

Rabies

**A major public
health risk in
Romania**

Rabies : General information

- ❖ **Rabies** (popularly known as " turbare " in Romania) is a serious viral disease that affects the central nervous system and occurs in all species of homeothermic (warm-blooded) animals.
- ❖ **Zoonotic** disease : it is transmitted to humans through a bite / scratch or through contact with biological fluids (especially **saliva**) of infected animals .
- ❖ **Sources of infection :**
 - **Domestic:**
 - **The dog** (community, street dogs, unvaccinated) is the main global reservoir, responsible for over 99% of human cases!!!
 - **Cat** : especially in rural areas;
 - Cattle, Sheep, Goats, Horses.
 - **Wild:**
 - **Bats** (natural source) although in studies, the prevalence of infection is low at 1% ;
 - Fox (predominant source in Europe and Romania) ;
 - Jackals, wolves.
- ❖ **Incubation period** is approximately **10-65 days** for infective animals and anywhere between a few weeks up to **months**, even **1 year** in humans.

Rabies: Symptoms, evolution, prophylaxis

- ❖ **Initial symptoms** : pain/tingling at the site of the bite, altered general condition, fever .
- ❖ **Advanced symptoms** : agitation, confusion, hallucinations, hydrophobia (fear of water), hypersalivation, coma, death.
- ❖ **Evolution:** rabies occurs in two main forms::
 - Furious rage (80% of cases) with agitation, aggression, hydro and aerophobia ;
 - Paralytic rabies (20% of cases) with apathy, drowsiness, paralysis, coma .

**Once the first clinical manifestations appear,
Rabies has a case-fatality rate of almost 100%, making it one of the
most lethal infectious diseases known.**

- ❖ Less than 20 cases of survival have been described globally (>6 months -1 year), most of them with serious neurological sequelae (condition vegetative).
- ❖ The disease is preventable through **PROPHYLAXIS** (vaccination as soon as possible) of all cases with confirmed exposure and/or administration of anti-rabies serum (immunoglobulin) , depending on the risk category.

Clinical signs in humans

❖ Clinical Signs of Rabies in Humans:

- Fever, headache, and general malaise
- Pain, tingling, or abnormal sensations at the site of the bite
- Anxiety, agitation, and confusion
- Hallucinations
- Hydrophobia (fear of water)
- Aerophobia (fear or sensitivity to air currents)
- Difficulty swallowing (dysphagia)
- Excessive salivation
- Progressive muscle weakness and paralysis
- Coma
- Death.



Dog Bite Wound in a Human
Original photo

Clinical signs in animals



Dog:

- Incoordination (ataxia)
- Hypersensitivity to loud noises
- Hoarse, weak bark

Cow:

- Behavioral changes
- Increased excitability
- Progressive weakness and paralysis



Dog, Prisacani, Iași, Roumania
September 2026

Cow, Pașcani, Iași, Roumania
September 2026

Rabies : Human Case in Iași, Roumania

- ❖ During **2025** , a **confirmed indigenous human case of classical rabies**, caused by infection with **the rabies virus (RABV)**, was diagnosed in Iași, Romania. The patient contracted the virus in February 2025, following a bite from a stray dog. Due to the absence of post-exposure prophylaxis (PEP), the clinical course was unfavorable, leading to the patient's death in July 2025.
- ❖ This critical event signals major vulnerabilities in the preventive management of the disease and highlights three essential pillars for public health:
 - **Therapeutic urgency:** The critical need for immediate and correct administration of post-exposure prophylaxis (PEP) after any risk interaction with a potentially infected animal.
 - **Epidemiological surveillance:** The importance of maintaining a rigorous system of rabies monitoring and control at the national level, especially among stray animal and wildlife populations.
 - **Risk communication:** Intensify public awareness campaigns regarding the severity of the disease and mandatory medical protocols in case of exposure.

Human Case : Clinical and Epidemiological Summary

❖ History and Clinical Context

- In February **2025**, a male patient, approximately 45 years old, from Iași, Romania, suffered a **bite wound to the upper limb (hand)** caused by a stray canine that had entered his private property. Initial medical management consisted exclusively of local wound care and short-term prophylactic antibiotic therapy. Although **rabies-specific post-exposure prophylaxis (PEP) was recommended** by the local attending physician, the patient refused to initiate it.

❖ Onset of Symptoms and Clinical Evolution

- After an incubation period of approximately 4 months (mid-June), the patient developed neurological manifestations characterized by **confusion and psychomotor agitation**. Due to the progressive alteration of the neuro-psychiatric status, the patient was initially admitted to a psychiatric unit, 4 days after the onset of the first clinical signs.
- The evolution remained profoundly unfavorable, the clinical picture being completed with febrile syndrome (body temperature ≥ 38.5 °C) and marked hypersalivation. 5 days after admission, the patient entered a **coma**.

❖ Paraclinical Investigations and Clinical Transfer

- **Imaging:** Brain computed tomography (CT) examination did not reveal significant structural changes.
- **CSF analysis:** Lumbar puncture revealed mild pleocytosis in the cerebrospinal fluid (**19 cells/mm³** , compared to the biological reference range of 0–5 cells/mm³).
- Under suspicion of acute encephalitis of unspecified etiology, emergency transfer to the Anesthesia and Intensive Care Unit (ACU) of the Clinical Hospital for Infectious Diseases in Iași was ordered. ***Clinical suspicion of rabies*** was formulated retrospectively, only when heterorolateral anamnestic data (provided by the family) revealed a history of exposure to a canid bite.

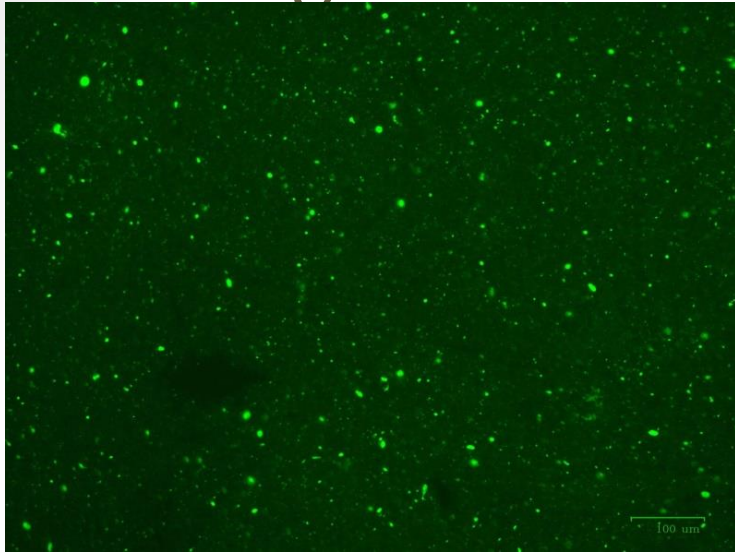
❖ Medical Management and Outcome

- The patient received complex intensive care and advanced functional support measures for over 3 weeks. Despite the sustained medical support, the prognosis of the rabies virus (RABV) infection remained poor, with death occurring **34 days after the onset of symptoms** .

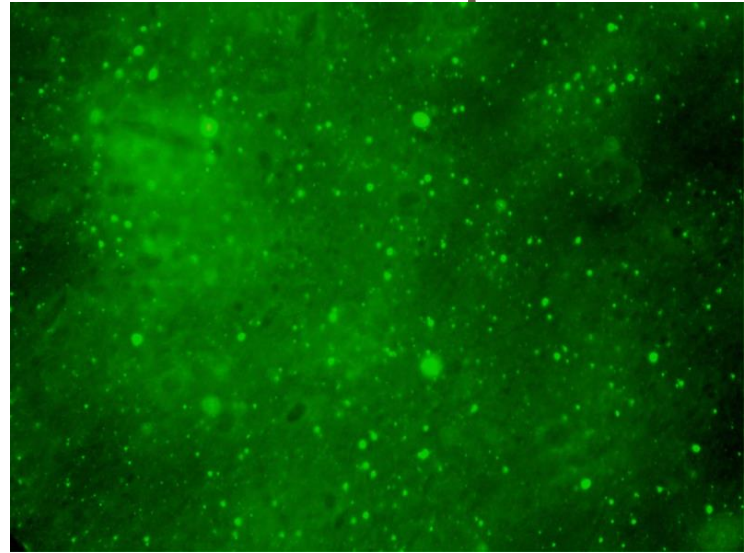
❖ Laboratory Diagnostic Confirmation

- ***Intra Vitam Diagnosis*** : The diagnosis of clinical suspicion of classical rabies encephalitis was initially confirmed by molecular biology techniques (**RT-PCR** - reverse transcription polymerase chain reaction) from biological samples of saliva and cerebrospinal fluid (CSF), within the Institute for Animal Diagnostics and Health (IDSA) in Bucharest.
- ***Postmortem Diagnosis*** : Definitive confirmation was achieved by direct fluorescent antibody test (**dFAT**) and RT-PCR on brain tissue sections.
- **International Validation:** Laboratory results were validated and confirmed by the World Health Organization (WHO) Collaborating Centre for Rabies Surveillance and Research at the Friedrich-Loeffler-Institut (FLI), Germany.

