



Rabies

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

Onset date: ____/____/____ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA
 Fever Highest measured temp: _____ °F
 Type: Oral Rectal Other: _____ Unk
 Headache
 Malaise
 Weakness
 Anxiety/apprehension
 Pain/sensory changes around location of bite
 Excitability
 Trouble swallowing, aversion to water (hydrophobia)
 Aversion to air flow on face (aerophobia)

Y N DK NA
 Died from illness Death date ____/____/____
 Autopsy Place of death _____

Vaccine History

Y N DK NA
 Rabies vaccine given
 Date of initial dose: ____/____/____
 Total # rabies doses: _____
 Vaccine name: _____
 Prescribing HCP name: _____
 Vaccination refused

Clinical Findings

Y N DK NA
 Encephalitis
 Paresis
 Paralysis
 Delirium
 Convulsions
 Aerophobia
 Hydrophobia
 Coma

Laboratory

Collection date ____/____/____
 Source _____
 P N I O NT
 DFA for Lyssavirus antigens (clinical specimen, preferably brain or nuchal biopsy)
 Lyssavirus culture (saliva or CNS tissue)
 Lyssavirus antibody in CSF
 Lyssavirus antibody in serum of unvaccinated person
 Lyssavirus RNA detected (RT-PCR) in saliva, CSF, or tissue

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

Hospitalization

Y N DK NA
 Hospitalized at least overnight for this illness

Hospital name _____
 Admit date ____/____/____ Discharge date ____/____/____

Lab submitted to: _____

NOTES

INFECTION TIMELINE

Enter onset date/time (first sx) in heavy box. Count backward to determine probable exposure period

Exposure period*
 Weeks from onset:
 Calendar date/time:

o
n
s
e
t

* rarely, may be as short as 9 days or as long as 7 years, depending on site and severity of wound

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

Occupational exposure (e.g. pet shop, veterinary clinic, lab worker, wildlife worker)
 Animal exposure
 Type of animal exposure:
 Bite Saliva Scratch
 Bat in house Bat in sleeping area
 Other: _____ Unk
 Type of animal:
 Bat Cat Dog Ferret Raccoon
 Other: _____ Unk
 Animal status:
 Domestic Stray Wild
 Other: _____ Unk
 Animal description: _____
 Breed: _____
 Animal name: _____

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: _____

Y N DK NA

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

Owner or location address: _____

Owner or location phone number: _____

Veterinary clinic name: _____

Clinic address: _____

Clinic phone: _____

Veterinarian name: _____

Animal control contact name: _____

Animal control contact phone: _____

Y N DK NA

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

Y N DK NA

PEP given to contacts of the case
 # health care: _____ # household: _____
 # other: _____ Specify other: _____

Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

Exposure details: _____

No risk factors or exposures could be identified

Patient could not be interviewed

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

Treatment recommended
 if yes:
 Human RIG given Y N DK NA
 Date: ___/___/___
 RIG refused

PUBLIC HEALTH ISSUES

Y N DK NA

Public health issues

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 ___/___/___