

19 Jun 2025

## Worldwide rabies risk reminder

### **A reminder for travellers of the global risk of rabies and reporting of a rabies death in a UK Traveller in 2025**

Rabies is an extremely serious viral infection which is almost always fatal once symptoms appear, but vaccination and early treatment can prevent it. It is important that travellers visiting rabies endemic areas are aware of the risk and know what to do if they are bitten or scratched.

Rabies is present in more than 150 countries and territories on all continents, apart from Antarctica [1].

Tens of thousands of people die each year from rabies, mainly in Asia and Africa with 40% being children under 15 years of age [1]. The World Health Organization estimates that dogs are the main source of human rabies deaths, causing up to 99% of all human rabies transmissions [1]. However, rabies can spread to humans in saliva from any infected domestic or wild animal, for example rabies was detected in seals in South Africa during 2024 [1, 2].

Cases of rabies in travellers are rare but are invariably fatal. Bites and scratches from potentially rabid animals occur more frequently and it is often difficult to determine whether an animal is infected. European travellers have been amongst those affected including a case reported in France in 2023 who was likely infected in Morocco [3]. In June 2025, Spain confirmed a rabies case in a traveller who had been bitten by a dog in Ethiopia the previous year [4].

On 18 June 2025, [UK Health Security Agency announced that a UK traveller had sadly died following contact with a stray dog in Morocco](#). They also reported that between 2000 and 2024 there were 6 cases of human rabies associated with animal exposures abroad reported in the UK [5].

There are other rabies-related viruses (lyssaviruses) that occur in bats, and these can cause rabies in humans [6]. In the Americas, bats are a major source of human rabies deaths [1]; in the US between 1960 and 2018, 70% of people who become infected had exposure to a rabid bat [7]. Bat lyssavirus is also an emerging threat in Australia and in western Europe [1].

Bat lyssavirus has been detected in animals in parts of Europe [8]. In 2019, the first human death from European bat lyssavirus type 1 (EBLV-1) in Western Europe was reported, in a person infected in rural France [9]. One confirmed and one suspected EBLV-1 cases were recorded in Ukraine (1977) and Russia (1985) respectively [10]. In 2020 a cat infected with West Caucasian bat lyssavirus (WCBL) was reported from Arezzo, Tuscany, Italy [11].

## Advice for travellers

Rabies is spread by contact with saliva from any rabies-infected wild or domestic animal, including pets, via a bite, scratch, or a lick to an open wound. In humans, rabies is usually fatal once symptoms develop. As bats can also carry a form of rabies (bat lyssavirus), all bat bites and scratches should be considered a potential risk for rabies [12, 13]. Bat bites are often felt and not seen and may not bleed or leave an obvious mark on the skin [12].

A course of rabies vaccine can prevent infection and death. Guidance on when protection should be

started prior to travel is available on our [Country Information pages](#) but further prompt medical assessment is still needed after all potential exposures [13].

The risk of exposure to rabies increases with longer trips and if taking part in certain activities such as cycling or running. Some jobs including vets working overseas, animal control, conservation, wildlife work or volunteering in animal sanctuaries, may be very high risk.

Children are at particular risk, as they are most likely to touch animals and may not report being bitten, scratched or licked.

### **Before travel**

Check our [Country Information](#) vaccine recommendations to see if rabies is present in bats, wild animals and/or domestic animals at your travel destination.

Consider a pre-exposure rabies vaccine course. This is especially important if you are travelling to a high-risk country and/or visiting remote areas, where medical care and rabies post-exposure treatment may not be readily available.

### **During travel**

Avoid contact with any wild and domestic animals/pets. Remember animals that appear to be behaving normally can still be infectious:

- Do not approach any animals (including bats).
- Do not pick up ill or unusually tame animals (including bats).
- Do not attract stray animals by being careless with litter or offering food.
- Remember activities like cycling or running often attract dogs.

What to do if you are bitten, scratched, or spat at by any animal (or bat) abroad:

- Immediate: thorough wound washing with soap and water after animal contact is crucial [1].
- Immediately flush the wound/area under a running tap for several minutes, then thoroughly wash with soap/detergent and water to remove saliva.
- Apply a disinfectant like 70% alcohol or iodine solution and cover wound with a simple dressing.
- If animal (bats included) saliva gets into your eyes, nose or mouth (i.e. if the animal coughs, spits or sneezes close to your face), wash your face thoroughly with clean water as soon as possible [12].

Get urgent medical help, even if the wound or incident seems very trivial. Seek medical attention locally, do not wait until you return to the UK. If advised, you should start rabies post-exposure treatment abroad and not wait until you get back to the UK. Prompt post-exposure treatment is needed, even if you have already had a full pre-exposure vaccine course, as further vaccine doses are required for full protection.

Keep photos or written records of any rabies treatment given abroad including details on the name and type of vaccine and immunoglobulin if possible. Some countries stock rabies vaccines which are not always directly compatible and therefore additional doses of vaccine may need to be given upon your return to the UK. If you have any questions about rabies post-exposure treatment you've

received in another country, speak to your medical insurance provider for advice and contact a health professional on your return to the UK. If you had rabies vaccination before you travelled, make sure you carry your vaccine record with you.

