

Management of BBV risk following human bite breaching skin – or ‘fight bite’ (closed fist injury- see appendix 18) **There is no risk of BBV transmission if the skin is not breached. Complete BBV patient management form** (appendix 1)

Oral antibiotic (Augmentin if not penicillin allergic) + wound irrigation (If ‘fight bite’ – refer for washout) + tetanus prophylaxis (appendix 15)

Was biter (source) bleeding from mouth prior to bite?
Consider risk to biter if bitten person’s blood gets in biter’s mouth

NO
No risk of HCV/HIV transmission. No further follow-up required for HCV or HIV. HBV follow-up as per HBV PEP table (appendix 8) as it is theoretically possible that HBV can be transmitted through a deep tissue bloodless bite. Manage as per table and patient will need HBsAg (but not HIV/HCV) level at 6 weeks and 3 months if not HBV immune.

YES
Follow-up required for HBV, HCV and HIV

Assess BBV risk of source (Section 3.3). 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 (Section 3.1)?

To date there have only been a handful of reports of BBV transmission from human bites and few of these were convincing. All cases involved deep bites where there was blood in the mouth of the biter, and where the biter had high viral loads. Thus the absolute risk is not known - deemed to be possible but extremely rare.

Assess BBV status of recipient (HBV vaccination, previous BBV tests, baseline bloods (Section 3.4 and appendix 9))
Clinical management of recipient based on risk assessment (Section 4)

HBV

See Hepatitis B PEP table (Appendix 8).

HIV

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

1. It is **within 72 hours of the injury**
2. There was deep tissue injury
3. The biter was, with complete certainty, bleeding from their mouth prior to the bite
4. The biter is known to be HIV positive and is either not on ART or not virologically suppressed on ART. Where the biter is on ART with an undetectable viral load for ≥ 6 months, PEP is NOT indicated.

If all 4 criteria are met, HIV PEP is indicated. Follow the management steps for HIV PEP prescription as outlined in the management checklist on the patient management form (appendix 1), and in appendix 7 (HIV PEP). 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 (appendix 14)

Information and Follow-up

Level of risk, precautions, follow-up for further testing (appendix 9), vaccination, PEP. Give information leaflets (appendices 28 & 31)