

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



ABL (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: Mob: Email:
Occupation: Work telephone:
Temporary address in Queensland (if different from permanent address) : Postcode:
Telephone: Mob: 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
 Type of animal: Flying fox Insectivorous bat Other Unknown
 Type of exposure: Bite Scratch Contact with brain tissue Mucous membrane exposure Other

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

Was the animal behaving abnormally? Yes No Unknown Details:

Animal available for testing: Yes No Unknown Result:

PLACE EXPOSED:

Queensland Other Australian state/territory – specify
 Unknown Other country – specify

NOTIFICATION DECISION: Potential exposure to ABL virus Confirmed – ABL 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		
Vaccination history before this exposure					
.....
.....
.....
.....
.....
Vaccination history after this exposure					
.....
.....
.....
.....

Last serology and PEP titre: Date:/...../..... Titre:

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: