

Case name: ..... First name ..... Surname ..... DOB ...../...../..... Notification ID: .....



## Rabies (Potential Exposure) Case Report Form

Public Health Unit ..... Outbreak ID: .....  
Completed by: ..... Date sent to NOCS: ...../...../.....  
Telephone: ..... Fax: .....

### NOTIFICATION

Date PHU notified: ...../...../..... Date initial response: ...../...../.....  
Notifier: ..... Organisation: .....  
Telephone: ..... Fax: ..... Email: .....  
Treating Dr: .....  
Telephone: ..... Fax: ..... Email: .....

### CASE DETAILS:

UR No: .....

Name: ..... First name ..... Surname .....  
Date of birth: ...../...../..... Age: ..... Years ..... Months Sex:  Male  Female .....  
Name of parent/carer: .....  
 Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander  Non-Indigenous  Unknown  
English preferred language:  Yes  No – *specify* ..... Ethnicity – *specify* .....  
Permanent address: ..... Postcode: .....  
Home tel: ..... Mobile: ..... Email: .....  
Occupation: ..... Work telephone: .....  
Temporary address in Queensland (if different from permanent address): ..... Postcode: .....  
Telephone: ..... Mobile: ..... Email: .....  
General Practitioner: Dr .....  
Address: ..... Postcode: .....  
Telephone: ..... Fax: ..... Email: .....

### CLINICAL DETAIL:

Weight : ..... kg

Immunocompromised  Yes  No  Unknown Details: .....  
Known allergies (including eggs)  Yes  No  Unknown Details: .....  
Current medication: .....  
Hospitalised:  Yes  No  Unknown Hospital: ..... Date: ...../...../..... to ...../...../.....  
Complications:  Yes – *specify* .....  No  Unknown  
Outcome:  Survived  Died Date of death: ...../...../.....  Died of condition  Unknown

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**EXPOSURE DETAILS:** Date of Exposure ...../...../..... Time of Exposure ..... am/pm

Place exposed: Country .....  Unknown

Type of animal:  Dog  Monkey  Other .....  Unknown

Type of exposure:  Bite  Scratch  Other .....  Unknown

Site of wound: .....

Circumstances: .....

Did the wound bleed?  Yes  No  Unknown Details: .....

If Yes, was the wound cleaned using:  Soap & water  Water  Antiseptic  Other- *specify*  Not cleaned

Details: .....

How long was the wound cleaned by this method? ..... minutes

Did the animal appear well, excluding injury?  Yes  No  Unknown Details: .....

Is the animal identifiable and still alive?  Yes  No  Unknown Details: .....

**NOTIFICATION DECISION:**  Potential exposure to rabies virus  Confirmed – rabies case

**RABIES VACCINATION AND HRIG HISTORY:**

≥3 doses before current exposure  Unknown Details .....

Source of vaccination history:  ACIR/VIVAS/Health Record  Self /parental recall

Dose	Year (date/s if known) of dose	Type/Number		Country	Details (Route & site of administration)
		Vaccine	HRIG		
<b>Vaccination history before this exposure</b>					
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
<b>Vaccination history after this exposure</b>					
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

**MANAGEMENT:**

Tetanus given:  Yes  No

Rabies vaccination required:  Yes  No No. of doses – specify ..... Date ordered ...../...../.....

HRIG required:  Yes  No Dose (wt in ..... kg ÷ 7.5 = ..... ml) Date ordered ...../...../.....

**COMMENTS:**