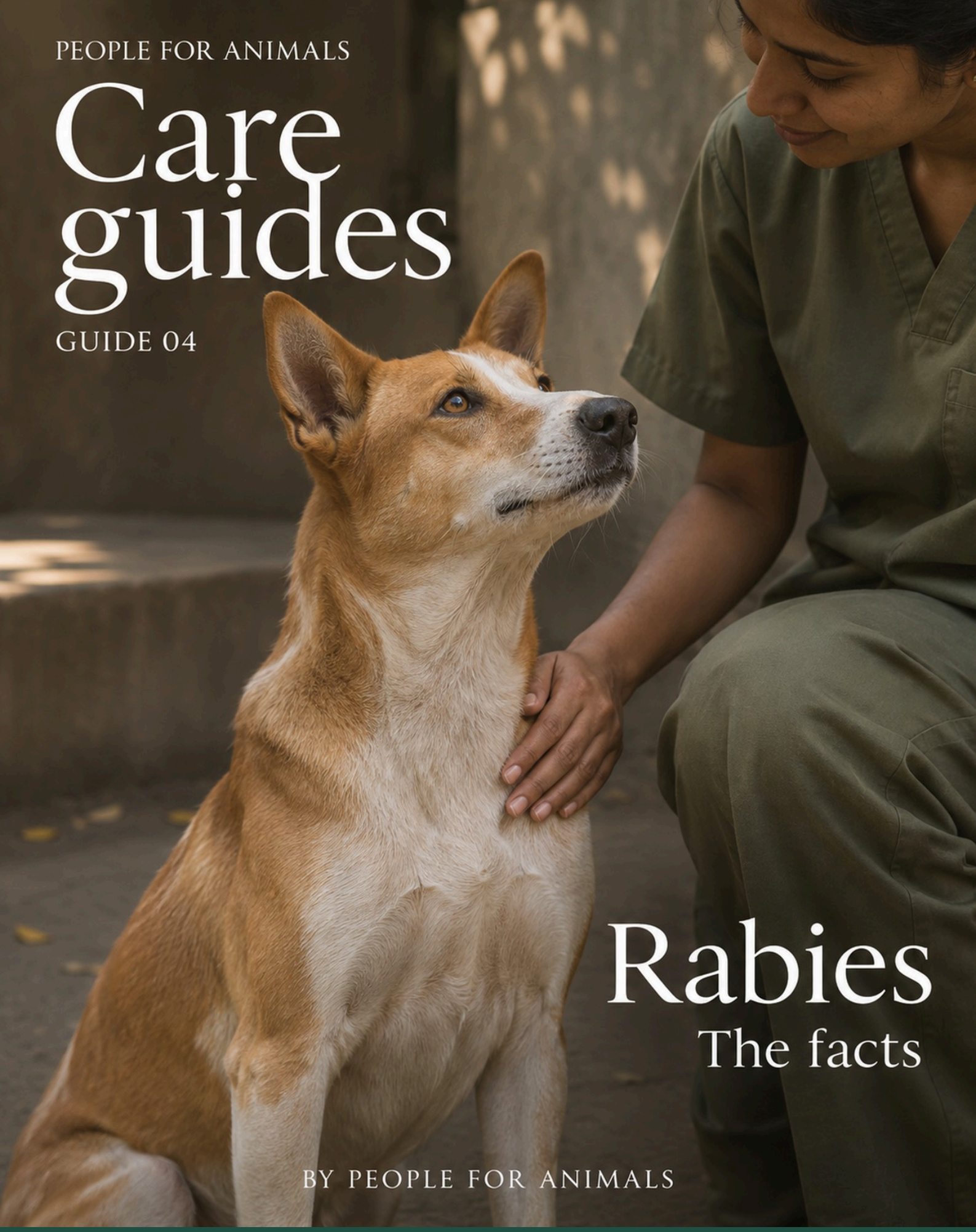


AFTER A BITE OR SCRATCH

Wash with soap and water for at least 15 minutes.

Seek medical care immediately.

FIRST AID

After a bite or scratch



1. Wash the wound immediately.

Use soap and plenty of running water for at least 15 minutes. If soap is unavailable, start flushing with water. After washing, apply povidone-iodine if available. Keep chilli, lime and home remedies off the wound.

2. Go to an anti-rabies clinic or hospital.

Seek care immediately, even for a small scratch or a bite from a familiar dog. If hours or days have passed, go now. Tell the clinician when and where it happened.

