

# REPORT OF SUSPECTED RABIES EXPOSURE

Health

**STEP 1 - INITIAL INTAKE:** TO BE COMPLETED **BY THE FIRST HEALTH CARE PROVIDER (HCP) TO SEE PATIENT** AND FAXED IMMEDIATELY TO THE \*APPROPRIATE REGIONAL PUBLIC HEALTH OFFICE (CONTACT DETAILS ON PAGE 3). **FIRST HCP CALLS THE MEDICAL OFFICER OF HEALTH (MOH) IMMEDIATELY IF CASE IS HIGH RISK (e.g. INVOLVES A WILD ANIMAL - SEE APPENDIX D IN PROTOCOL FOR RISK STRATIFICATION).** MOH AFTER HOURS NUMBER: 1-204-788-8666. CONTACT THE \*APPROPRIATE REGIONAL PUBLIC HEALTH NURSE IMMEDIATELY IF UNSURE OF WHAT TO DO. \*Appropriate = where the exposed person lives/will be living during the exposure follow-up period.

REPORTED BY	TELEPHONE / ALTERNATE TELEPHONE	RELATIONSHIP TO EXPOSED INDIVIDUAL	MANITOBA HEALTH ONLY		
REPORT RECEIVED BY / TELEPHONE	DATE (YYYY/MM/DD)	24-HOUR TIME	MH ID _____		
			CFIA ID _____		
<b>EXPOSED INDIVIDUAL'S INFORMATION</b>					
LAST NAME		FIRST NAME		PHIN:	
				DATE OF BIRTH (YYYY/MM/DD)	SEX
				WEIGHT (KG)	
*STREET	*CITY	*PROVINCE	*HEALTH REGION	*POSTAL CODE	TELEPHONE
					ALTERNATE TELEPHONE
<b>ANIMAL OWNER'S NAME AND CONTACT INFORMATION</b>					
LAST NAME		FIRST NAME		TELEPHONE / ALTERNATE TELEPHONE	
STREET				CITY	
PROVINCE		POSTAL CODE		HEALTH REGION	
**TYPE OF ANIMAL			DESCRIPTION OF ANIMAL		
ALL APPLICABLE PARTIES ADVISED <b>NOT</b> TO DESTROY ANIMAL AND OBSERVE FOR 10 DAYS			DATE OF EXPOSURE (YYYY/MM/DD)		
YES      NO					

## STEP 2: HEALTH CARE PROVIDER OR PUBLIC HEALTH NURSE TO COMPLETE AS MUCH AS POSSIBLE

To assist with the MOH's determination of risk, please also complete the risk assessment fields (highlighted in yellow in Step 2's box below)

<b>EXPOSURE INFORMATION</b>					
BEHAVIOUR AND CONDITION OF ANIMAL AT TIME OF EXPOSURE			GEOGRAPHIC LOCATION WHERE EXPOSURE OCCURRED		
ANATOMICAL SITE EXPOSED			TYPE OF EXPOSURE		
HEAD/NECK    TORSO    LIMB    OTHER			SALIVA CONTAMINATION TO:		
			BITE    SCRATCH    BAT    OTHER    OPEN WOUND    MUCOUS MEMBRANE		
IS THIS A DOMESTIC ANIMAL?		STRAY OR WILD ANIMAL		WERE THERE OTHER DOMESTIC ANIMALS EXPOSED?	
YES    NO    UNKNOWN		YES    NO    UNKNOWN		YES    NO    UNKNOWN	
				ANIMAL UNDER OBSERVATION	
				YES    NO    UNKNOWN    EUTHANIZED	
WAS THIS A PROVOKED ATTACK		SAMPLE COLLECTION REQUIRED?		IF DOMESTIC ANIMAL, DATE OF LAST RABIES IMMUNIZATION	
YES    NO    UNKNOWN		YES    NO		(YYYY/MM/DD)    VET CLINIC	
<b>EXPOSED INDIVIDUALS IMMUNIZATION HISTORY</b>				DATE OF LAST TETANUS IMMUNIZATION (YYYY/MM/DD)	
RABIES IMMUNIZATION WITHIN PAST 2      YES    NO    UNKNOWN					
YEARS NUMBER OF DOSES:				IMMUNOCOMPETENT	
DATE(S) (YYYY/MM/DD)				YES    NO    UNKNOWN	

\*\*See Section 8.3 in protocol for a list of which animal exposures are rarely reportable.

<b>OTHER INFORMATION – ANY PERTINENT INFORMATION NEEDED FOR CASE MANAGEMENT</b>
(e.g. primary care provider information, wound management, prophylaxis recommendations, additional animal information, additional owner information, etc.)