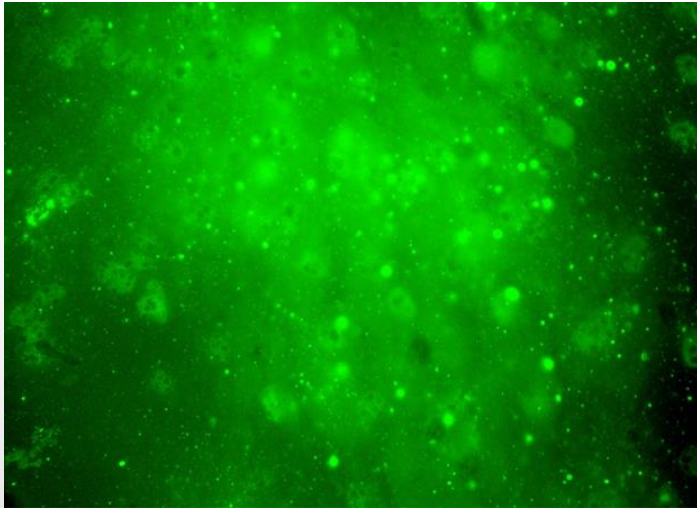
Direct Immunofluorescence (DFA) in Rabies Diagnosis: Animal and Human Samples



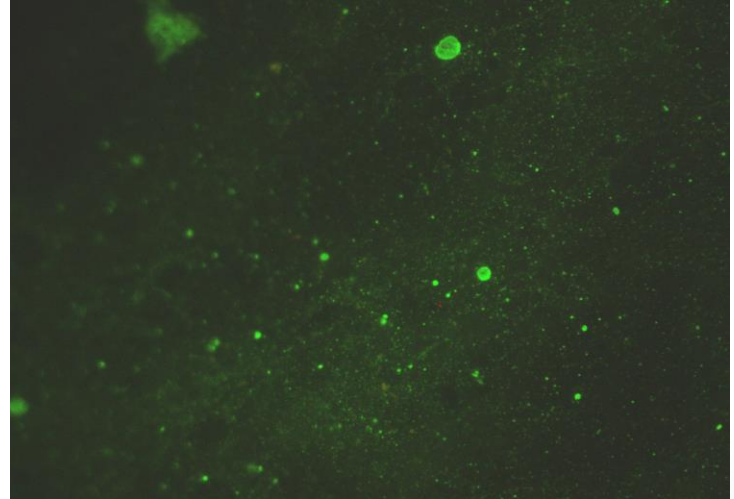
IFD – human brain



IFD – fox brain, Ammon's horn(40x)



IFD – cow brain (40x)



IFD – wolf brain (40x)

Epidemiological Context and Public Health Framework

❖ Regional Status and Management of the Forest Reservoir

- At the European level, rabies transmitted by dogs was eradicated in the mid - 20th century, while wild rabies (transmitted mainly by foxes) has been effectively controlled in most European Union (EU) member states through the implementation of systematic **oral rabies vaccination (ORV) programs** .
- Romania holds a strategic geopolitical and epidemiological position, with extensive borders with countries where rabies remains endemic to the east (**Republic of Moldova**) and to the north (**Ukraine**). In this context, national ORV campaigns have a dual role: ensuring internal control of the disease and maintaining a "**cordon sanitaire**" (immunological barrier) aimed at preventing the reintroduction of the virus into free regions within the EU.

❖ Phenomenon Recurrence Dynamics and Risk Analysis

- The standard protocol for the **oral vaccination of wildlife (ORV)** involves the biannual distribution of vaccine baits, carried out in two distinct campaigns: **spring and autumn**. However, **the discontinuation of ORV programs after 2020**, reflected in the omission of multiple consecutive baiting campaigns, compromised immunity within the natural reservoir population. This disruption in prophylactic measures was followed, starting in 2021, by a marked resurgence in rabies cases among both **wild and domestic animals**.

❖ Epidemiological dynamics (January – September 2025)

- Total confirmed cases in animals: 48 (distributed in 7 counties)
- Epicenter of the outbreak: Iași County (30 confirmed cases, ~62.5% of the total)
- The persistence and active circulation of rabies virus (RABV) in the animal reservoir constitutes a **direct and severe threat to human safety**. The risk is exacerbated in rural areas, where coverage of medical and veterinary services is deficient, limiting the capacity for rapid intervention and the application of emergency prophylactic measures.

Epidemic Intervention and Control Measures

❖ Epidemiological Investigation and Alerting the Medical Network

- Following the confirmation of the human case of rabies in Iași County, the Iași Public Health Directorate (DSP) initiated an **extensive epidemiological investigation**. All cases of dog aggression (bites) recorded at county level during the reference period (end of February 2025) were retrospectively evaluated, with no other suspected cases associated with the initial outbreak being detected.
- To limit the risk of secondary spread, DSP Iași issued an **official alert notification** to the entire family medicine network in the county and to the local public administration authorities (prefecture, city halls, police inspectorates), hospital units and the Ambulance Service. The information aimed to raise awareness of the imminent risk of infection with the rabies virus (RABV) and the obligation to immediately refer all persons with a history of exposure to suspect animals for vaccination.