3. Leave the animal to trained responders.

From a safe distance, note its appearance and location. Contact the local veterinary or municipal team. Let them arrange any observation while you get care.

WHO guidance for the public

ASSESSING CONTACT

What counts as exposure?

Describe exactly what touched your skin, eyes or mouth. A clinician uses these details to decide what protection you need.



CATEGORY I

Skin stayed intact

Touching or feeding an animal, or a lick on intact skin. Wash the area. With this contact alone, rabies treatment is unnecessary.



CATEGORY II

A graze without bleeding

Nibbling of bare skin or a superficial scratch can count even when there is no blood. Wash the area and seek immediate vaccination.



CATEGORY III

Broken skin or saliva on a mucous membrane

A penetrating bite or scratch, saliva on broken skin or in the eyes or mouth, or direct contact with a bat. Seek urgent care for vaccine and, when indicated, antibodies.

These drawings show examples. If you are unsure whether the skin broke, let a clinician assess the contact.

WHO exposure categories

POST-EXPOSURE CARE

At the clinic



Describe the contact.

Point to every bite or scratch, including small marks. Mention saliva contact, previous rabies vaccination, and any condition or medicine that weakens your immune system.

Ask what protection you need today.

Vaccination helps your body build protection. For some exposures, the clinician also gives ready-made antibodies into and around the wound. If antibodies are unavailable, start the vaccine and ask where to get them.

Leave with the dates of your next doses.

Keep the vaccination record. If you miss a visit or change clinics, contact the clinic promptly with your record. Pregnancy and breastfeeding are compatible with rabies treatment.

WHO clinical questions and answers

TRANSMISSION AND ILLNESS

How rabies spreads

When saliva reaches vulnerable tissue

A bite can carry infected saliva through the skin. Saliva can also reach an open cut, the eye or the inside of the mouth. Dogs, cats, livestock and wild mammals can be infected.

What you might notice in a dog

A dog may become unusually quiet or restless, start stumbling, drool, struggle to swallow or develop a different bark. These signs have other possible causes. Keep people back and call the veterinary team.

Why a healthy-looking animal still matters

A dog's appearance at the time of the bite cannot establish that the person is safe. In India, seek treatment immediately. A professional may arrange ten days of observation for a dog or cat and advise the clinic of the outcome.

When people develop symptoms

The usual interval is two to three months, but it varies widely. Early symptoms may include fever or tingling near the wound. Later illness can cause difficulty swallowing, agitation or progressive paralysis.

Rabies is almost always fatal once symptoms begin. The time to seek preventive care is immediately after exposure.

WHO rabies fact sheet

CHILDREN AND BITE PREVENTION

When a child tells you



Start with one calm question.

“Can you show me where the dog touched you?” Children may hide a scratch because they fear being scolded. Look with them, wash the area and seek care after a possible exposure.



Give dogs room.

Let a dog finish eating, sleeping or feeding puppies. If an unfamiliar dog comes close, stay quiet and still. Walk away slowly once it moves on.

WHO guidance for the public

COMMUNITY VACCINATION

Protecting dogs protects people



Include the dogs without an owner.

A campaign that reaches only pets leaves gaps. Municipal veterinary teams and local caregivers can identify lanes, markets and other places where community dogs gather.

Aim for broad coverage every year.

Vaccinating about 70% of dogs in an area is the campaign target for interrupting transmission. Puppies and newly arrived dogs need to be reached in successive rounds.

Make care after bites easy to reach.

Dog vaccination prevents future exposures. People who have already been exposed still need prompt wound care and access to vaccine and antibodies. These measures work together toward ending dog-mediated human rabies deaths by 2030.

WHO on vaccinating dogs against rabies

PUBLIC HEALTH

Rabies in numbers

Worldwide estimates help explain why the guide puts wound care, children and dog vaccination first.

44,203

Deaths worldwide in 2021

WHO's Global Health Estimates model gives this figure for 2021. Many deaths go unreported, so the true toll is uncertain.

40%

Children under 15

Children account for about four in ten rabies deaths worldwide. A small scratch can go unreported unless an adult asks about it.

99%

Human cases linked to dogs

Dog bites and scratches account for up to 99% of human cases globally. Protecting dogs through vaccination protects the people who live alongside them.

Zero by 30 is the international goal of ending human deaths from dog-mediated rabies by 2030.

WHO fact sheet and global estimates

CLINICAL REFERENCE / FOR HEALTH PROFESSIONALS

Post-exposure vaccination

WHO regimens from the source guide. Treating teams should follow the applicable national protocol and assess prior vaccination and immune status.

