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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) ❒ OtherDetails:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 ❒ UnknownDetails: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Was the animal agitated or unnaturally aggressive? ❒ Yes ❒ No ❒ UnknownDetails: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is the animal available for testing? ❒ Yes ❒ No ❒ UnknownIf tested, was the animal positive for rabies/Australian Bat Lyssavirus? ❒ Yes ❒ No ❒ UnknownDetails of testing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CASE HISTORY** |
| Was the wound sustained at work? ❒ Yes ❒ No ❒ UnknownIf so, occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did the case spend more than a month in a rabies endemic area? ❒ Yes ❒ No ❒ UnknownWas the case working with mammals in a rabies endemic area? ❒ Yes ❒ No ❒ UnknownDid the case work with live lyssavirus in a laboratory? ❒ Yes ❒ No ❒ UnknownIs 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:

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| Vaccine/RIG | Date | Provider | Verified by |
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |