



Suspected Rabies Exposure

County _____

Case name (last, first) _____

Birth date ___/___/___ Sex at birth F M Other Alternate name _____

Phone _____ Email _____

Address type Home Mailing Other Temporary Work

Street address _____

City/State/Zip/County _____

Residence type (incl. Homeless) _____ WA resident Yes No

ADMINISTRATIVE

Investigator _____

LHJ Case ID (optional) _____

LHJ notification date ___/___/___

Classification Classification pending Confirmed
 Not reportable Probable Ruled out Suspect

Investigation status

- In progress
- Complete
- Complete – not reportable to DOH
- Unable to complete Reason _____

Investigation start date ___/___/___

Investigation complete date ___/___/___

Case complete date ___/___/___

Outbreak related Yes No

LHJ Cluster ID _____ Cluster Name _____

DEMOGRAPHICS

Age at symptom onset _____ Years Months

Ethnicity Hispanic or Latino Not Hispanic or Latino Unk

Race (check all that apply) Unk Amer Ind/AK Native

Asian Black/African Amer Native HI/other PI

White Other _____

Primary language _____

Interpreter needed Yes No Unk

Employed Yes No Unk Occupation _____

Industry _____ Employer _____

Work site _____ City _____

Student/Day care Yes No Unk

Type of school Preschool/day care K-12 College

Graduate School Vocational Online Other

School name _____

School address _____

City/State/County _____ Zip _____

Phone number _____ Teacher's name _____

REPORT SOURCE

Initial report source _____

LHJ _____

Reporter organization _____

Reporter name _____

Reporter phone _____

All reporting sources (list all that apply)

COMMUNICATIONS

Primary HCP name _____

Phone _____

OK to talk to patient (If Later, provide date)

Yes Later ___/___/___ Never

Date of interview attempt ___/___/___

Complete Partial Unable to reach

Patient could not be interviewed

Alternate contact Parent/Guardian Spouse/Partner

Friend Other _____

Contact name _____

Contact phone _____

CLINICAL INFORMATION

Date of exposure ___/___/___

Clinical Features

Y N Unk

Public health agency recommends or concurs with recommendation for rabies post-exposure prophylaxis

Rabies post-exposure prophylaxis given by health care provider but public health does not know circumstances and is unable to perform risk assessment

Predisposing Conditions

Y N Unk

Immunosuppressive therapy or condition, or disease Specify _____

Vaccination

Y N Unk

Patient ever received rabies-containing vaccine prior to exposure Total number of doses prior to exposure _____

Vaccine information available Yes No

Date of vaccine administration ___/___/___ Vaccine administered (Type) _____
 Vaccine lot number _____ Administering provider _____
 Information source Washington Immunization Information System (WIIS) WIIS ID number _____
 Medical record Patient vaccination card Verbal only/no documentation Other state IIS

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Tetanus vaccine in the last 5 years

Clinical Testing
Y N Unk
 Human exposed to animal that tests positive for rabies Date animal submitted for testing ___/___/___
 Result date ___/___/___ Lab submitted to _____

Hospitalization
Y N Unk
 Hospitalized at least overnight for this illness
 Died of this illness Death date ___/___/___ *Please fill in the death date information on the Person Screen*

RISK AND RESPONSE

Travel

	Setting 1	Setting 2	Setting 3
Travel out of:	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____
Destination name	_____	_____	_____
Start and end dates	___/___/___ to ___/___/___	___/___/___ to ___/___/___	___/___/___ to ___/___/___

Risk and Exposure Information
Y N Unk
 Determined by LHJ to be a rabies exposure
 Public exposure to rabid or potentially rabid animal

Type of animal Bat Cat Dog Ferret Raccoon Unk Other _____

Exposure type Bite Saliva Scratch Bare skin contact Bat in sleeping area Ukn
 Other _____

Animal status Domestic Stray Wild Unk Other _____

Animal description _____ Animal name _____ Breed _____

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

If "Under observation" or "Healthy after 10 day observation"
 Quarantine site address _____
 Phone _____ Contact name _____

Y N Unk
 Animal control involved
 Contact name _____ Phone _____

Animal owner/vet information known
 Animal owner or location (e.g. park) name _____
 Address _____ Phone _____
 Veterinarian name _____ Clinic name _____
 Address _____ Phone _____

Animal vaccination history known **Status** Vax current Never vaccinated Vax not current Unk
 Date of last rabies vaccine (mm/yyyy) ___/___/___ Total number of rabies doses _____

Injury or exposure circumstances known
 Anatomic site of injury or wound (e.g., head, arm) _____
 Circumstance of animal exposure _____

Animal exposure provoked
 Wound cleaned
 Others exposed to animal

Exposure and Transmission Summary

Likely geographic region of exposure In Washington – county _____ Other state _____
 Not in US - country _____ Unk

International travel related During entire exposure period During part of exposure period No international travel

Suspected exposure type Animal related
 Describe _____

Suspected exposure setting Daycare/Childcare School (not college) Doctor's office Hospital ward Hospital ER
 Hospital outpatient facility Home Work College Military Correctional facility Place of worship
 Laboratory Long term care facility Homeless/shelter International travel Out of state travel Transit
 Social event Large public gathering Restaurant Hotel/motel/hostel Other _____
 Describe _____

Exposure summary _____

Public Health Interventions/Actions

Y N Unk

Public notice posted of rabid or potentially rabid animal

Letter sent Date ___/___/___ Batch date ___/___/___

Any other public health action _____

TREATMENT

Y N Unk

PEP recommended by public health agency

PEP recommended by health care provider

Rabies vaccine given
 If yes,
 Prescribing provider _____ Vaccine name _____
 Date of vaccination ___/___/___
 Date of vaccination ___/___/___
 Date of vaccination ___/___/___
 Date of vaccination ___/___/___

If no or unknown,
 Vaccination refused

Human RIG given
 If yes,
 Prescribing provider _____ Date of administration ___/___/___

If no or unknown,
 RIG refused

Did case receive full series of PEP
 Reason full series of PEP not received Animal tested negative for rabies Patient declined due to cost
 Other _____

NOTES

LAB RESULTSLab report information**Lab report reviewed – LHJ**

WDRS user-entered lab report note _____

Submitter _____

Performing lab for entire report _____

Referring lab _____

Specimen**Specimen identifier/accession number** _____**Specimen collection date** ___/___/___ **Specimen received date** ___/___/___**WDRS specimen type** _____

WDRS specimen source site _____

WDRS specimen reject reason _____

Test performed and result**WDRS test performed** _____**WDRS test result, coded** _____

WDRS test result, comparator _____

WDRS result, numeric only (enter only if given, including as necessary **Comparator** and **Unit of measure**) _____

WDRS unit of measure _____

Test method _____

WDRS interpretation code _____

Test result – Other, specify _____

WDRS result summary Positive Negative Indeterminate Equivocal Test not performed PendingTest result status Final results; Can only be changed with a corrected result Preliminary results Record coming over is a correction and thus replaces a final result Results cannot be obtained for this observation Specimen in lab; results pending

Result date ___/___/___

Upload documentOrdering Provider

WDRS ordering provider _____

Ordering facility

WDRS ordering facility name _____