Animal Rabies (Human Contacts) Report Form

INTERVIEW

EpiTrax # ____________________ Interviewer Name:____

DEMOGRAPHICS

Name: _______________________________________ County: ______________________________________

Address: _____________________________________ Date of Birth: ________________________________

_____________________________________ Telephone Number: ____________________________

Birth Gender:
- ☐ Male
- ☐ Female

Hispanic/Latino Origin:
- ☐ Yes
- ☐ No
- ☐ Unknown

How would you describe your race?
- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other, Specify: ______________
- ☐ Unknown

Disposition:
- ☐ Preventive Treatment
- ☐ Refused Preventative Treatment
- ☐ Insufficient Information to Begin Investigation
- ☐ Unable to Locate
- ☐ Other, Specify: ______________

Disposition Date: _______________

Contact Type:
- ☐ Healthcare / Healthcare worker
- ☐ Household
- ☐ Laboratory worker
- ☐ Non-household family
- ☐ First responder
- ☐ Schools/Daycare
- ☐ Social
- ☐ Work
- ☐ Other, Specify: ____________________

CONTACT INVESTIGATION

A. Exposure

Type of Exposure:
- ☐ Bite
- ☐ Non-bite (scratch or abrasion)
- ☐ Non-bite (contamination of open cut with saliva or nervous tissue)
- ☐ No exposure (petting, handling, blood contact)

Specify exposure site:

____

____

____

Was the exposure provoked or unprovoked? ☐ Provoked ☐ Unprovoked

Describe exposure incident:

____

____

____

Provide address where exposed:

____

____

B. Exposure Treatment

Was the person previously vaccinated against rabies?
- ☐ Yes; date of last vaccination ____________________
- ☐ No
- ☐ Unknown

Based on the exposure assessment, was PEP recommended by LHD or KDHE?
- ☐ Yes
- ☐ No

Was rabies PEP started?

☐ No, not recommended
☐ No, recommended but patient refused

Was recommendation letter sent to the patient? ☐ Yes; date sent _______________ ☐ No

☐ No, recommended and patient did not refuse

Specify why PEP was not started: ____

____

____

☐ Yes, PEP started

Who made the final recommendation on rabies PEP?
- ☐ Healthcare provider
- ☐ Local health department
- ☐ Local health officer
- ☐ Other, specify __________________

Where was rabies PEP received?
- ☐ Emergency room
- ☐ Physician's office
- ☐ Local health department
- ☐ Urgent care

Was the series completed?
- ☐ Yes
- ☐ No

If not, reason:
- ☐ Animal tested negative
- ☐ Patient refused further treatment
- ☐ Patient lost to follow-up
- ☐ Other, specify________ ________________________

Payment source?
- ☐ Private insurance
- ☐ Medicaid
- ☐ Worker's compensation
- ☐ Out-of-pocket
- ☐ Private source
- ☐ No source

Was tetanus containing vaccine recommended due to this exposure? ☐ Yes ☐ No ☐ Up-to-date

CLINICAL

Was treatment given? ☐ Yes ☐ No (If no, skip this CLINICAL section)

Treatment Type:	
Rabies Immune Globulin	☐ Yes If yes, date given: ____________________ ☐ No
Human Rabies Vaccine Dose 1 (Day 0)	☐ Yes If yes, date given: ____________________ ☐ No
Human Rabies Vaccine Dose 2 (Day 3)	☐ Yes If yes, date given: ____________________ ☐ No
Human Rabies Vaccine Dose 3 (Day 7)	☐ Yes If yes, date given: ____________________ ☐ No
Human Rabies Vaccine Dose 4 (Day 14)	☐ Yes If yes, date given: ____________________ ☐ No
Human Rabies Vaccine Dose 5 (Day 21) * For those with immunosuppression	☐ Yes If yes, date given: ____________________ ☐ No

Clinician (Last name, First name): ____

Telephone: _______________________

Facility Name: ____

Address: ____

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