A total of 57 cases of animal rabies were reported in Iowa during 2006. Forty-one reported animal cases were wildlife species: 28 bats and 13 skunks. The remaining 15 were domestic animal species including cats, dogs, horses, and cattle. These data reflect tested animals that might have exposed humans or other domestic animals to rabies, and does not represent all rabid animals in Iowa.

Current rabies immunizations should be maintained for livestock and domestic animals. Animal owners should also consult veterinarians for rabies immunizations or boosters if their animals are exposed to wildlife such as skunks or bats. Animal vaccination reduces the number of humans exposed to rabies virus.
Rabies is a rare disease in humans in the United States and is usually due to various bat strains of the virus. In many other countries around the world, rabies can be a frequent and ongoing problem in wild and domestic dogs and subsequently, humans.

The rabies virus lives and reproduces in a variety of animals. These animals are called reservoirs. Various animals serve as rabies reservoirs within the United States and around the world. In Iowa and the Central United States, skunks are the primary reservoir, and on the East Coast, raccoons are the primary rabies reservoir. Several species of bats are also reservoirs throughout the Americas. In Africa, Asia, and Latin America, wild canine species, in addition to wild and domestic dogs, continue as the primary animal reservoirs for rabies virus and subsequent human cases.

During 2006, two human cases of rabies were reported in the United States; both were fatal. The first case was diagnosed in May in a 15-year-old male Texan (http://www.cdc.gov/ncidod/dvrd/rabies/news/bat_texas.htm) and the second case was diagnosed in October in a 10-year-old Indiana female.

The two 2006 U.S. human rabies cases are unfortunate reminders of the need to follow the Centers for Disease Control and Prevention (CDC) criteria for proper evaluation of human encounters with animals, especially bats. The CDC criteria determine whether there has been a rabies exposure that requires administration of rabies post exposure prophylaxis to prevent disease. The CDC criteria for rabies exposures include the following:

- **Bite exposure**: an animal (bat, skunk, raccoon, dog, cat, horse, or cow) has bitten a person. The animal should be tested for rabies (or observed for 10 days if a dog, cat or ferret).
- **Non-bite exposure**: saliva (or spinal fluid) from a rabid animal gets into an open, fresh, bleeding wound or cut; or saliva (or spinal fluid) from a rabid animal gets into a person’s eyes, nose, or mouth (mucous membranes).
- **Possible exposure**: (Only the individual in the same room where the bat is sighted is considered possibly exposed.)
  - Waking up to find a bat in the room.
  - Sighting a bat in the room of a mentally impaired or intoxicated person.
  - Sighting a bat in the room of an unattended child.
  - Sighting a bat in the room of someone who cannot communicate whether or not they were bitten by the bat, or whether or not they had direct contact with the bat.

The current rabies post exposure prophylaxis protocol has been used for over twenty years, is very successful, and has minimal adverse effects. **Since 1979, there have been no treatment failures in the U.S. when rabies post exposure prophylaxis was administered promptly and appropriately.**

Iowa Department of Public Health is available for consultation for rabies exposure assessment and post exposure treatment recommendations 24 hours per day, 7 days per week. During normal business hours, contact the Center for Acute Disease Epidemiology at 515-242-5935, and after hours call 800-362-2736 for referral to the on-call duty officer. Visit our Web site at http://www.idph.state.ia.us/adper/rabies.asp.

The CDC also has a Web site on rabies available at: http://www.cdc.gov/ncidod/dvrd/rabies/.