ABSTRACT
Background
Exposure to rabies is a risk recognized by the CDC and is stressed as a vital educational component in pre-travel counseling. Putting rabies into perspective “The risk of exposure to rabies is estimated to be similar to, if not greater than, the risk of an unimmunized traveler contracting typhoid fever or hepatitis A in endemic areas (Gautret and Parola 2012, Zimmer 2012). Rabies results in an estimated 50,000-70,000 deaths in people each year worldwide, with most deaths occurring in Asia and Africa (Health Protection Network 2013) (Pye, 2014). Here we report a case of an international traveler uninfomed of the risk of rabies exposure during travel to Southeast Asia.

Case Report
This is a 26 year old female traveling to Southeast Asia for a one month vacation. While there, she opted for an unplanned day trip to Monkey Island, Thailand. When she arrived via ferry, others on the island were feeding the monkeys. She was unaware that the monkeys expected to be fed. She not only did not feed them and was swarmed by a group of monkeys and bitten repeatedly on her ankles. Upon immediate return to the mainland, she reported to a clinic where rabies post-exposure treatment was provided. She immediately returned to the US in order to receive the remaining doses of vaccine in accordance with post-exposure recommendations.

Discussion
Rabies is a zoonotic disease (transmitted from animals to humans) caused by an RNA virus in the family Rhabdoviridae. Rabies is transmitted in the saliva of rabid mammals via a bite or scratch. The virus enters the central nervous system causing an acute, progressive encephalomyelitis. The incubation period can range from days to years but usually ranges from 1 to 3 months after exposure. Avoidance of viral exposure and initiation of Rabies can be prevented by avoidance of viral exposure and initiation of early medical intervention when exposure does occur (Rupprecht, et al., 2010). “Death is almost inevitable once the clinical symptoms of rabies develop, which include fever, headache and general weakness, progressing to anxiety, confusion, paralysis, hallucinations, dysphagia and hydrophobia (Sallsbury, et al 2006).

INTRODUCTION
Pre-traveling counseling is recommended by the Centers for Disease Control and Prevention (CDC) as well as the US State Department in an effort to ensure that travelers have access to health and safety information regarding their upcoming travel (1). In general, travelers recognize risks associated with food, water, mosquitoes, and other disease vectors. However, few recognize travel and activity risks that place them at risk for animal bites.

CASE REPORT
This case report involves a 26 year old female traveling to Southeast Asia for a one month vacation. No pre-travel counseling was sought as the traveler considered her itinerary to be of limited risk. She had no prior interaction with an international travel clinic. During her travels, she opted for an unplanned day trip to a popular tourist destination off the coast of Thailand, Monkey Island. This island is a habitat for monkeys and common practices involve feeding of the monkeys by the visiting tourists. When she arrived via ferry, others on the island were feeding the monkeys. She was unfamiliar with the behaviors of the monkeys and the travel agency arranging for her travel had not provided her with any information regarding what to expect or how to prepare. She had not brought food with her, and as she stepped off the ferry, she was swarmed by a group of monkeys and bitten repeatedly on her bare ankles. Upon immediate return to the mainland, she reported to a clinic located at the ferry return station where she was received rabies post-exposure treatment, including rabies immune globulin and oral antibiotics. She returned to the US the next day in order to receive the remaining doses of rabies vaccine in accordance with CDC post-exposure recommendations.

Fortunately this traveler was able to seek treatment the day of the potential rabies exposure. The immediate post exposure treatment included administration of rabies immune globulin (RIG), administration of the first rabies vaccine and a course of an antibiotic. In addition to the treatment she received in Thailand, she completed the rabies post-exposure series on days 3, 7 and 14 in accordance with CDC recommendations (2,3).

RESULTS

CONCLUSIONS
This traveler did not receive pre-travel counseling regarding potential exposure to rabies despite travel to a rabies endemic area. After the exposure she sought care in a Global Health Center International Travel Clinic in Thailand due to the clinic’s designation as a rabies immunization site. According to the patient, the agency assisting her with pre-travel consultation did not provide information regarding risk of rabies exposure from an unanticipated animal bite or scratch, nor was she aware that international travel posed a risk for rabies exposure. This report underscores the importance of pre-travel counseling to include discussing rabies risks and pre/post exposure treatment with an emphasis on the urgency of cleansing the wound immediately and seeking treatment within a 24 hour period of exposure. Travel insurance should also be including in any international travel consult in the event the rabies vaccine is unavailable.

REFERENCES