Washington State Department of HEALTH

Suspected Rabies Exposure

County

Case name (last, first) _____

Birth date ___/___/___ Age at symptom onset _____ ☐ Years ☐ Months

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 ☐ Investigation in progress ☐ Not reportable ☐ Probable ☐ Ruled out ☐ Suspect

Investigation status

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

Dates: **Investigation start** ___/___/__ Investigation complete ___/___/__ Record complete ___/___/__ **Case complete** ___/___/__

REPORT SOURCE

Initial report source _____ LHJ _____

Reporter organization _____

Reporter name _____ Reporter phone _____

All reporting sources (list all that apply) _____

DEMOGRAPHICS

Sex at birth: ☐ Female ☐ Male ☐ Other ☐ Unknown

Do you consider yourself (your child) Hispanic, Latino/a, or Latinx?

Ethnicity ☐ Hispanic, Latino/a, Latinx ☐ Non-Hispanic, Latino/a, Latinx ☐ Patient declined to respond ☐ Unknown

What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like (check all responses):

Race ☐ Amer Ind/AK Native (***specify***: ☐ Amer Ind ***and/or*** ☐ AK Native) ☐ Asian ☐ Black or African American ☐ Native HI/Pacific Islander (***specify***: ☐ Native HI ***and/or*** ☐ Pacific Islander) ☐ White ☐ Patient declined to respond ☐ Unk

Additional race information:

☐ Afghan ☐ Afro-Caribbean ☐ Arab ☐ Asian Indian ☐ Bamar/Burman/Burmese ☐ Bangladeshi ☐ Bhutanese
☐ Central American ☐ Cham ☐ Chicano/a or Chicanx ☐ Chinese ☐ Congolese ☐ Cuban ☐ Dominican ☐ Egyptian
☐ Eritrean ☐ Ethiopian ☐ Fijian ☐ Filipino ☐ First Nations ☐ Guamanian or Chamorro ☐ Hmong/Mong
☐ Indigenous-Latino/a or Indigenous-Latinx ☐ Indonesian ☐ Iranian ☐ Iraqi ☐ Japanese ☐ Jordanian ☐ Karen
☐ Kenyan ☐ Khmer/Cambodian ☐ Korean ☐ Kuwaiti ☐ Lao ☐ Lebanese ☐ Malaysian ☐ Marshallese ☐ Mestizo
☐ Mexican/Mexican American ☐ Middle Eastern ☐ Mien ☐ Moroccan ☐ Nepalese ☐ North African ☐ Oromo
☐ Pakistani ☐ Puerto Rican ☐ Romanian/Rumanian ☐ Russian ☐ Samoan ☐ Saudi Arabian ☐ Somali
☐ South African ☐ South American ☐ Syrian ☐ Taiwanese ☐ Thai ☐ Tongan ☐ Ugandan ☐ Ukrainian
☐ Vietnamese ☐ Yemeni ☐ Other: _____

What is your (your childs) preferred language? Check one:

☐ Amharic ☐ Arabic ☐ Balochi/Baluchi ☐ Burmese ☐ Cantonese ☐ Chinese (unspecified) ☐ Chamorro ☐ Chuukese
☐ Dari ☐ English ☐ Farsi/Persian ☐ Fijian ☐ Filipino/Pilipino ☐ French ☐ German ☐ Hindi ☐ Hmong ☐ Japanese
☐ Karen ☐ Khmer/Cambodian ☐ Kinyarwanda ☐ Korean ☐ Kosraean ☐ Lao ☐ Mandarin ☐ Marshallese ☐ Mixteco
☐ Nepali ☐ Oromo ☐ Panjabi/Punjabi ☐ Pashto ☐ Portuguese ☐ Romanian/Rumanian ☐ Russian ☐ Samoan
☐ Sign languages ☐ Somali ☐ Spanish/Castilian ☐ Swahili/Kiswahili ☐ Tagalog ☐ Tamil ☐ Telugu ☐ Thai ☐ Tigrinya
☐ Ukrainian ☐ Urdu ☐ Vietnamese ☐ Other language: _____ ☐ Patient declined to respond ☐ Unknown

Interpreter needed ☐ Yes ☐ No ☐ Unk

Case Name ________________________________ LHJ Case ID ________________________________

EMPLOYMENT AND SCHOOL

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 _____________

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 ____________________________________

Name ____ Phone _____________________________________

Outbreak related ☐ Yes ☐ No LHJ Cluster ID _______________ Cluster Name ______________________________

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

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

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

☐ ☐ ☐ 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*

Case Name _____ LHJ Case ID _____

RISK AND RESPONSE

Travel

	Setting 1	Setting 2	Setting 3
Travel out of:	☐ County/City _____ ☐ State _____ ☐ Country _____ ☐ Other _____	☐ County/City _____ ☐ State _____ ☐ Country _____ ☐ Other _____	☐ County/City _____ ☐ State _____ ☐ Country _____ ☐ 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 RESULTS

Lab 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 ☐ Pending
Test 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 document

Ordering Provider
WDRS ordering provider _____

Ordering facility
WDRS ordering facility name _____