

BITES

- Clean wounds with sterile normal saline
- Ensure that tetanus prophylaxis status is up to date
- Consult Infectious Diseases service for rabies prophylaxis in settings of wild animal bites or in geographic areas with high prevalence of rabies
- Generally, 5-10 days of therapy is sufficient in the absence of complications (e.g. septic arthritis, osteomyelitis, subcutaneous abscess, tendonitis)

Useful links for rabies:

<https://www.ontario.ca/page/rabies>

<https://www.hamilton.ca/public-health/health-professionals/rabies-reporting-vaccines>

Animal Bites

Common pathogens: *Pasteurella* species, *Staphylococci*, *Streptococci* species, anaerobes (*Bacteroides* species, *Fusobacterium* species, *Porphyromonas* species, *Propionibacteria* and *Peptostreptococci*)

Treatment Options

Mild infection

Amoxicillin/clavulanic acid 875/125 mg po BID

(In cases of severe beta lactam allergy)

Levofloxacin 750mg po daily + metronidazole 500mg BID (**HHS only**)

Moxifloxacin 400mg po daily (**SJHH only**)

In situations where intravenous therapy is required:

Ceftriaxone 2g IV daily + metronidazole 500mg IV / po BID

OR

Piperacillin-tazobactam 4.5g IV q8h

Human Bites

Common pathogens: *Streptococci* species, *Staphylococci*, *Haemophilus* species, *Eikenella corrodens*

Treatment Options

Mild infection

Amoxicillin clavulanic acid 875/125 mg po BID

(In cases of severe beta-lactam allergies)

Levofloxacin 750mg po daily + metronidazole 500mg po BID (**HHS only**)

OR

Moxifloxacin 400mg po daily (**SJHH only**)

OR

Septra DS 8-10mg/kg/DAY of trimethoprim component in divided doses (please refer to document titled Trimethoprim-Sulfamethoxazole Weight-Based Dosing Tables for IV or PO) + metronidazole 500mg po BID

In situations where intravenous therapy is required:

Ceftriaxone 2g IV daily + metronidazole 500mg IV / po BID

OR Piperacillin-tazobactam 4.5g IV q8h