

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 AT 204-788-8666 IF CASE IS HIGH RISK (e.g. INVOLVES A WILD ANIMAL - SEE APPENDIX D IN PROTOCOL FOR RISK STRATIFICATION). 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 _____		
EXPOSED INDIVIDUAL'S INFORMATION					
LAST NAME		FIRST NAME		PHIN:	
				DATE OF BIRTH (YYYY/MM/DD)	SEX
				WEIGHT (KG)	
*STREET	*CITY	*PROVINCE	*HEALTH REGION	*POSTAL CODE	TELEPHONE
					ALTERNATE TELEPHONE
ANIMAL OWNER'S NAME AND CONTACT INFORMATION					
LAST NAME		FIRST NAME		TELEPHONE / ALTERNATE TELEPHONE	
STREET				CITY	
PROVINCE		POSTAL CODE		HEALTH REGION	
**TYPE OF ANIMAL			DESCRIPTION OF ANIMAL		
ALL APPLICABLE PARTIES ADVISED NOT 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)

EXPOSURE INFORMATION					
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		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	
EXPOSED INDIVIDUALS IMMUNIZATION HISTORY				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.

OTHER INFORMATION – ANY PERTINENT INFORMATION NEEDED FOR CASE MANAGEMENT
(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 _____</p> <p>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 Tel: 204-940-2081 Fax: 204-940-2690CD Intake – Churchill 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 Tel: 204-467-4757 Fax: 204-467-4765

SOUTHERN HEALTH – SANTE SUD (SH)

CD Coordinator rabies@southernhealth.ca Tel: 204-428-2772 Fax: 204-428-2734

PRAIRIE MOUNTAIN HEALTH (PMH)

PH Manager communicabledisease@pmh-mb.ca Tel: 204-578-2500 Fax: 204-759-4033

NORTHERN REGIONAL HEALTH AUTHORITY (NR)

PH Manager rmacdonald2@nrha.ca Tel: 204-778-1538 Fax: 204-778-1741

FIRST NATIONS INUIT HEALTH BRANCH

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 Tel: 204-788-8666 Fax: 204-948-2190