If you did not have or did not complete a rabies vaccine course before travel, you may need treatment with a blood product called rabies immunoglobulin (which may be unavailable in some world regions), as well as a full vaccine course. Post-exposure treatment (with rabies vaccine) should be started as soon as possible, whether or not immunoglobulin is available. You may need to travel to a nearby major city or possibly another country for appropriate treatment and vaccines. One study found that 204 countries out of 240 had limited or no access to rabies immunoglobulin [14].

Ask for a written record of any post-exposure treatment you receive overseas. If you do not feel comfortable with the medical advice you receive overseas, contact your medical insurance company.

### **After travel**

If you had any potential exposure, however minor, contact your GP on your return to the UK. This is important, even if you received post-exposure treatment abroad and the bite/exposure was weeks before, as you may need to continue a rabies vaccine course in the UK. If you have a record of any treatment given abroad, remember to bring this with you. Your GP will also be able to arrange for post-exposure treatment if this hasn't been started abroad, but may be considered necessary in the UK.

## **Advice for health professionals**

Health professionals advising travellers can check our [Country Information](#) to check rabies risk and vaccine recommendations at specific destinations.

**All travellers** to [countries where rabies is known or presumed to occur](#) should be advised of the importance of first aid and of seeking urgent reputable medical attention if they are bitten, scratched or licked by any mammal. This advice is important for all travellers, whether or not pre-exposure vaccine was given.

**Specialist advice for health professionals regarding post-exposure treatment and management of a suspected rabies case is available from:**

**England** - [UKHSA Rabies and Immunoglobulin Service \(RIGS\)](#) on 0330 128 1020.

**Wales** - Duty Virologist, University Hospital of Wales, Cardiff: 02921 842178 or Public Health Wales Health Protection Team on 0300 003 0032 (contact via the local ambulance control out of hours).

**Northern Ireland** - Public Health Agency Duty Room: 0300 5550119. Rabies vaccine is available from the Royal Victoria Hospital Pharmacy Department, Belfast -028 9024 0503.

**Scotland** - Health professionals should contact their local infectious disease unit. Information about rabies is available from [Public Health Scotland](#).

For full contact details see the [rabies chapter in the green book](#).

## Resources

- [UK Health Security Agency: Rabies – Information leaflet for travellers](#)
- [UK Health Security Agency: Rabies: risk assessment, post-exposure treatment, management](#)
- [Rabies factsheet](#)
- [Rabies infographic](#)
- [US Centers for Disease Control and Prevention: Preventing rabies from bats](#)

## References

1. World Health Organization. Rabies Factsheet. 5 June 2024. [Accessed 13 June 2025]
2. Department of Agriculture, Land Reform and Rural Development, South Africa. Rabies in Cape fur seals: outbreak update report. 31 October 2024. [Accessed 13 June 2025]
3. European Centre for Disease Prevention and Control. The European Union One Health 2023 Zoonoses report. 11 November 2024. [Accessed 13 June 2025]
4. General Directorate of Public Health, Spain. Public Health Alerts. [Accessed 16 June 2025]
5. UK Health Security Agency. Rabies case confirmed following contact with animal abroad – News Story published 18 June 2025 [Accessed 19 June 2025]
6. Rabies Bulletin Europe. Classification. Undated. [Accessed 13 June 2025]
7. Centers for Disease Control and Prevention. Notes from the filed: Three human rabies deaths attributed to bat exposures - United States. MMWR; 71 (1): 31-32. [Accessed 13 June 2025]
8. European Centre for Disease Control and Prevention, Rabies Annual Epidemiological Report for 2019. [Accessed 13 June 2025]
9. Regnault B, Evrard B, Plu I, Dacheux L, Troadec E, Cozette P et al. First case of lethal encephalitis in Western Europe due to European bat lyssavirus, type 1. Clin Inf Dis. May 15 2021. DOI: 10.1093/cid/ciab443 [Accessed 13 June 2025]
10. Kuzmin IV, Botvinkin AD, Poleschuk EM, Orciari LA, Rupprecht CE. Bat Rabies Surveillance in the Former Soviet Union. Dev Biol (Basle) 2006;125:273-282
11. European Centre for Disease Prevention and Control. Lyssavirus - Italy - 2020. Communicable Diseases Threat Report. 28 June – 4 July 2020 [Accessed 13 June 2025]
12. UK Health Security Agency. Information for individuals who have been bitten by a bat. 12 November 2024. [Accessed 13 July 2025]
13. UK Health Security Agency. Rabies: risk assessment, post-exposure treatment, management. Updated 3 February 2025. [Accessed 13 June 2025]
14. Henry R, Blanton J, Angelo K et al. A country classification system to inform rabies prevention guidelines and regulations. Journal of Travel Medicine, Volume 29, Issue 4, May 2022. [Accessed 13 June 2025]