent/tularemia/>
- National Wildlife Health Center - <http://www.nwhc.usgs.gov/publications/tularemia/>
- Mayo Clinic - <http://www.mayoclinic.com/health/tularemia/DS00714>