

RABIES: Frequently Asked Questions

For the Human and Animal Health Communities

- IDPH provides general recommendations for rabies post exposure prophylaxis (treatment) based upon nationally accepted guidance. However, the decision of whether to administer post exposure prophylaxis (treatment) should be made on a case by case basis by the patient and their health care provider.
- IDPH is available for rabies consultation: call 800-362-2736 during business hours and 515-323-4360 after hours (Iowa State Patrol will contact the IDPH person on call).

1) Patient reports finding bats in their home on multiple occasions.

- Assess the risk of exposure and treat accordingly. Refer to the "Rabies Exposure Management for Bat-related Incidents Flowchart" available on the rabies page of the IDPH website. www.idph.state.ia.us/Rabies/Resources.aspx
- Recommend bat proofing the home
 - Iowa DNR licenses nuisance wildlife control operators. Some of these operators specialize in bat proofing. Link to licensed operators: www.iowadnr.gov/Hunting/LandownerAssistance/NuisanceWildlifeControl.aspx
- If bat proofing is not effective, pre-exposure vaccination could be considered. Ensure that patients understand even with pre-exposure vaccination, if they are exposed to a potentially rabid animal they will need 2 booster vaccinations (on days 0 and 3).

2) Patient has recently completed the rabies post exposure prophylaxis (treatment) series and was re-exposed to a potentially rabid animal.

- After determining that the person was exposed, administer 2 booster vaccinations on day 0 and day 3. (Do not administer Rabies Immunoglobulin)
- If the patient experiences multiple re-exposures, indicating multiple series of boosters in a relatively short amount of time, contact IDPH for consultation.

3) Patient is pregnant and was exposed to a potentially rabid animal.

- Because of the potential consequences of inadequately treated rabies exposure, pregnancy is not considered a contraindication to post-exposure prophylaxis (treatment).
- Several studies have shown no indication of increased incidence of abortion, premature births or fetal abnormalities associated with rabies vaccination.
- Rabies exposure or diagnosis of rabies in the mother is not an indication for pregnancy termination.
- If the risk of exposure to rabies is substantial, pre-exposure vaccination might also be indicated during pregnancy.

4) Patient was scratched by a potentially rabid cat.

- Rabies is most commonly transmitted through a bite, but can also be transmitted via saliva and nervous tissue contact to an open wound or mucous membrane.
- Nationally, there has been some concern over the risk associated with being scratched by potentially rabid cats (because cats commonly lick their claws). However, there has not been any definitive national guidance released on this issue, and IDPH is not aware of any documented cases of transmission via an animal scratch.
- Therefore, IDPH does not generally recommend post exposure prophylaxis (treatment) based upon scratch exposure alone.

5) Patient woke up to find a bat in the next room or elsewhere in the home.

- Recommendations state that if a bat is found in the same room as a sleeping person, small child, or incapacitated person it should be tested. If the bat is not available for testing it should be assumed positive and post exposure prophylaxis (treatment) should be considered. If a bat is found elsewhere in the home, post exposure prophylaxis (treatment) is generally not recommended by IDPH.

6) An immunosuppressed patient was exposed to a potentially rabid animal.

- Corticosteroids, other immunosuppressive agents, anti-malarials, and immunosuppressive illnesses can interfere with the development of active immunity after post-exposure prophylaxis (treatment). Immunosuppressive agents should not be administered during post-exposure prophylaxis (treatment) unless essential for the treatment of other conditions. When post-exposure prophylaxis (treatment) is administered to an immunosuppressed person, it is especially important that a serum sample be tested for rabies antibody to ensure that an acceptable antibody response has developed.
- Patients who are immunosuppressed by disease or medications should postpone pre-exposure vaccinations and consider avoiding activities for which rabies pre-exposure prophylaxis is indicated. When this course is not possible, immunosuppressed persons who are at risk for rabies should be vaccinated and their antibody titers checked.

7) A patient with a history of hypersensitivity to components of the rabies vaccine was exposed to a potentially rabid animal.

- When a person with a history of serious hypersensitivity to rabies vaccine must be revaccinated, antihistamines can be administered. Epinephrine should be readily available to counteract anaphylactic reactions, and the person should be observed carefully immediately after vaccination.

8) A patient was bitten by a domestic animal, who is responsible for implementing the animal quarantine?

- Under Iowa Code Chapter 351.39, Local Boards of Health are responsible for collecting human exposure reports and enforcing animal confinement or testing. In most jurisdictions, this function is fulfilled by local animal control, local public or environmental health, or the sheriff's departments. Please contact your local officials for clarification.

9) The patient has submitted the potentially rabid animal for rabies testing. Can post exposure prophylaxis (treatment) be delayed pending test results?

- In general, yes, if the animal is available to test administration of post exposure prophylaxis (treatment) should be delayed pending results. If the test results are positive, indeterminate, or unsuitable, post exposure prophylaxis (treatment) should be administered immediately. (Consult with IDPH if exposure is above the shoulders, severe or unusual, or if there is a delay in testing of animal.)

10) The patient received pre exposure vaccination prior to 1980 or has previously received post exposure prophylaxis (treatment) that varied from the current protocol. What is the recommended protocol for post exposure prophylaxis (treatment) for this exposure?

- If the exposed patient received pre exposure vaccination with a product that is not currently approved and has never had their titer checked, it is recommended that the patient receive the entire post exposure prophylaxis (treatment) protocol (RIG + the 4 or 5 dose vaccination series).

- In general, patients who received pre exposure vaccination after 1980 should have received a currently approved product.
 - Approved products include: Human Diploid Cell Vaccine, Rabies Vaccine Adsorbed (fetal rhesus lung diploid cell culture), and Purified Chick Embryo Cell Vaccine.
- The current post exposure (treatment) prophylaxis protocol includes administration of RIG + the 4 or 5 dose vaccination series. If the exposed patient has not received the current RIG + the 4 or 5 dose vaccination series in the past, the entire currently approved (RIG + the 4 or 5 dose vaccination series) protocol should be administered.
- IDPH is available for rabies consultation: call 800-362-2736 during business hours and 515-323-4360 after hours (Iowa State Patrol will contact the IDPH person on call).

11) If the patient was bitten above the shoulders, should post exposure (treatment) prophylaxis be delayed pending observation or laboratory testing?

- If the patient was bitten above the shoulders, the health care provider should consider initiating the appropriate post exposure (treatment) immediately.
- The closer the point of exposure is to the brain, the shorter the distance in which the virus must travel, therefore potentially resulting in a shorter disease incubation period.