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| ACTGov_Health_inline | **RABIES/AUSTRALIAN BAT LYSSAVIRUS**  **POST EXPOSURE PROPHYLAXIS FORM** |
| **CASE DETAILS** | | | |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If a child, Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Aboriginal ❒ Torres Strait Islander ❒ Aboriginal & Torres Strait Islander ❒ Neither ❒ Not stated ❒ | | | |
| **NOTIFICATION DETAILS** | | | |
| Date and Time of Notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of person reporting exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **EXPOSURE DETAILS** | | | |
| Date of exposure: \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_ Geographical location of exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Description of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type of exposure: ❒ Bite ❒ Scratch ❒ Puncture ❒ Lick (to broken skin) ❒ Other  Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Site of wound: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Depth/severity of wound (e.g. did the wound bleed?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **ANIMAL DETAILS** | | | |
| Type of animal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did the animal appear unwell? ❒ Yes ❒ No ❒ Unknown  Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was the animal agitated or unnaturally aggressive? ❒ Yes ❒ No ❒ Unknown  Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is the animal available for testing? ❒ Yes ❒ No ❒ Unknown  If tested, was the animal positive for rabies/Australian Bat Lyssavirus? ❒ Yes ❒ No ❒ Unknown  Details of testing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **CASE HISTORY** | | | |
| Was the wound sustained at work? ❒ Yes ❒ No ❒ Unknown  If so, occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did the case spend more than a month in a rabies endemic area? ❒ Yes ❒ No ❒ Unknown  Was the case working with mammals in a rabies endemic area? ❒ Yes ❒ No ❒ Unknown  Did the case work with live lyssavirus in a laboratory? ❒ Yes ❒ No ❒ Unknown  Is the case immunocompromised? ❒ Yes ❒ No ❒ Unknown | | | |
| **PRE EXPOSURE PROPHYLAXIS** | | | |
| Has the case had rabies vaccine in the past? ❒ Yes ❒ No ❒ Unknown  If yes, how many doses: \_\_\_\_\_\_\_\_\_\_\_\_ Date of last dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and result of last antibody titre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **POST EXPOSURE PROPHYLAXIS** | | | |
| Was the wound washed with soap and water immediately? ❒ Yes ❒ No ❒ Unknown  Provide details of post exposure rabies prophylaxis received to date below:   |  |  |  |  | | --- | --- | --- | --- | | Vaccine/RIG | Date | Provider | Verified by | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | |
| **RABIES IMMUNOGLOBULIN (RIG) REQUIREMENTS** **(CDC use only)** | | | |
| If Rabies Immunoglobulin (RIG) has not yet been given, is it recommended now? ❒ Yes ❒ No  Rationale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Case’s Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is RIG rationing in place? ❒ Yes ❒ No  RIG dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date RIG is to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To be given by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RIG dosage = 20IU/kg. CDC stocks Imogam – 150IU/1ml (2ml vial)  Patient weight\_\_\_\_\_\_\_\_\_\_\_\_\_ x 20 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_ / 150 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_ mls | | | |
| **RABIES VACCINATION REQUIREMENTS (CDC use only)** | | | |
| Is vaccine recommended? ❒ Yes ❒ No  Does the person have an anaphylactic sensitivity to eggs or egg protein? ❒ Yes ❒ No  (if yes, do not give Rabipur vaccine, use Merieux vaccine)  Number of doses to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To be given by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date/s vaccine is to be given:  Dose 1 \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_  Dose 2 \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_  Dose 3 \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_  Dose 4 \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ | | | |
| Form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Office use only**  Amount of RIG to be delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of vaccines to be delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date to be delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |