

Animal Bites and Other Potential Rabies Exposures

West Virginia Electronic Disease Surveillance System

Division of Surveillance and Disease Control

Infectious Disease Epidemiology Program

Phone: 304-558-5358 or 800-423-1271 in West Virginia

Fax: 304-558-8736

Disease Under Investigation

Investigation Status*

Closed Open Regional Review State Review Superseded Unassigned

Case Status*

Confirmed Not a Case Probable Suspect Unknown

Patient Information

* indicates required fields

Last Name*		First Name*		Middle Initial			
Street Address							
City		County		State West Virginia		Zip	
Home Phone ###-###-####		Other Phone ###-###-####		Ext.		Report Date mm/dd/yyyy	

Parent / Guardian Information

Last Name		First Name		Middle Initial		Relationship to Patient	
<input type="radio"/> Check if address is same as above; otherwise complete guardian contact information below							
Guardian Street Address							
City		County		State West Virginia		Zip	
Home Phone ###-###-####		Ext.		Other Phone ###-###-####		Ext.	

Patient Demographic Information

* indicates required fields

Sex
 Male Female Transsexual Unknown Failure to report sex/missing sex Other (Specify) _____
Date of Birth*

mm/dd/yyyy

Age**Age Units**
 Days Weeks Months Years
Ethnicity
 Hispanic or Latino Not Hispanic or Latino Unknown Failure to report ethnicity/missing ethnicity
Race

(Check all that apply)

 American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander _____
 White Unknown
 Failure to report race/missing race Some Other Race _____

Provider with Further Patient Information

Last Name**First Name****Facility****Phone**

###-###-####

Ext.**Fax**

###-###-####

Address**City****State**

West Virginia

Zip

Circumstances of Bite/Exposure

Bite Wound**Date of Bite/Exposure**

mm/dd/yyyy

Time of Bite/Exposure**AM or PM**
 AM PM
Type of Exposure

(select most severe)

If Other:**Location of Bite/Exposure (check all that apply):**

(Check all that apply)

 Face/Head Neck Torso Abdomen Arm(s) Leg(s) Feet Hand(s)
Was the bite?
 Provoked Unprovoked
Was the animal behaving?
 Normally Abnormally
Was the animal restrained by?
 Fence/Leash Nothing/Roaming Does not apply (indoors)
Was patient hospitalized for the bite?
 Yes No
Name of Hospital**Date of Admission**

mm/dd/yyyy

Did Patient die from bite?
 Yes No Unknown
Date of Death

mm/dd/yyyy

Circumstances of Bite/Exposure cont.

Treatment Received

How long before wound(s) cleansed with soap and water?

(Check all that apply)

 Hours (specify) _____ Minutes (specify) _____

Wound care received

Was Rabies Post-Exposure Prophylaxis (PEP) initiated?

 Yes No

Manufacturer

Number

Anatomical Site of Admin.

Date Administered

mm/dd/yyyy

RIG

Vaccine

Person or Facility That Notified Local Health Department

Name/Facility

Date

mm/dd/yyyy

Time

 Check if same as provider

Phone

###-###-####

Ext.

Fax

###-###-####

Address

City

State

West Virginia

Zip

E-mail

Species of animal:

If Other:

 Pet Stray Wild

If Dog/Cat: Sex:

(Check all that apply)

 Male Female S/N

Age (if known):

Age Units

 Months Years

Name of animal

Description of animal (Breed of animal)

Owner Information

Owner Name:

Phone Number

###-###-####

 Check if in same household as patient

Address

Other phone #

###-###-####

City

County

State

West Virginia

Zip

Public Health Investigation

Name of Person Interviewed

Relationship to Patient

Date of Interview

mm/dd/yyyy

Investigator

Date public health investigation began

mm/dd/yyyy

Health Department

Phone

###-###-####

Ext.

Investigation ID

Part of an Outbreak?

 Yes No Unknown

Outbreak Name

Lost to follow-up?

 Yes No

Public Health Investigation cont.

Owner Notified: <input type="radio"/> Yes <input type="radio"/> No	Date Notified: mm/dd/yyyy	By: <input type="radio"/> Phone <input type="radio"/> Letter <input type="radio"/> Visit
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Rabies Vaccination History (confirmed by certificate or vet record, not tag):

Within the past 2 years? <input type="radio"/> Yes <input type="radio"/> No	Date: mm/dd/yyyy	Prior history (if available) Date: mm/dd/yyyy	Date: mm/dd/yyyy
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Status of Animal:

Confined Killed Died Lost Other: _____

If Confined:

Date confined: mm/dd/yyyy	<input type="radio"/> Home <input type="radio"/> Veterinarian <input type="radio"/> Animal Shelter	Location address:
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Final status of animal after 10 day confinement:

Healthy Clinical Symptoms Escaped Died Lost to follow-up

Sanitarian:	Date completed and checked: mm/dd/yyyy	Sanitarian Comments:
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Laboratory Results

Animal Head Submitted for Examination? <input type="radio"/> Yes <input type="radio"/> No	Date Submitted mm/dd/yyyy	Lab ID Number
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Date Received mm/dd/yyyy	Tech Initials	Date Reported mm/dd/yyyy	Tech Initials
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FA Results

Positive Unsatisfactory Negative Non-Diagnostic

Area of Brain

All Areas Cerebrum Cerebellum Hippocampus Brainstem

Condition of Brain

Satisfactory Decomposed Mutilated Unsatisfactory/missing

Laboratory Name	Phone ###-###-####	Ext.	Fax Number ###-###-####
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Address

State: West Virginia	Zip:
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Public Health Action Taken**Patient's Pre-Exposure Status**

Previously Vaccinated *No Previous*

Patient's Post-Exposure Vaccination

- Previously Vaccinated*
 Series initiated but not completed (number of doses) (specify) _____
 Series initiated and completed (date completed) (specify) _____

Other follow-up, describe: