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Many parents are convinced that if their child is bitten by a "strange" dog, immediate life-saving treatment is required. Why? Because they can remember hearing about the deadly menace of rabies, the huge scary needles, and the hundreds and hundreds of shots needed to stave off the grim reaper. We all remember those horror stories, but few of us have actual experience with rabies, and as such, we may have difficulty separating urban legend from reality.



Urban Legends

Urban legend holds that a confirmed diagnosis of rabies is a death sentence. This one is more truth than legend. Except in very rare cases, untreated rabies is fatal. That is, and should be, scarier than a diagnosis of ebola.

Urban legend also suggests that all pets (except our own) can or do carry rabies. This sounds like a gross over-generalization and indeed, it is. House pets, like dogs, cats, gerbils, parakeets, and goldfish are not at all likely to have rabies (especially the goldfish which aren't known for their tendency to bite or scratch). Other animals that might be called "pets," but aren't typically found indoors, are a different story; so, it is important to get the details about the animal bite circumstances. But again, pigs, llamas, and ferrets aren't likely carriers of rabies.

So, when should you worry about rabies? If you hear about a bite from a bat or a raccoon, that's when you should be concerned. Not all bats or raccoons carry rabies, but we do know that certain species of bats are the biggest carriers of rabies in the animal kingdom. Bites or scratches from a bat or raccoon mean the patient will most likely be receiving the full rabies series. The only exception to this would be if the family shows up with the offending animal and the animal is proven to be negative for rabies. Either way, the treatment starts immediately in the ER (or public health department) and the series continues until completed unless the rabies risk is definitively proven to be negative.

Another rabies-related urban legend is all about the hundreds of shots that are part of the treatment. This legend is perhaps exaggerated, but should not be totally dismissed. In summary, the patient potentially exposed to rabies gets rabies immune globulin injected into the bite itself (and other body areas as well depending on the child's weight), but that's not all. No, no! That's just for starters! They also get introduced to the rabies vaccine on days 1, 3, 7, and 14.

That's not the whole story…Giving those rabies shots is different from other injections we normally administer. That fact may contribute to the ferocity of the urban legends. Normally, if we have to give children an intramuscular injection, we load everything possible into the same syringe so they only receive one shot. But can you do that with rabies? Regrettably, no. It has to be two shots with two needles in at least two different sites.

Long Live the Legend

Now that we know how rabies is contracted and how it is treated, how do we prevent rabies? A simple answer is to stop children from playing with animals they shouldn't be playing with. But is that really possible? Do children follow rules just because an adult says to do so? We all know the answer to that. So, to increase the odds of adherence and decrease the risk of rabies, maybe it isn't such a bad idea to maintain some of the urban legends surrounding rabies. After all, there is that old saying about an ounce of prevention being worth a pound of cure. Kids don't need to be afraid of tame house pets, but maybe they can be influenced to avoid being in close proximity of "wild" animals, especially bats and raccoons. If we don't dismiss the cure (treatment) part of the urban legend, aka the part about the huge scary needles and hundreds and hundreds of shots, maybe it will help the prevention thing. The story about the kid down the block who got a hundred and nineteen shots in his stomach with a needle the size of a screwdriver might be just the incentive that is needed. Long live the legend!

Rabies exposure is relatively easily prevented and painfully treated, but if not treated, it's just about never cured.



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Contact us to have Scott DeBoer or one of our other pediatric experts present at your next conference.

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