



Case Report

## Overcoming Fear and Myths in Rabies Management: Grade III Dog Bite from a Snake-Bitten Dog – Case Report

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### ABSTRACT

**Background:** Rabies is a universally fatal yet preventable zoonotic disease when timely post-exposure prophylaxis (PEP) is administered. In India, misconceptions, fear, and inadequate awareness often delay appropriate care, especially in unusual exposure situations. Effective counselling plays a key role in improving treatment acceptance and ensuring adherence to recommended rabies prophylaxis.

**Objectives:** To describe a rare exposure scenario involving a Grade III dog bite from a snake-bitten dog and to emphasize the role of structured counselling in overcoming misconceptions, facilitating timely initiation of PEP, and ensuring treatment completion.

**Methods:** A case of a 70-year-old male presenting with multiple bleeding puncture wounds over the right forearm and palm following a bite from a pet Doberman was analysed. The dog had been bitten earlier the same evening by a Russell viper, which created apprehension regarding possible snake venom transmission. Clinical assessment classified the injury as Category III exposure. Standard management included immediate wound cleansing, administration of rabies immunoglobulin (RIG) 2800 IU infiltrated locally, anti-rabies vaccine (Rabipur 0.5 ml) given intramuscularly on Days 0, 3, 7, 14 and 28, and tetanus toxoid prophylaxis. Intensive counselling was provided to address misconceptions and improve treatment acceptance.

**Results:** Initially, the patient declined vaccination and demanded anti-snake venom due to fear of envenomation through the dog bite. Following counselling, he accepted complete PEP and adhered to all scheduled doses. The wounds healed without complications, and the patient remained asymptomatic throughout follow-up, despite the dog's death one week after the incident.

**Conclusion:** This case underscores that misconceptions surrounding animal bites can influence treatment decisions and delay life-saving prophylaxis. Prompt wound care, complete PEP, and targeted counselling play a critical role in improving adherence and preventing rabies. Strengthening patient education and risk communication remains essential for effective rabies prevention strategies.

**Keywords:** Rabies, Post-exposure prophylaxis, Effective Counselling, Grade III exposure.

### INTRODUCTION

Rabies remains a significant public health challenge in India, characterized as a fatally progressive yet entirely preventable viral disease when addressed with immediate post-exposure prophylaxis (PEP). Despite the availability of effective medical interventions, the path to treatment is frequently obstructed by deep-seated fears, cultural myths, and subsequent delays in seeking professional care. In clinical practice, unusual exposure scenarios—such as bites involving animals that are themselves injured or diseased—can create profound psychological distress for the patient. These complex cases necessitate more than just standard medical procedures; they require intensive and structured counseling to mitigate anxiety, correct medical misconceptions, and ensure the patient adheres to the full vaccination regimen. This case report details a unique Grade III exposure involving a 70-year-old male who was bitten by his pet Doberman shortly after the dog had been bitten by a Russell's viper. The patient initially refused the life-saving anti-rabies vaccine, mistakenly believing that anti-

snake venom was the clinical priority due to the dog's recent envenomation. Ultimately, this report underscores that a successful clinical outcome in rabies prevention depends as much on empathetic, clear counseling to improve treatment adherence as it does on the timely administration of the vaccine itself

#### **CASE PRESENTATION:**

A 70-year-old male sustained multiple Grade III dog bites at 8:15pm on the right forearm and palm from a pet Doberman that had been bitten by a Russell viper on the mouth region at 8:00 pm on the same day. Patient was bitten while taking the dog to a veterinary clinic. Consequently, the patient initially refused the anti-rabies vaccine and instead requested anti-snake venom, mistakenly believing it to be the priority treatment due to the dog's recent envenomation. Following intensive and structured counselling, the patient accepted Rabipur 0.5 ml (right deltoid) on Day 0, followed by Day 3, 7, 14 and 28 along with T.T 0.5ml and after wound washing RIG 2800 IU was infiltrated circumferentially around the wounds. He remained clinically stable and asymptomatic, with wounds healing without complications. The dog died one week after the incident, heightening the patient's initial anxiety, but structured counselling ensured timely completion of all recommended doses. The patient adhered to every visit and developed no neurological or systemic symptoms

#### **DISCUSSION:**

This case highlights how misconceptions regarding animal bite exposures can significantly delay appropriate preventive care. The patient's initial preference for anti-snake venom instead of anti-rabies vaccination reflected limited understanding of rabies transmission and the disease's almost universally fatal outcome once symptoms develop. Misinterpretation of risk due to the dog's prior snake bite contributed to heightened anxiety and confusion about the required treatment. Structured counselling played a crucial role in addressing these fears, clarifying scientific facts, and improving risk perception. Involving both the patient and family members helped build confidence in recommended management, ultimately enabling timely acceptance and successful completion of post-exposure prophylaxis.

#### **CONCLUSION:**

Frightening or unusual exposure situations can strongly influence how individuals perceive risk and respond to recommended treatment. In such circumstances, fear and misconceptions may delay critical decision-making, thereby increasing vulnerability to preventable yet life-threatening diseases such as rabies. This case emphasizes that prompt and appropriate wound management, timely initiation of post-exposure prophylaxis (PEP), and completion of the full vaccination schedule remain the cornerstone of rabies prevention. Equally important is the role of structured, empathetic counselling in addressing anxiety, correcting misinformation, and building trust in evidence-based medical care. Effective communication helps patients understand the nature of disease transmission and the serious consequences of non-adherence. By providing clear explanations and involving family members in the counselling process, healthcare providers can improve acceptance of treatment and ensure continuity of care. The successful outcome in this case demonstrates that combining clinical management with supportive counselling promotes confidence, strengthens compliance, and ultimately prevents adverse outcomes. Strengthening awareness regarding rabies prophylaxis and emphasizing patient-centred communication strategies are essential components of public health practice to ensure timely intervention and improved health outcomes.

#### **DECLARATION:**

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