**FAX IMMEDIATELY TO REGIONAL PUBLIC HEALTH OFFICE (CONTACT DETAILS ON PAGE 3)**

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**STEP3: PUBLIC HEALTH PRACTITIONER TO COMPLETE FORM AND FAX TO 204-948-2190 (MRC)**

ACTIONS TAKEN	
<p><i>ANIMAL</i></p> <p>NO FURTHER ACTION</p> <p>OBSERVE FOR 10 DAYS UNTIL (YYYY/MM/DD) _____</p> <p>LOOK FOR ANIMAL UNTIL (YYYY/MM/DD) _____</p> <p>IF FOUND IF NOT FOUND</p> <p>SPECIMEN SENT FOR TESTING    YES        NO</p>	<p><i>EXPOSED</i></p> <p>RABIES IMMUNE GLOBULIN (Rablg) RECOMMENDED    YES    NO</p> <p>RABIES VACCINE RECOMMENDED        YES        NO</p>

OUTCOME	
<p><i>ANIMAL</i></p> <p>ANIMAL WELL AT 10 DAYS</p> <p><input type="checkbox"/> ANIMAL NOT FOUND</p> <p><input type="checkbox"/> RABIES REPORT POSITIVE</p> <p>RABIES REPORT NEGATIVE</p>	<p><i>EXPOSED</i></p> <p>RABIES IMMUNE GLOBULIN COMPLETED    YES    NO</p> <p>DATE(YYYY/MM/DD) _____</p> <p>NUMBER OF RIG VIALS USED _____ mls</p> <p>NUMBER OF VACCINE DOSES GIVEN _____</p> <p>DATES GIVEN (YYYY/MM/DD)</p> <p>1) _____ 2) _____</p> <p>3) _____ 4) _____</p> <p>5) _____</p> <p>REASON FOR PROPHYLAXIS INCOMPLETE</p>

RABIES IMMUNE GLOBULIN DOSAGE			
<i>Circle volume and number of vials required</i>			
KG	LB	VOLUME (ml) (300I.U./ml)	NO . OF 1ml VIALS
3	7	0.2	1
4	9	0.27	1
5	11	0.33	1
10	22	0.67	1
15	33	1.0	1
20	44	1.3	2
25	55	1.7	2
30	66	2.0	2
35	77	2.3	3
40	88	2.7	3
45	100	3.0	3
50	111	3.3	4
55	121	3.7	4
60	132	4.0	4
65	143	4.3	5
70	155	4.7	5
75	165	5.0	5
80	176	5.3	6
85	187	5.7	6
90	198	6.0	6
100	220	6.7	7
110	242	7.3	8
120	264	8	8

NAME OF MEDICAL OFFICER OF HEALTH

  
  

DATE (YYYY/MM/DD) \_\_\_\_\_

a) To calculate volume in ml=    kg \* 0.067

b) To calculate number of vials =    ml/1 (Round all decimals up)

**\*HyperRab Format 1 x 2mL of 150 IU/mL injectable solution has transitioned to HyperRab Format 1 x 1mL of 300 IU/mL, injectable solution.**

**REGIONAL CONTACT INFORMATION:**

## WINNIPEG REGIONAL HEALTH AUTHORITY (WR)

CD Intake – Winnipeg    [WRHARabies@wrha.mb.ca](mailto:WRHARabies@wrha.mb.ca)    Tel: 204-940-2081    Fax: 204-940-2690CD Intake – Churchill    [rcranford@wrha-ch.ca](mailto:rcranford@wrha-ch.ca)    Tel: 204-675-8327    Fax: 204-675-2445  
After hours and W/E    Fax: 204-675-2312

## INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY (IE)

CD Coordinator    [rabiesreporting@ierha.ca](mailto:rabiesreporting@ierha.ca)    Tel: 204-467-4417    Fax: 204-467-4765

## SOUTHERN HEALTH – SANTE SUD (SH)

CD Coordinator    [rabies@southernhealth.ca](mailto:rabies@southernhealth.ca)    Tel: 204-428-2772    Fax: 204-428-2734

## PRAIRIE MOUNTAIN HEALTH (PMH)

PH Manager    [communicabledisease@pmh-mb.ca](mailto:communicabledisease@pmh-mb.ca)    Tel: 204-578-2500    Fax: 204-759-4033

## NORTHERN REGIONAL HEALTH AUTHORITY (NR)

PH Manager    [rmacdonald2@nrha.ca](mailto:rmacdonald2@nrha.ca)    Tel: 204-778-1538    Fax: 204-778-1741

## FIRST NATIONS INUIT HEALTH BRANCH

[mbphu@sac-isc.gc.ca](mailto:mbphu@sac-isc.gc.ca)

Public Health Unit    Tel: 204-983-0550    Fax: 204-984-7271

Nurse Manager On Call (after hours)    Tel: 204-918-5428

## MANITOBA PUBLIC HEALTH

Rabies Coordinator    [rabies@gov.mb.ca](mailto:rabies@gov.mb.ca)    Tel: 204-788-8666    Fax: 204-948-2190