

REPORT OF SUSPECTED RABIES EXPOSURE

Health

STEP 1 - INITIAL INTAKE: TO BE COMPLETED **BY THE FIRST HEALTH CARE PROVIDER (HCP) TO SEE PATIENT** AND FAXED IMMEDIATELY TO THE *APPROPRIATE REGIONAL PUBLIC HEALTH OFFICE (CONTACT DETAILS ON PAGE 3). **FIRST HCP CALLS THE MEDICAL OFFICER OF HEALTH (MOH) IMMEDIATELY IF CASE IS HIGH RISK (e.g. INVOLVES A WILD ANIMAL - SEE APPENDIX D IN PROTOCOL FOR RISK STRATIFICATION).** MOH AFTER HOURS NUMBER: **1-204-788-8666**, CONTACT THE *APPROPRIATE REGIONAL PUBLIC HEALTH NURSE IMMEDIATELY IF UNSURE OF WHAT TO DO. *Appropriate = where the exposed person lives/will be living during the exposure follow-up period.

REPORTED BY	TELEPHONE / ALTERNATE TELEPHONE	RELATIONSHIP TO EXPOSED INDIVIDUAL	MANITOBA HEALTH ONLY			
REPORT RECEIVED BY / TELEPHONE	DATE (YYYY/MM/DD)	24-HOUR TIME	MH ID _____			
			CFIA ID _____			
EXPOSED INDIVIDUAL'S INFORMATION						
LAST NAME		FIRST NAME		DATE OF BIRTH (YYYY/MM/DD)	SEX	WEIGHT (KG)
*STREET	*CITY	*PROVINCE	*HEALTH REGION	*POSTAL CODE	TELEPHONE	ALTERNATE TELEPHONE
ANIMAL OWNER'S NAME AND CONTACT INFORMATION						
LAST NAME		FIRST NAME		TELEPHONE / ALTERNATE TELEPHONE		
STREET				CITY		
PROVINCE		POSTAL CODE		HEALTH REGION		
**TYPE OF ANIMAL			DESCRIPTION OF ANIMAL			
ALL APPLICABLE PARTIES ADVISED NOT TO DESTROY ANIMAL AND OBSERVE FOR 10 DAYS <input type="checkbox"/> YES <input type="checkbox"/> NO				DATE OF EXPOSURE (YYYY/MM/DD)		

STEP 2: HEALTH CARE PROVIDER OR PUBLIC HEALTH NURSE TO COMPLETE AS MUCH AS POSSIBLE

To assist with the MOH's determination of risk, please also complete the risk assessment fields (highlighted in yellow in Step 2's box below)

EXPOSURE INFORMATION	
BEHAVIOUR AND CONDITION OF ANIMAL AT TIME OF EXPOSURE	GEOGRAPHIC LOCATION WHERE EXPOSURE OCCURRED
ANATOMICAL SITE EXPOSED <input type="checkbox"/> HEAD/NECK <input type="checkbox"/> TORSO <input type="checkbox"/> LIMB <input type="checkbox"/> OTHER	TYPE OF EXPOSURE <input type="checkbox"/> BITE <input type="checkbox"/> SCRATCH <input type="checkbox"/> BAT <input type="checkbox"/> OTHER <input type="checkbox"/> OPEN WOUND <input type="checkbox"/> MUCOUS MEMBRANE
IS THIS A DOMESTIC ANIMAL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	STRAY OR WILD ANIMAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
WERE THERE OTHER DOMESTIC ANIMALS EXPOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	ANIMAL UNDER OBSERVATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> EUTHANIZED
WAS THIS A PROVOKED ATTACK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	SAMPLE COLLECTION REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF DOMESTIC ANIMAL, DATE OF LAST RABIES IMMUNIZATION (YYYY/MM/DD) VET CLINIC	
EXPOSED INDIVIDUALS IMMUNIZATION HISTORY	
RABIES IMMUNIZATION WITHIN PAST 2 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	DATE OF LAST TETANUS IMMUNIZATION (YYYY/MM/DD)
NUMBER OF DOSES	IMMUNOCOMPETENT
DATE(S) (YYYY/MM/DD)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

**See Section 8.3 in protocol for a list of which animal exposures are rarely reportable.

<p>OTHER INFORMATION – ANY PERTINENT INFORMATION NEEDED FOR CASE MANAGEMENT</p> <p>(e.g. primary care provider information, wound management, prophylaxis recommendations, additional animal information, additional owner information, etc.)</p>