❖ Biosecurity Measures and Veterinary Control

- The county sanitary-veterinary authorities have established a rigorous intervention protocol in accordance with the national legislation in force, structured on three strategic levels:
 - **Management of the stray and exposed animal population:** Emergency capture and institutionalization of community canines in authorized shelters was ordered. In parallel, field investigations identified unvaccinated domestic felines and canines or those with uncertain immunological status that had suffered direct exposure to suspected sources; to stop the chain of transmission, their euthanasia measure was applied.
 - **Quarantine and active prophylaxis:** All susceptible animals in risk areas were subjected to a strict isolation and clinical monitoring regime for **30 days**, with immediate euthanasia of those that developed specific symptoms. At the same time, mandatory anti-rabies vaccination campaigns were launched of owned dog and cat populations.
 - **Passive surveillance and control of the sylvatic reservoir:** Passive surveillance was intensified by collecting and postmortem testing (by dFAT and RT-PCR techniques) of all domestic and wild animal carcasses showing compatible clinical signs. In order to reduce the density of the natural reservoir of the disease, specific controlled hunting actions were organized, targeting fox and jackal populations.

Discussions and Public Health Recommendations

❖ Lessons Learned and Vulnerabilities in Risk Communication

- The fatal domestic human case recorded in 2025 demonstrates factually that rabies remains a persistent threat to the European Union and European Economic Area (EU/EEA), despite the historical status of partial elimination. The recurrence of the disease is directly correlated with the reduction of epidemiological vigilance and with the syncope that occurred in the implementation of national control programs, such as oral rabies vaccination (ORV) campaigns.
- Although rabies benefits from a prophylactic protocol with absolute efficiency if **post-exposure prophylaxis (PEP)** is administered promptly, the patient's refusal to receive the vaccine and specific immunoglobulin - following an aggression with high epidemiological risk - highlights a **critical gap in the perception of risk at the community level**. This lack of awareness among the population in endemic areas (northern and northeastern Romania) signals the urgent need to optimize risk communication strategies by public health authorities.

❖ Challenges in Frontline Clinical Diagnosis

- Initial diagnostic misdirection – manifested by late admission of the patient to a psychiatric unit after the onset of symptoms – highlights **the risk of underdiagnosis or omission of rabies** in the modern medical system. In clinical settings where canine transmission is mistakenly perceived as completely eradicated, diagnostic vigilance decreases. Therefore, it is imperative **to reassess and strengthen the level of training of frontline healthcare professionals** (family physicians, UPU/ATI staff and psychiatrists) on the clinical picture of rabies encephalitis, along with ongoing education of the general population.

❖ The "One Health" Paradigm and Inter-Institutional Collaboration

- The epidemiological event of 2025 demonstrates unequivocally that rabies management cannot be confined exclusively to the realm of veterinary or human clinical medicine. Effective control requires the firm adoption of the **“One Health” approach** , a transdisciplinary concept that brings together and harmonizes the human, animal and environmental health sectors.
- In this case, the implementation of the “One Health” (or “One Medicine”) principles was materialized by the rapid activation of a collaborative network between human clinicians, health-veterinary authorities and national and international research institutes. This tragedy in Iași County reiterates a fundamental medical axiom: **rabies is a disease that is 100% clinically fatal, but 100% preventable through active immunization and post-exposure prophylaxis (PEP)** . In the current EU/EEA context, the occurrence of human deaths due to a pathology historically considered to be under control represents an unacceptable anomaly for public health systems.

❖ Limitations of the Case Study

- A major methodological limitation of the current assessment is the **inability to identify, isolate or test the canine vector** involved in the initial attack. The absence of animal identification prevents definitive confirmation and traceability of the original source of infection. Therefore, the possibility of other undiagnosed secondary exposures in the human or animal population in the region cannot be ruled out, which also contributed to the severe delay in PEP measures. However, from an epidemiological point of view, it is important to note that no other associated human cases have been reported as of the date of writing of this report .

❖ Recovery Strategies and Animal Reservoir Management

- The direct correlation between the cessation of ORV campaigns in foxes in 2021 and the exponential increase in rabies cases in wild and domestic animals requires immediate corrective actions. To protect human health and not jeopardize regional progress towards rabies virus (RABV) elimination, the following stringent strategic measures are recommended:
 - **Immediate and sustained resumption of ORV campaigns:** Systematic redistribution of vaccine baits intended for fox populations to restore herd immunity among wildlife.
 - **Strengthening domestic vaccination coverage:** Intensifying mandatory anti-rabies vaccination campaigns for owned dogs and cats, in order to create a robust immunological barrier.
 - **Vector population control:** Implementation of strict policies to manage stray canids and free-roaming animals, thus limiting the direct contact interface and the risk of cross-species transmission (human - domestic animal - wildlife).

Final conclusions

- ❖ **The epidemiological event analyzed** in this report constitutes a severe precedent in the contemporary European healthcare landscape and highlights the persistence of major systemic vulnerabilities in the control of infectious diseases with high zoonotic potential.
- ❖ This clinical case represents a critical alarm signal, with extended validity for both Romania and the entire European community. It reiterates the categorical imperative of implementing urgent actions structured on three strategic levels:
 - **Restoring and securing preventive programs:** Funding and uninterrupted implementation of national vaccination campaigns, with a focus on sylvatic reservoir management and vector control.
 - **Strengthening the level of awareness (Health Literacy):** Optimizing risk communication among the general population in endemic areas and intensifying clinical training of frontline medical professionals.
 - **Transparency and international reporting:** Maintaining a rapid and transparent information flow in global epidemiological surveillance networks to prevent biosecurity breaches.
- ❖ Only by maintaining continuous clinical vigilance and adopting coordinated cross-border strategies can Europe block the reintroduction or geographical expansion of the rabies virus (RABV). It is a global responsibility to ensure that no more human lives are sacrificed to an ancient pathology, whose clinical fatality is doubled by an absolute medical prevention capacity.

