

# Animal Rabies h-h Resources in Iowa

If a patient is bitten above the shoulder, IDPH recommends starting PEP immediately. The closer the point of exposure is to the brain, the shorter the distance in which the virus must travel.

## 1. Treatment of persons who have not previously received rabies vaccine or have not previously received rabies post-exposure treatment.

### a. Immunocompetent patients:

Four 1-mL vaccine doses of HDCV or PCECV should be administered intramuscularly to previously unvaccinated persons as soon as possible after exposure on days 0, 3, 7, and 14 (day 0 is the day the post exposure prophylaxis is started).

One dose of rabies immunoglobulin (HRIG), 20 IU/kg, should also be administered on day 0.

- If anatomically feasible, the full dose of HRIG should be thoroughly infiltrated in the area around the wound. The rest should be administered intramuscularly at a different site than the vaccine.
- If HRIG is not given with the first post-exposure dose of vaccine, it must be given within eight days after the first dose of vaccine.

### b. Immunocompromised patients:

Five 1-mL vaccine doses of HDCV or PCECV should be administered intramuscularly to previously unvaccinated persons as soon as possible after exposure on days 0, 3, 7, 14, and 28.

One dose of rabies immunoglobulin (HRIG), 20 IU/kg, should also be administered on day 0.

- If anatomically feasible, the full dose of HRIG should be thoroughly infiltrated in the area around the wound.
- The rest should be administered intramuscularly at a different site than the vaccine.
- If HRIG is not given with the first post-exposure dose of vaccine, it must be given within eight days after the first dose of vaccine.

## How is immunocompromised defined in terms of rabies vaccination?

The decision of whether individuals are immunocompromised should be determined by a physician.

## 2. Treatment of persons who have either received pre-exposure vaccination or have previously received rabies post-exposure treatment (according to the current protocols and with approved products, if unsure contact CADE for consultation):

- a. Two IM doses (1.0 ml each) of vaccine should be administered on days 0 and 3. Human Rabies Immune Globulin should NOT be administered.

## Exposure to a Human Potentially Infected with Rabies

Standard Precautions for respiratory secretions should be in place for persons suspected or confirmed to have rabies. Articles soiled with saliva should be disinfected. Attending personnel should be protected (gloves, gowns, face protection) against any exposure to saliva. If a patient who has rabies (or is suspected of having rabies) exposes another person to saliva (through a bite or via infectious material exposure to an open wound or mucous membrane), rabies PEP of the contact should be started. Other people from the patient's home, social, and work environment should be contacted to review their potential exposure.

**For further questions call:**  
During business hours: **800-362-2736**  
After hours: **515-323-4360**



Iowa Department of Public Health,  
Center for Acute Disease Epidemiology (CADE)

<http://www.idph.state.ia.us/CADE/DiseaseIndex.aspx?disease=Rabies>  
<http://www.cdc.gov/rabies>



<http://www.cfsph.iastate.edu>