

Management of Infection Risk from a Blood Borne Virus (BBV) following Human Bite breaching skin – or ‘fight bite’

Oral antibiotic ([co-amoxiclav](#) or [alternative for penicillin allergy](#)) + wound irrigation (If ‘fight bite’ – refer for washout) + tetanus prophylaxis

No risk of HCV/HIV transmission. No further follow-up required for HCV or HIV. HBV follow-up as per HBV PEP table as it is theoretically possible that HBV can be transmitted through a deep tissue bloodless bite.

See table [here](#) for more information on follow-up testing

Was biter (source) bleeding from mouth prior to bite? Consider risk to biter if bitten person’s blood gets in biter’s mouth (please note the same principles apply for both the biter and the bitten person)

Follow-up required for HBV, HCV and HIV

Assess BBV risk of source. If source known, test for BBVs OR confirm previous results (with consent). If source unknown OR does not consent, is it likely that they are from a high risk group e.g. PWID/MSM/CSW/endemic country.

Assess BBV status of recipient (HBV vaccination, previous BBV tests, **baseline** bloods. Clinical management of recipient based on risk assessment.

HBV

See [HBV PEP table](#).

HIV

HIV PEP is generally **NOT** recommended following a human bite.

HIV PEP **should only be prescribed** where **all** of the following criteria are met:

1. It is within **72 hours of the exposure**
2. There was deep tissue exposure
3. The biter was, with complete certainty, bleeding from their mouth prior to the bite
4. The biter is known or suspected to have a detectable viral load.

If all criteria are met, HIV PEP is indicated. Follow the management steps for HIV PEP prescription as outlined in the EMI Guidelines. Outside of this, HIV PEP should not be prescribed without discussion with an ID/HIV specialist, where it may be considered in rare extreme cases.

HCV

There is currently no PEP available for HCV, but if seroconversion occurs, early treatment is highly effective.

Information and Follow-up: Level of risk, precautions, follow-up for further testing, vaccination, PEP. Give information leaflets ([significant exposure to BBV](#) AND [HIV PEP information leaflet](#))