



EPI WATCH

Rabies Exposure Risk Following Organ Transplants

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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 rare¹.

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 2025². 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)³ 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 MMWR², 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 walking².

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 RNA².

In 2004, a similar outbreak was identified which included four recipients who passed away following organ/arterial segment transplantation⁴. 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 MMWR², 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 report² is the fourth of its kind since 1978.

References:

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

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

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

⁴<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 _____ | |
| <p>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."</p> | | | | |
| 1. Where was she/he* born? _____ | | 2. What was her/his* _____ | | |

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

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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 |
| A. Vaccine Preventable | | | | | | | |
| 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. CNS Diseases & Bacteremias | | | | | | | |
| 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 |
| C. Enteric Infections | | | | | | | |
| 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 |
| D. Viral Hepatitis | | | | | | | |
| 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 |
| E. Vectorborne/Zoonoses | | | | | | | |
| 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 |
| F. Others | | | | | | | |
| Hansens 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 |
| G. Sexually Transmitted Infections | | | | | | | |
| 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 |

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

*YTD up to November 30, 2025

**includes travel and non-travel associated cases