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STEP3: PUBLIC HEALTH PRACTITIONER TO COMPLETE FORM

ACTIONS TAKEN	
<p><i>ANIMAL</i></p> <p><input type="checkbox"/> NO FURTHER ACTION</p> <p><input type="checkbox"/> OBSERVE FOR 10 DAYS UNTIL (YYYY/MM/DD) _____</p> <p><input type="checkbox"/> LOOK FOR ANIMAL UNTIL (YYYY/MM/DD) _____</p> <p>IF FOUND IF NOT FOUND</p> <p>SPECIMEN SENT FOR TESTING <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><i>EXPOSED</i></p> <p>RABIES IMMUNE GLOBULIN (Rablg) RECOMMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>RABIES VACCINE RECOMMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

OUTCOME	
<p><i>ANIMAL</i></p> <p><input type="checkbox"/> ANIMAL WELL AT 10 DAYS (YYYY/MM/DD) _____</p> <p><input type="checkbox"/> ANIMAL NOT FOUND</p> <p><input type="checkbox"/> RABIES REPORT POSITIVE</p> <p><input type="checkbox"/> RABIES REPORT NEGATIVE</p>	<p><i>EXPOSED</i></p> <p>RABIES IMMUNE GLOBULIN COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DATE (YYYY/MM/DD) _____</p> <p>NUMBER OF RIG VIALS USED _____ mls</p> <p>NUMBER OF VACCINE DOSES GIVEN _____</p> <p>DATES GIVEN (YYYY/MM/DD)</p> <p>1) _____ 2) _____</p> <p>3) _____ 4) _____</p> <p>5) _____</p> <p>REASON FOR PROPHYLAXIS INCOMPLETE</p>

RABIES IMMUNE GLOBULIN DOSAGE			
<i>Circle volume and number of vials required</i>			
KG	LB	VOLUME ^a (ml) (150I.U./ml)	NO. OF 2ml VIALS
3	7	0.4	1
4	9	0.5	1
5	11	0.7	1
10	22	1.3	1
15	33	2.0	1
20	44	2.7	2
25	55	3.3	2
30	66	4.0	2
35	77	4.7	3
40	88	5.3	3
45	100	6.0	3
50	111	6.7	4
55	121	7.3	4
60	132	8.0	4
65	143	8.7	5
70	155	9.3	5
75	165	10.0	5
80	176	10.7	6
85	187	11.3	6
90	198	12.0	6
100	220	13.3	7
110	242	14.6	8
120	264	16.0	8

NAME OF MEDICAL OFFICER OF HEALTH _____

DATE (YYYY/MM/DD) _____

a) To calculate volume in ml= kg * 0.133

b) To calculate number of vials = ml/2 (Round all decimals up)

REGIONAL PUBLIC HEALTH TO FAX COMPLETED FORM TO MANITOBA PUBLIC HEALTH

REGIONAL CONTACT INFORMATION:

WINNIPEG REGIONAL HEALTH AUTHORITY (WR)

CD Intake – Winnipeg WRHARabies@wrha.mb.ca Tel: 204-940-2081 Fax: 204-940-2690

CD Intake – Churchill mcollins@wrha-ch.ca

Tel: 204-675-8327 Fax: 1-204-675-8370
After hours and W/E Fax: 204-675-2312

INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY (IE)

CD Coordinator rabiesreporting@ierha.ca Tel: 204-768-2585 Fax: 204-467-4765

SOUTHERN HEALTH – SANTE SUD (SH)

CD Coordinator rabies@southernhealth.ca Tel: 204-428-2772 Fax: 204-428-2734

PRAIRIE MOUNTAIN HEALTH (PMH)

PH Manager communicabledisease@pmh-mb.ca Tel: 204-578-2500 Fax: 204-759-4033

NORTHERN REGIONAL HEALTH AUTHORITY (NR)

CD Coordinator llarocque2@nrha.ca Tel: 204-778-1538 Fax: 204-778-1741

FIRST NATIONS INUIT HEALTH BRANCH

Fnihb.mb.rabies@hc-sc.gc.ca

Public Health Unit Tel: 204-983-0550 Fax: 204-984-7271

Nurse Manager On Call (after hours) Tel: 204-918-5428

MANITOBA PUBLIC HEALTH

Rabies Coordinator rabies@gov.mb.ca Tel: 204-788-8666 Fax: 204-948-2190