Rabies prophylaxis indications according to WHO

❖ Risk of exposure and indications for PEP

- Depending on the severity of exposure, a full course of PEP is recommended as follows:

Categories of contact with animals suspected of rabies	Post-exposure prophylaxis measures
Category I - touching or feeding animals, licking intact skin by animals (no exposure)	Washing exposed skin surfaces, without PEP
Category II - pecking of uncovered skin, minor scratches or abrasions without bleeding (exposure)	Washing wounds and immediate vaccination .
Category III - single or multiple transdermal bites or scratches, contamination of mucous membranes or damaged skin with saliva from licking animals, exposures due to direct contact with bats (severe exposure)	Washing wounds, immediate vaccination and administration of immunoglobulins anti-rabies/antibodies .

- **Category II and III exposures require human rabies vaccination .**

Statistical Dynamics of Rabies in Romania

❖ National Historical Perspective

- In the chronological interval **2008–2012**, **5 confirmed cases of human rabies** were documented on the territory of Romania, all with a 100% case fatality rate. Prior to the epidemiological precedent in 2025, the last local case had been reported in **2012**, involving a 5-year-old pediatric patient from Bacău County. In that context, the definitive etiological diagnosis was established by the Veterinary Sanitary and Food Safety Laboratory (LSVSA) Iași, in accordance with the interinstitutional collaboration protocol no. 10531 (DSP Iași) / 19159 (DSVSA Iași) dated 15.12.2012.

❖ **Analysis of Positivity Indices and Veterinary Surveillance (Iași County, 2025)**

- The appearance of the human case in Iași County in 2025, representing the first *intra-vivam confirmation* in humans in the last 13 years, required the immediate intensification of screening and passive and active surveillance actions among animal populations. Statistical data reflect a severe epidemiological pressure concentrated in this area, as well as a massive mobilization of the Veterinary Sanitary and Food Safety Directorate (DSVSA IASI).

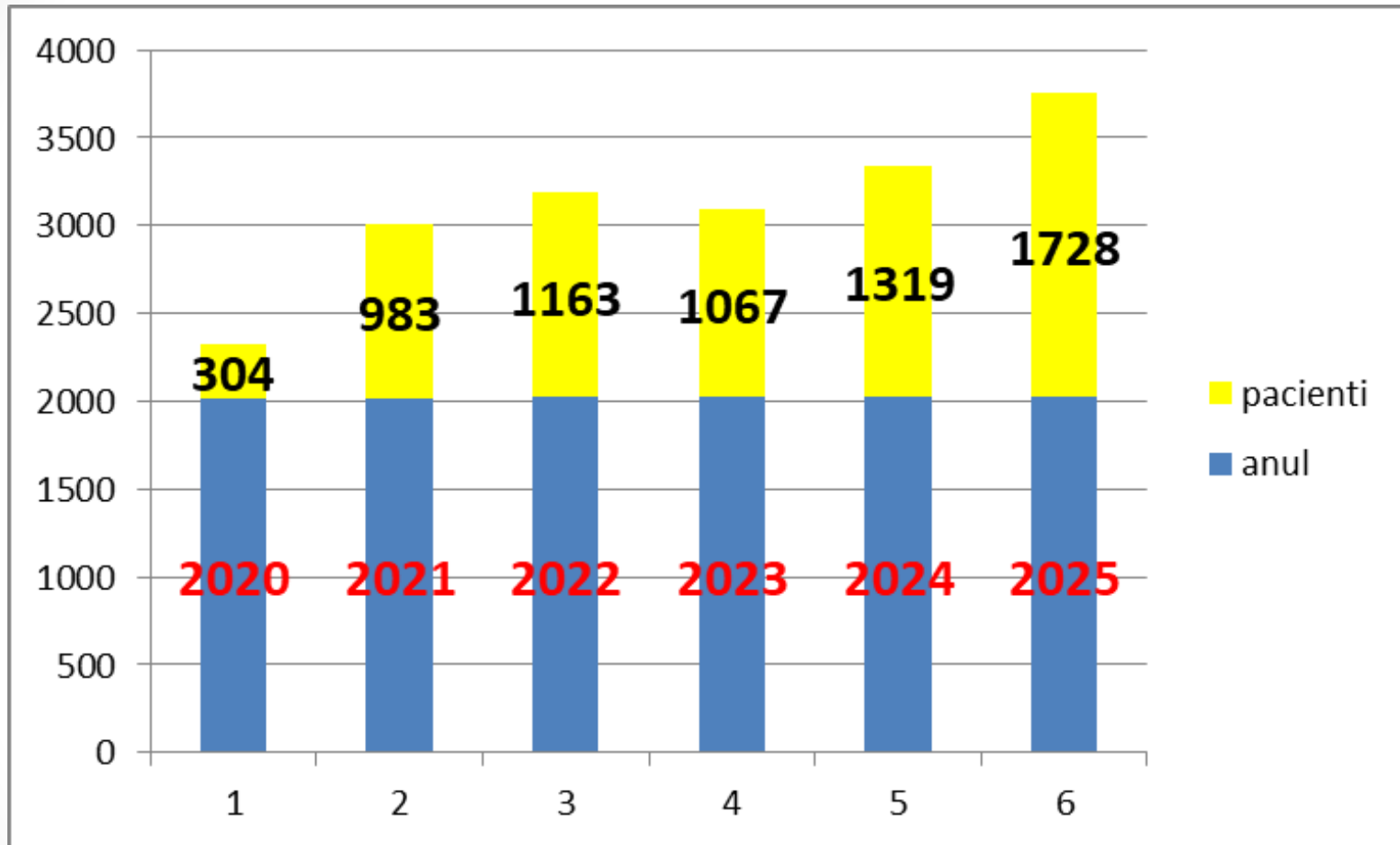
- **Testing volume:** Of the total biological samples submitted for analysis at the national level, **15% come exclusively from Iași county** , which demonstrates intense activity in monitoring animal outbreaks by local veterinary teams.
- **Concentration of casuistry:** Alarming, **52% of the total positive results reported nationally are concentrated in Iași County** .
- **Positivity index:** The comparative analysis highlights a **positivity index of 8.38% for Iași county** , a value significantly higher than the cumulative average of the other monitored counties, which register an index of only **1.30%** of the total samples analyzed.

Indicele de Pozitivare al Probelor (2025)



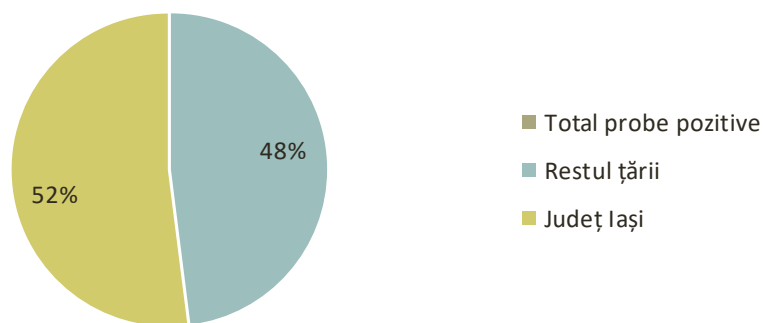
- These major statistical disparities confirm Iași County as **the main epicenter** of intense rabies virus (RABV) circulation in the animal reservoir, fully justifying the establishment of quarantine measures and severe biological restrictions in the region.

Vaccinated patients at the Iași Anti-Rabies Center in the period 2020-2025

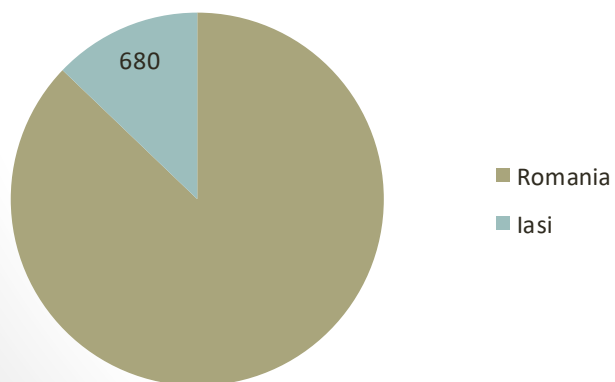


National statistical data vs. Iași County

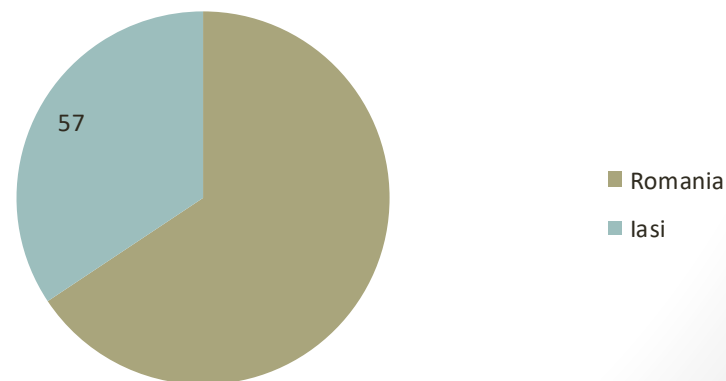
YEAR 2025	Country total	Iasi County
Tested samples	4613	680
Positive tests	109	57



