

Animal Bites to Humans

Several factors need to be taken into consideration when planning the care of a victim of an animal bite. Consideration needs to be given to:

- Management of the physical damage caused by the bite (stitches needed, etc.)
- The tetanus immunization status of the person bitten
- The risk of infection from the bite
- The risk of rabies exposure posed by the bite

Assessment and management of the physical damage caused by the bite and the risk of infection created by the bite should be managed by the patient's primary care physician or provider of choice. Some health departments provide this type of medical assessment and management.

Assessment of the tetanus immunization status can be managed by either the patient's primary care provider or by the health department.

Evaluation of the risk of rabies exposure created by an animal bite may be a joint decision between the local health department and the patient's primary care provider. Evaluating the injury to determine whether or not it puts the patient at risk for infection may best be managed by the evaluating medical provider. Local health department staff often take the lead in determining the potential risk for rabies exposure created by a specific animal bite.

Any bite, scratch or other situation in which saliva or central nervous system (CNS) tissue of a potentially rabid animal enters an open wound, fresh wound, or comes in contact with a mucous membrane by entering the eye, mouth or nose creates a potential risk of rabies infection. Determination of whether or not a bite is from a potentially rabid animal can best be made by Health Department staff and Animal Control staff, possibly in consultation with one of the North Carolina Public Health Veterinarians. For example, a provoked bite from a dog or cat that is currently vaccinated poses very little risk of rabies transmission. A potential bite from a bat that is not available for testing poses a significant risk of rabies exposure.

Patients with bites that create a risk for potential rabies infection should be managed according to current guidelines for rabies post exposure prophylaxis (PEP). Treatment should begin promptly with Rabies Immune Globulin (RIG) and Rabies Vaccine unless the animal is immediately available for testing or quarantine. The average incubation period for rabies is 3-8 weeks. Rarely, it can be as short as 9 days or as long as 7 years. Treatment should always be initiated prior to symptom development and the provider should adhere to an accepted schedule. The first visit for rabies PEP is often to the local emergency department as many medical providers do not make RIG available in their offices. Also, follow-up visits where only rabies vaccine is given, may only be available through the local emergency department as many medical providers choose not to provide PEP.

For current guidance, view the [North Carolina Manual for Rabies Prevention and Animal Bite Management](#), located on the [North Carolina Public Health Veterinary Branch website](#). Click on the section labeled "Rabies Resources for the Medical Professional" located at the top of the page. Once there, you will see the current NC Rabies Manual as well as other resources.

For consultation, please call the NC Public Health Veterinarian, day or night, at (919) 733-3419.