



Suspected Rabies Exposure

(Includes animal bites where rabies exposure is suspected)

County _____

LHJ Use ID _____

Reported to DOH

Date ___/___/___

LHJ Classification

Confirmed

Probable

By: Lab Clinical

Epi Link: _____

Outbreak-related

LHJ Cluster# _____

LHJ Cluster Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ___/___/___ Investigation start date ___/___/___

Reporter (check all that apply) Lab Hospital HCP

Public health agency Other

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

OK to talk to case? Yes No DK Date of interview ___/___/___

PATIENT INFORMATION

Name (last, first) _____

Address _____ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact Parent/guardian Spouse Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ___/___/___ Age _____

Gender F M Other Unk

Ethnicity Hispanic or Latino

Not Hispanic or Latino Unk

Race (check all that apply)

Amer Ind/AK Native Asian

Native HI/other PI Black/Afr Amer

White Other Unk

CLINICAL INFORMATION

Predisposing Conditions

Y N DK NA

Immunosuppressive therapy, medication, or disease

Type: _____

Hospitalization

Y N DK NA

Hospitalized at least overnight for this illness

Hospital name _____

Admit date ___/___/___ Discharge date ___/___/___

Y N DK NA

Died from illness Death date ___/___/___

Autopsy Place of death _____

Vaccination

Y N DK NA

Patient ever received rabies containing vaccine prior to exposure

Total # of doses prior to exposure: _____

Date last received: ___/___/___

Tetanus vaccine in the last 5 years

Date of last tetanus dose: ___/___/___

Laboratory

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

Collection date ___/___/___

P N I O NT

Animal rabies test result

Date animal submitted for testing: ___/___/___

Results expected date: ___/___/___

Lab submitted to: _____

NOTES

Animal bite without suspected rabies exposure is not reportable; classify as "not reportable" if entered in PHIMS.

Exposures in bold text should be entered in PHIMS for cases; other exposure information can be asked and entered upon LHJ preference.

EXPOSURE

Y N DK NA

Travel out of the state, out of the country, or outside of usual routine
Out of: County State Country
Destinations/Dates: _____

Circumstances of animal exposure: _____

Wound cleaned: Y N DK NA

Animal exposure provoked Y N DK NA

Others exposed to animal Y N DK NA

Y N DK NA

Animal exposure
Type of animal exposure:
 Bite Saliva Scratch
 Bat in house Bat in sleeping area
 Other: _____ Unk

Y N DK NA

Animal vaccination history known
Animal rabies vaccination status:
 Unvaccinated or vaccine not current
 Vaccinated Unk
 Date of (animal) last rabies vaccine: ___/___/___
 Total # (animal) rabies doses: _____

Type of animal:

Bat Cat Dog Ferret Raccoon
 Other: _____ Unk

Y N DK NA

Animal contact/control information known
 Animal owner or location (e.g. park) name: _____

Animal status:

Domestic Stray Wild
 Other: _____ Unk

Owner or location address: _____

Animal description: _____

Owner or location phone number: _____

Breed: _____

Veterinary clinic name: _____

Animal name: _____

Y N DK NA

Injury or exposure circumstances known
Date of exposure: ___/___/___
 Anatomic site of injury or wound (e.g., head, arm): _____

Clinic address: _____

Clinic phone: _____

Veterinarian name: _____

Animal control contact name: _____

Animal control contact phone: _____

Y N DK NA

Determined by LHJ to be a rabies exposure
Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk
Most likely exposure: _____
 No risk factors or exposures could be identified
 Patient could not be interviewed

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

Human RIG given Date: ___/___/___
 Prescribing provider: _____
 Phone: _____
 RIG refused (complete refusal form)

Recommendations

Y N DK NA

PEP recommended by public health agency

PEP recommended by healthcare provider

Rabies vaccine given
 Date of initial vaccination: ___/___/___
 Vaccine name: _____
 Prescribing provider: _____
 Phone: _____
 Vaccination refused

Did case receive full series of PEP?
 If not, reason:
 Animal tested negative for rabies
 Other, specify: _____

PUBLIC HEALTH ISSUES

Y N DK NA

Public health actions

PUBLIC HEALTH ACTIONS

Animal disposition: Sent for testing Under observation
 Healthy after 10 day observation
 Lost to follow-up Other: _____

Quarantine site contact name: _____

Quarantine site address: _____

Quarantine site phone: _____

Investigator _____ Phone/email: _____

Investigation complete date ___/___/___

Local health jurisdiction _____

Record complete date ___/___/___