Samples tested in 2025

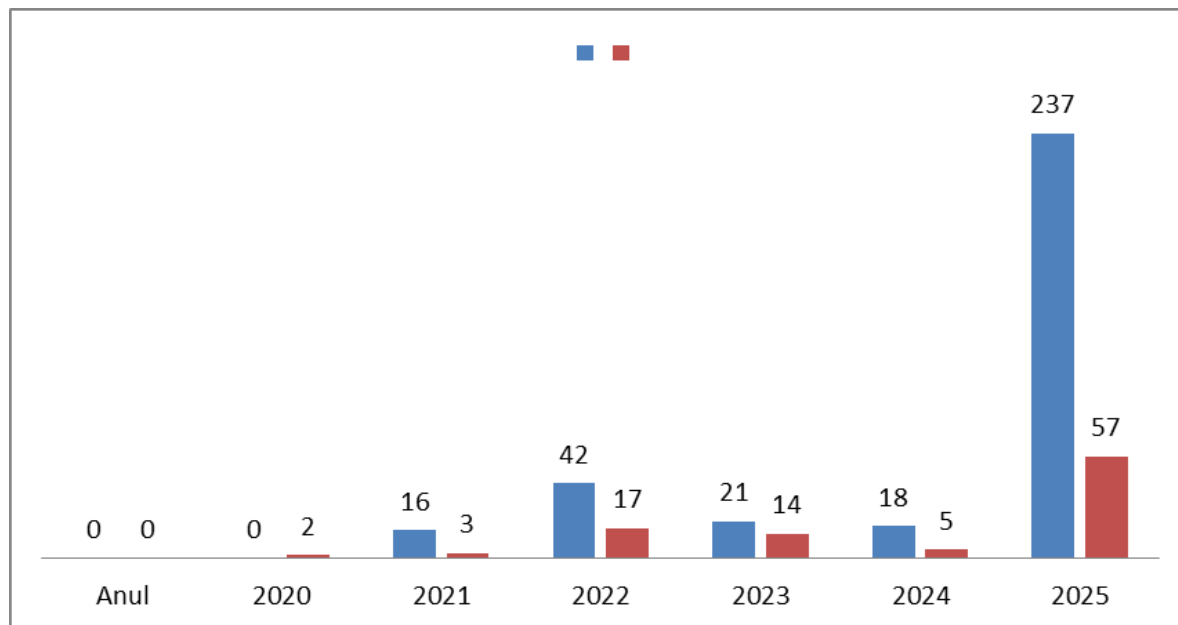


Positive tests in 2025



Evolution of outbreaks in Iași County, 2020-2025

Year	2020	2021	2022	2023	2024	2025
No. Vaccinated contacts	0	16	42	21	18	237
No. of confirmed outbreaks	2	3	17	14	5	57



YEAR 2025 - Contact statistics from outbreaks

The need for vaccination and/or immunoprophylaxis

Number outbreaks/quarter	No. Total contacts	No. Vaccinated contacts	denials	Necessary serum administration
Q1: 12 outbreaks	25 contacts	15	7	1 person
Q2: 8 outbreaks 1 deer outbreak 1 outbreak MAN	154 contacts 76contacts 50 contacts	152 76 50	0	0
Q3: 5 outbreaks	23 contacts	21	0	4 people from 2 outbreaks
Quarter IV: 14 outbreaks	49 contacts	44	3	1 person
TOTAL:39 outbreaks	251 contacts	237 vaccinated	10	6 people from 4 outbreaks

Economic Impact and Budgetary Pressure on the Medical System

- The "Sfânta Parascheva" Clinical Hospital for Infectious Diseases in Iași is **the only medical unit in the county authorized and capable of ensuring the management of specific anti-rabies prophylaxis** . A major systemic vulnerability is **the absence of a National Public Health Program dedicated to Anti-Rabies Prophylaxis** . Consequently, the hospital unit is forced to fully support the costs of purchasing specific vaccines and immunoglobulins from **its own funds** .
- **Major deficit of CNAS:** Amid a **30% increase** in drug prices, the amounts reimbursed by CNAS only cover **10% of the real cost** per hospitalized patient. The amounts reimbursed by the National Health Insurance House (CNAS) through the DRG (Diagnosis-Related Group) system **cover a critical proportion of only 10% of the real cost** of medical services allocated to a hospitalized patient for prophylaxis.
- **Budgetary pressure:** The direct correlation between the increase in animal outbreaks in the last 6 years and the exponential increase in the number of exposed people (who urgently require anti-rabies assistance) has generated unprecedented financial pressure . Expenditures on anti-rabies prophylaxis have reached more than **25% of** the unit's total drug budget.
- **The June 2025 crisis:** The simultaneous emergence of the human outbreak (**50 contacts**) and the USAMV outbreak (**76 contacts**) forced the hospital to redirect **50% of the monthly** drug budget exclusively for the purchase of rabies vaccine.

