



# EPI WATCH

## Rabies Exposure Risk Following Organ Transplants

By: Rachel Ilic, MPH, CPH, CIC

205 Dr. MLK Jr. St. N  
St. Petersburg, FL 33701  
727-824-6900

### Director

Ulyee Choe, DO

### Editor

Stephen Marlin, MPH, CPH  
Stephen.marlin@flhealth.gov

## Division of Disease Control and Health Protection

### Disease Reporting

To report diseases and clusters of illness:  
Phone: 727-824-6932  
Fax: 727-484-3865  
(excluding HIV/AIDS)

To report HIV/AIDS by mail:  
Surveillance Room 3-138  
205 Dr. MLK Jr. St. N  
St. Petersburg, FL 33701

### Find us on Facebook:

www.facebook.com/HealthyPinellas

### Follow us on X:

@HealthyPinellas

Rabies infection in humans is rare in the United States and is primarily transmitted from the bite of an infected mammal. Rabies post exposure prophylaxis (PEP) is given to those with exposure and is highly effective, with breakthrough infections remaining extremely rare<sup>1</sup>.

On December 4, 2025, the Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report (MMWR) reported an investigation into human-to-human rabies transmission via solid organ transplantation from a donor with undiagnosed rabies that occurred October 2024 – February 2025<sup>2</sup>. Four patients received organs from the infected donor, one of which passed away from rabies infection following a kidney transplant. The other three recipients received corneas and during the ongoing investigation into the kidney transplant patient, had corneal graft removal and received rabies post exposure prophylaxis (PEP).

The uniform Donor Risk Assessment Interview (DRAI)<sup>3</sup> is a tool utilized to gather general information about a potential donor's health history. It includes a question about exposures to any pet, stray, farm or wild animals and asks about quarantine and rabies suspicion. Per the MMWR<sup>2</sup>, the infected donor's DRAI questionnaire indicated a skunk scratch within five weeks of death but lacked information about the nature of the exposure. Investigation into the donor's death and additional interviews with the family identified symptoms consistent with human rabies infection including hallucinations, stiff neck and difficulty swallowing and walking<sup>2</sup>.

Stored serum samples from the donor were tested for rabies and were negative for rabies virus antibody; however, corneal graphs and right and left kidney biopsy samples were tested by CDC which detected rabies virus RNA<sup>2</sup>.

In 2004, a similar outbreak was identified which included four recipients who passed away following organ/arterial segment transplantation<sup>4</sup>. Within 30 days of transplantation, all four patients passed away with symptoms including rapid neurologic deterioration. Outcomes of the investigation identified the donor and three of the four recipient tissues had rabies virus antibodies detected. Interviews conducted with the donor's family identified an unreported bat exposure.

These investigations and case studies show the importance of obtaining bite exposure information for all patients presenting with encephalopathy or neurological deterioration. Per the MMWR<sup>2</sup>, the CDC is reviewing possible methods for identifying infection risk among donors, including reviewing past medical history and bite exposures from the past year in donors who presented with acute encephalopathy. Although the overall transmission based risk remains low, the CDC report<sup>2</sup> is the fourth of its kind since 1978.

### References:

<sup>1</sup><https://www.sciencedirect.com/science/article/abs/pii/S1473309922006417>

<sup>2</sup><https://www.cdc.gov/mmwr/volumes/74/wr/mm7439a1.htm>

<sup>3</sup><https://www.aatb.org/guidance-documents>

<sup>4</sup><https://www.nejm.org/doi/full/10.1056/NEJMoa043018>

Your logo		Uniform Donor Risk Assessment Interview (Donor >12 years old)		Your address	
Donor Name: _____					
First		Middle		Last	
Person Interviewed: _____					
Name		Relationship			
Contact Information: _____					
Phone		Address		City State Zip	
The interview was conducted: by telephone <input type="checkbox"/> in person <input type="checkbox"/>					
Person Interviewed: _____					
Name		Relationship			
Contact Information: _____					
Phone		Address		City State Zip	
The interview was conducted: by telephone <input type="checkbox"/> in person <input type="checkbox"/>					
Person conducting interview and completing this form:					
Print Name		Signature		Date/Time	
I want to advise you of the sensitive and personal nature of some of these questions. They are similar to those asked when someone donates blood. We ask these questions for the health of those who may receive her/his* gift of donation. I will read each question and you will need to answer to the best of your knowledge with a "Yes" or "No."					
1. Where was she/he* born?					
2. What was her/his*?					

Retrieved from: <https://www.aatb.org/guidance-documents>

# Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	Nov 2025	Nov 2024	Pinellas 2025	Florida 2025	2024	2023	2022
<b>A. Vaccine Preventable</b>							
Coronavirus 2019	220	432	9416	209985	19906	45495	110629
Measles	0	0	0	7	0	0	0
Mpox	1	0	5	124	12	6	162
Mumps	0	0	0	8	2	0	0
Pertussis	3	9	95	1435	38	1	2
Varicella	0	2	16	491	175	25	24
<b>B. CNS Diseases &amp; Bacteremias</b>							
Creutzfeldt-Jakob Disease (CJD)	0	0	2	39	3	1	3
Meningitis (bacterial, cryptococcal, mycotic)	1	1	3	117	16	6	12
Meningococcal Disease	0	0	1	27	1	3	2
<b>C. Enteric Infections</b>							
Campylobacteriosis	18	16	236	5809	227	224	208
Cryptosporidiosis	3	1	25	448	30	28	38
Cyclosporiasis	0	0	4	204	7	11	21
<i>E. coli</i> Shiga Toxin (+)	2	6	35	1154	34	37	28
Giardiasis	0	7	34	980	59	40	34
Hemolytic Uremic Syndrome (HUS)	0	1	2	31	2	2	0
Listeriosis	0	0	4	55	1	2	3
Salmonellosis	11	19	171	7986	226	194	174
Shigellosis	8	3	53	1133	46	56	37
<b>D. Viral Hepatitis</b>							
Hepatitis A	0	0	0	134	1	1	20
Hepatitis B: Pregnant Woman +HBsAg	0	0	0	0	0	0	0
Hepatitis B, Acute	1	3	12	470	32	37	33
Hepatitis C, Acute	7	6	69	1518	93	106	120
<b>E. Vectorborne/Zoonoses</b>							
Animal Rabies	0	0	1	102	1	1	0
Rabies, possible exposure	24	20	284	7450	249	227	151
Chikungunya Fever	2	0	2	175	1	0	0
Dengue fever	1	3	8	517	10	5	7
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	1	1	18	373	13	21	11
Malaria	0	0	0	43	2	4	4
West Nile Virus	0	0	0	9	1	0	0
Zika Virus Disease	0	0	0	1	0	0	0
<b>F. Others</b>							
Hansen's Disease (Leprosy)	0	0	0	36	1	1	0
Legionellosis	0	6	34	668	36	16	38
Mercury Poisoning	0	0	0	33	0	0	0
Vibrio Infections	0	0	22	359	32	13	11
Tuberculosis	1	1	29	637	25	20	22
<b>G. Sexually Transmitted Infections</b>							
Chlamydia	253	299	3232	87578	3904	4256	4054
Gonorrhea	129	138	1482	32782	1806	1802	1752
Syphilis, Total	27	44	438	14150	577	687	766
Syphilis, Infectious (Primary and Secondary)	15	21	171	2554	286	361	347
Syphilis, Early Latent	8	14	154	4854	144	206	279
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	4	8	109	6533	140	112	135
Syphilis, Congenital	0	1	4	209	7	8	5

\*YTD up to November 30, 2025

All data are provisional and subject to updates as new reports are received and reviewed.

\*\*includes travel and non-travel associated cases

WWW.PINELLASHEALTH.COM