MECKLENBURG COUNTY
Public Health

October 12, 2017

Animal Bite / Exposure Management Update for Health Care Providers-October 2017

Appropriate management of animal bites and prevention of rabies is a high priority community health concern. Prevention of human rabies depends on prompt reporting of animal bite/scratch/saliva exposures by patients, investigation and animal quarantine by animal control, risk assessment and post-exposure management recommendations by Mecklenburg County Public Health, and appropriate expedited treatment in emergency departments.

To assure the highest quality patient care and customer service, here is the step-by-step process that occurs when someone has an animal bite/scratch/saliva exposure in Mecklenburg County:

- When a person suffers an animal bite, scratch or saliva exposure, contact Charlotte-Mecklenburg Animal Care and Control to file a report (call 311 or fax the attached form to Charlotte-Mecklenburg Animal Care and Control FAX 704-423-9400).
- The animal control officer completes an investigation and bite report from information provided by the patient, family members, pet owners and police officers.
- The bite report is forwarded to the Public Health Epidemiology Specialist, who interviews each person/victim (and/or parents of children) to establish whether an injury or exposure has occurred, and determines species of animal, rabies vaccination status, and risk of rabies in the animal involved. Public Health utilizes the most current guidance from the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), and the National Association of State Public Health Veterinarians. If necessary or appropriate, Public Health physicians, the NC State Public Health Veterinarian, and officials at CDC in Atlanta are consulted.
- If it is determined that a potential rabies exposure has occurred, the patient is referred to an emergency department with a post exposure treatment recommendation, which is the official public health recommendation from the Mecklenburg County Health Department based on current science and the North Carolina General Statutes. Post exposure treatment for rabies is not provided at the Health Department or at medical provider offices in Mecklenburg County.
- If applicable, the Health Department assesses uninsured patients for Medicaid eligibility, and if not Medicaid eligible, the Epidemiology Specialist will explore alternatives for free replacement biologicals with the client.

If a patient presents to the emergency department without benefit of this process, we recommend that the Charlotte-Mecklenburg Animal Care and Control be promptly contacted to initiate the process of investigation, animal quarantine and risk assessment. Please direct questions about the process to Stephen R. Keener MD, MPH (980-314-9022), and technical questions regarding risk assessment and treatment recommendations to José Peña (980-314-9210 or 704-614-6512 cell). For public health emergencies, weekends, holidays and after-hours consultations, telephone 704-432-0871 24/7 locally or State Public Health Veterinarian 919-733-3419 24/7.

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www.meckhealth.org
CHARLOTTE/MECKLENBURG ANIMAL CARE AND CONTROL
ANIMAL BITE/SCRATCH REFERRAL

According to the North Carolina General Statute 130A-196, “A physician who attends a person bitten by an animal known to be a potential carrier of rabies shall report within 24 hours to the local health director the name, age, and sex of that person.”

The Charlotte Mecklenburg Police Department – Animal Care and Control Division has been appointed by the local health director to investigate all animal bites occurring in Mecklenburg County. An animal bite is defined as follows: “Bite Wound means any penetration of the skin by an animal’s teeth; scratches or abrasions which may have been in contact with animal’s saliva or animal licks of mucosal surfaces or open wounds.”

Your health care provider has contacted the Charlotte Mecklenburg Animal Care and Control Division and reported your involvement in an animal bite.

1. Are you a resident of Mecklenburg County?  Y  N
2. What is your full name?  ____________________________________________
3. What is your date of birth?  _________________________________________
4. What is your home address?  _________________________________________
5. What is your telephone number?  _____________________________________
6. Did the animal bite occur in Mecklenburg County?  Y  N
7. If the bite did not occur in Mecklenburg County, where did it occur?
   City ____________________________ County ____________________________ State ______
8. Description of the biter animal:  DOG  CAT  OTHER __________________
   BREED _______________________ COLOR ___________________ GENDER __________
9. Name of animal owner _______________________________________________
10. Address of animal owner ____________________________________________
11. Phone number of animal owner _______________________________________
12. Is the animal owner aware of the bite?  YES  NO
13. What part of the body were you bitten?  Please be specific i.e. left side, right side
   ___________________________________________________________________
14. Briefly describe what events occurred surrounding the animal bite
   ___________________________________________________________________

HEALTH CARE PROVIDER MUST FAX THIS FORM TO THE CHARLOTTE MECKLENBURG ANIMAL CARE AND CONTROL DIVISION AT (704) 423-9400 WITHIN 24 HOURS OF BEING REPORTED