# Mammal Bites & Scratches: A Management Guide for Clinicians
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<table>
<thead>
<tr>
<th>No</th>
<th>Bite/scratches in Singapore (rabies-free)</th>
<th>Wound care</th>
<th>Antibiotics</th>
<th>Tetanus Post-Exposure Prophylaxis (PEP)</th>
<th>Rabies Post-Exposure Prophylaxis (RPEP)</th>
<th>Herpes simiae Post-Exposure Prophylaxis (PEP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dog</td>
<td>Assess, irrigate, try not to suture</td>
<td>Can consider if infection is a concern (eg Augmentin for Staph, strep, oral anerobes, Pasteurella)</td>
<td>Give Td or Tdap if none in past 10 yrs</td>
<td>Generally not recommended</td>
<td>Not required</td>
</tr>
<tr>
<td>2</td>
<td>Cat</td>
<td>Assess, irrigate, try not to suture</td>
<td>Can consider if infection is a concern (eg Augmentin for Staph, Bartonella, Pasteurella, anerobes)</td>
<td>Give Td or Tdap if none in past 10 yrs</td>
<td>Generally not recommended</td>
<td>Not required</td>
</tr>
<tr>
<td>3</td>
<td>Monkey</td>
<td>Assess, irrigate, try not to suture</td>
<td>Can consider if infection is a concern (eg Augmentin for Staph, strep, oral anerobes)</td>
<td>Give Td or Tdap if none in past 10 yrs</td>
<td>Generally not recommended</td>
<td>Valacyclovir 1gm po q8h x 2 weeks; OR Acyclovir 800 mg po 5x/day x 2 weeks</td>
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<tr>
<td>4</td>
<td>Bat</td>
<td>Assess, irrigate, try not to suture</td>
<td>Can consider if infection is a concern (eg Augmentin for Staph, strep, oral anerobes)</td>
<td>Give Td or Tdap if none in past 10 yrs</td>
<td>RPEP usually recommended</td>
<td>Not required</td>
</tr>
<tr>
<td>5</td>
<td>Bites by other mammals</td>
<td>Assess, irrigate, try not to suture</td>
<td>Can consider if infection is a concern (eg Augmentin for Staph, anerobes, specific pathogens)</td>
<td>Give Td or Tdap if none in past 10 yrs</td>
<td>Not required</td>
<td>Not required</td>
</tr>
</tbody>
</table>

Updated as of 25 Apr 2017
**When To Refer to Emergency Department:**

1) Need for Rabies PEP (for any mammal bite occurring in a rabies-endemic country, ie most countries in Asia, Africa, S.America)
   a) Persons who never had rabies vaccine before the bite usually require rabies vaccines AND rabies immunoglobulin (RIG)– refer to ED
   b) Persons with ≥ 3 rabies vaccine doses BEFORE the bite only need rabies vaccines– refer to THVC
   c) If not sure, refer to ED
2) Bite wound is deep, looks infected, or fever (T>38C)
3) Severe wound that requires surgical repair
4) Infections that require surgical drainage including tenosynovitis, abscess
5) Bite wounds with toxic venoms eg. slow loris

**When to Refer to Travellers’ Health & Vaccination Clinic (THVC)**

1. Follow up rabies vaccine doses, after RIG is given in ED
2. Initial evaluation of animal bite if patient not willing to go to ED
3. Animal bite in Singapore where RPEP is not indicated but patient is still anxious and wants to see a ID/vaccine specialist

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