Prevention Statistics and Direct

1. Contact Behavior and Compliance Level

- **94%** of contacts identified in the 2025 outbreaks accepted and completed the immunization schedule.
- **4%** of patients registered a **categorical refusal** of vaccination.
- **2%** of the total (6 people) represented cases with a critical degree of exposure (Category III), requiring a total of **24 vials** of immunoglobulin.

2. Cost Structure per Patient (Category III Exposure)

- For the management of a single case of severe exposure, standardized pharmaceutical costs at current prices are as follows:

Produs Medicamentos	Cantitate Necesară	Preț Unitar (LEI)	Cost Total (LEI)
VERORAB (Vaccin antirabic inactivat)	5 doze	329 lei	1.645 lei
KAMRAB (Imunoglobulină rabică umană)	4 doze (medie)	1.400 lei	5.600 lei
TETAVAX (Vaccin tetanic adsorbit)	1 doză	96 lei	96 lei
COST TOTAL PER PACIENT			7.341 LEI

3. Analysis of the Settlement Deficit and Hospital Losses

- **CNAS settlement:** The National Health Insurance House reimburses on average only **500 LEI** out of the **7341 LEI!!!**
- **Direct deficit:** The Clinical Hospital for Infectious Diseases absorbs a net loss of **over 6,000 LEI for each hospitalization** , the funds being drawn entirely from the institution's own resources.

4. Annual Consumption Balance (1,728 Vaccinated People in 2025)

- To immunize and treat the 1,728 patients during 2025, the volume of pharmaceutical resources injected was massive:
 - **VERORAB administered:** 5,047 vials
 - **KAMRAB administered:** 52 vials
- **Total financial value:** **1,439,451 LEI** (approx. **300,000 EUR**)
- **Proportion in the budget:** This amount swallowed **30.67% of the total drug consumption** of the entire hospital for that year.

Challenges and problems encountered

1. Geopolitical Pressure and Environmental Factors

- **Migration of wildlife from conflict zones:** The armed conflict in Ukraine has led to a massive migration of unvaccinated wild animals across the Romanian border. This phenomenon, combined with the cessation of ORV (oral fox vaccination) campaigns, has multiplied transmission vectors. [[1](#), [2](#)]
- **Lack of veterinary education:** The household population faces an acute lack of information on identifying the first clinical signs of rabies in domestic animals.

2. Limitations in Epidemiological Investigation and Contact Management

- **Poor traceability:** Identifying all actual contacts of a suspect animal and establishing the individual degree of exposure faces major difficulties in the field.
- **Legislative and methodological vacuum:** The lack of a clear methodology or legal framework regulating the management of contacts in the outbreak makes it impossible to apply coercive measures in case of categorical refusal of vaccination (represented by **4%** of cases).

Challenges and problems encountered

3. Centralization of Diagnostics and Logistics for Rural Patients

- **Vulnerability of the single center:** The existence of a single rabies vaccination center in Iași county generates severe problems of continuity of services and patient mobilization.
- **Financial barriers to transportation:** The standard vaccination schedule involves **5 doses** administered at fixed intervals (**Z0, Z3, Z7, Z14, Z28**). For rural contacts, the cost of repeated travel is often prohibitive.
- **Bearing the expenses by the authorities:** To overcome this blockage, in 2025, DSP Iași was forced to use its own service vehicles and request the support of private ambulances to transport an outbreak of 8 people without financial means.

4. Administrative Blockades and Strictly Biocratic Regulations

- **Uninsured patients:** The hospital is financially unable to ensure the sustainability of vaccination for people without medical insurance, as their costs are not reimbursed in any form by CNAS.
- **Biocratic hindrance to emergency treatment:** According to the Directive of the Ministry of Health No. 1143E of 19.02.2026, the administration of **KAMRAB human immunoglobulin** was conditional on the nominal issuance of a **special needs authorization** based on the prescription of the specialist doctor. This additional biocratic procedure contradicts the WHO recommendations for immediate administration of prophylaxis, risking creating critical delays in the initial phases (Z0) of exposure.

Conclusions

Rabies - A Major Public Health Concern

- ❖ **Rabies** remains one of the most severe infectious diseases, with a **mortality rate of almost 100%** after the first clinical symptoms appear. However, the disease is entirely preventable through prompt medical intervention and integrated control measures.

- ❖ Maintaining epidemiological control and preventing the emergence of further human cases critically depend on the following pillars:
 - **Active surveillance:** Continuous epidemiological monitoring of the animal reservoir, both among wildlife and domestic animal populations.
 - **Community education:** Constantly informing and educating the population about the risks and mandatory post-exposure medical conduct.
 - **Inter-institutional collaboration:** Maintaining a close network of communication and action between DSVSA, DSP, Anti-Rabies Center, local authorities and family doctors (*One Health approach*).
 - **Therapeutic promptness:** Immediate application and without biocratic delays of the rabies prophylaxis protocol (PEP).
 - Only through rigorous prevention, clinical vigilance and cooperation between the medical and veterinary sectors can the biological safety of the population be guaranteed .