The vaccine after a bite (Category II and III), for someone never vaccinated before

REGIMEN	DOSES	TAKES
Intradermal (ID, into the skin), WHO 1-week	2 sites on day 0, day 3 and day 7	7 days
Intramuscular (IM, into the muscle), Essen	1 dose on day 0, 3, 7, and between day 14 and 28	14 to 28 days
Intramuscular, Zagreb	2 doses on day 0 (one in each arm), 1 on day 7, 1 on day 21	21 days

WHO recommends the intradermal route: it uses less vaccine and fewer doses, cutting cost by 60 to 80% with the same safety and protection, and fewer visits mean more people finish.

Rabies immunoglobulin (RIG) and monoclonal antibodies

- For Category III, and for Category II in a person whose immune system is badly weakened. Not for anyone vaccinated before, and not after day 7 of the vaccine course.
- The most: 40 IU (international units) per kg of body weight of horse (equine) RIG, or 20 IU per kg of human RIG. Given once, at the start or as soon as possible after.
- Infiltrated into and around the wound, as much as can be put there safely. For large or many wounds, diluted with saline to cover them all. Never in the same syringe or at the same site as the vaccine.
- A skin test before horse RIG is not recommended. Watch the patient for some minutes afterwards, with anaphylaxis treatment at hand.
- Where RIG is short, it goes first to: many bites; deep wounds; bites on the head, neck, hands or genitals; badly weakened immunity; bites from an animal confirmed or likely to have rabies; and contact with bats. **The vaccine is never held back because RIG is not available.**

Someone vaccinated before (a full course after an earlier bite, or before any bite)

- Within 3 months of finishing a full course: no new course is needed.
- After 3 months: 1 intradermal site on day 0 and day 3, or 4 intradermal sites on day 0, or 1 intramuscular dose on day 0 and day 3. No RIG.

Weakened immunity

For Category II or III in someone whose immunity is badly weakened and not under good care: wash and disinfect the wound well, give a full course with RIG even if vaccinated before, check antibodies 2 to 4 weeks after the first dose (and give another dose if they are low), and ask an infectious disease specialist. People living with HIV (human immunodeficiency virus) who are well treated are not counted as immunocompromised.

The wound

Do not stitch it. If a large wound must be closed, RIG goes in first, and the stitches are loose so the wound can bleed and drain; stitching later gives a better result.

From WHO: Rabies: questions and answers for clinicians (PDF), Rabies: questions and answers for the public (PDF), Rabies fact sheet

CLINICAL REFERENCE / FOR HEALTH PROFESSIONALS

Vaccination before exposure

People who regularly handle potentially infected animals, and some travellers or residents far from treatment, may benefit from pre-exposure vaccination.

For doctors and nurses: PrEP schedules and boosters

REGIMEN	DOSES	TAKES
Intradermal (ID)	2 sites on day 0 and 2 sites on day 7	2 visits, 7 days
Intramuscular (IM)	1 dose on day 0 and 1 on day 7	2 visits, 7 days
One visit, when there is no other way	2 intradermal sites, or 1 intramuscular dose, on day 0; the second visit as soon as possible	1 day

A one-visit course may protect a healthy person for up to a year. Bitten before the second dose: a full course after the bite, with RIG for a severe exposure. Routine boosters are only for people working with large amounts of live virus (laboratories, vaccine plants): an antibody test every 1 to 2 years, and a booster (1 site, ID or IM) if the level is below 0.5 IU per ml.

From WHO: Rabies: questions and answers for clinicians (PDF), Rabies fact sheet, WHO travel advice

Anyone with a possible exposure still needs wound washing and prompt clinical assessment, even after pre-exposure vaccination.

Access and cost

Repeated visits can mean travel costs and lost wages as well as the cost of treatment. Ask the clinic to record the vaccine, route and dates so the next provider can continue the course if travel becomes necessary.

WHO guidance for clinicians

FURTHER READING

Sources and local support

Rabies fact sheet

Disease, routes of exposure, symptoms and prevention.

Questions and answers for the public

Wound care, children, pregnancy and animal contact.

Questions and answers for clinicians

Vaccine schedules, antibodies and special circumstances.

Vaccinating against rabies to save lives

How dog vaccination and access to human treatment work together.

Find a People for Animals unit

For help contacting animal welfare responders near you. For an exposed person, go directly to a medical facility.

People for Animals

Care Guide 04. Medical sources: World Health Organization. Photographic scenes and illustrations are generated educational depictions.