



Rabies

County _____

LHJ Use ID _____
 Reported to DOH Date ____/____/____
 LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Epi Link: _____

Outbreak-related
 LHJ Cluster# _____
 LHJ Cluster Name: _____
 DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____ Investigation start date: ____/____/____
 Reporter (check all that apply)
 Lab Hospital HCP
 Public health agency Other
 OK to talk to case? Yes No Don't know
 Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____ Birth date ____/____/____ Age _____
 Address _____ Homeless Gender F M Other Unk
 City/State/Zip _____ Ethnicity Hispanic or Latino
 Not Hispanic or Latino
 Phone(s)/Email _____ Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other
 Alt. contact Parent/guardian Spouse Other Name: _____
 Zip code (school or occupation): _____ Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____

CLINICAL INFORMATION

Onset date: ____/____/____ Derived Diagnosis date: ____/____/____ Illness duration: _____ days

Signs and Symptoms

- Y N DK NA**
 Fever Highest measured temp: _____ °F
 Type: Oral Rectal Other: _____ Unk
 Headache
 Malaise
 Weakness
 Anxiety/apprehension
 Pain/sensory changes around location of bite
 Excitability
 Trouble swallowing, aversion to water (hydrophobia)
 Aversion to air flow on face (aerophobia)

Clinical Findings

- Y N DK NA**
 Encephalitis
 Paresis
 Paralysis
 Delirium
 Convulsions
 Aerophobia
 Hydrophobia
 Coma

Hospitalization

- Y N DK NA**
 Hospitalized at least overnight for this illness
 Hospital name _____
 Admit date ____/____/____ Discharge date ____/____/____
Y N DK NA
 Died from illness Death date ____/____/____
 Autopsy Place of death _____

Vaccine History

- Y N DK NA**
 Rabies vaccine given
 Date of initial dose: ____/____/____
 Total # rabies doses: _____
 Vaccine name: _____
 Prescribing HCP name: _____
 Vaccination refused

Laboratory

- Collection date ____/____/____
 Source _____
 P = Positive O = Other
 N = Negative NT = Not Tested
 I = Indeterminate
P N I O NT
 DFA for rabies (clinical specimen, preferably brain or nuchal biopsy)
 Rabies virus culture (saliva, CSF or CNS tissue)
 Rabies antibodies ≥ 5 in CSF
 Rabies antibodies ≥ 5 in serum of unvaccinated person
 Lab submitted to: _____

NOTES

INFECTION TIMELINE

Enter onset date/time (first sx) in heavy box. Count backward to determine probable exposure period

Exposure period*
 Weeks from onset: - 8 -3
 Calendar date/time:

o
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t

* rarely, may be as short as 9 days or as long as 7 years, depending on site and severity of wound

EXPOSURE

Y N DK NA

Travel out of the state, out of the country, or outside of usual routine
 Out of: County State Country
 Destinations/Dates: _____

Circumstances of animal exposure: _____

Wound cleaned: Y N DK NA
 Animal exposure provoked: Y N DK NA
 Others exposed to animal: Y N DK NA

Y N DK NA

Occupational exposure (e.g. pet shop, veterinary clinic, lab worker, wildlife worker)
 Animal exposure
 Type of animal exposure:
 Bite Saliva Scratch
 Bat in house Bat in sleeping area
 Other: _____ Unk
 Type of animal:
 Bat Cat Dog Ferret Raccoon
 Other: _____ Unk
 Animal status:
 Domestic Stray Wild
 Other: _____ Unk
 Animal description: _____
 Breed: _____
 Animal name: _____

Y N DK NA

Animal vaccination history known
 Animal rabies vaccination status:
 Unvaccinated or vaccine not current
 Vaccinated Unk
 Date of (animal) last rabies vaccine: ___/___/___
 Total # (animal) rabies doses: _____

Y N DK NA

Animal contact/control information known. If yes:
 Animal owner or location (e.g. park) name: _____
 Owner or location address: _____
 Owner or location phone number: _____
 Veterinary clinic name: _____
 Clinic address: _____
 Clinic phone: _____
 Veterinarian name: _____
 Animal control contact name: _____
 Animal control contact phone: _____

Y N DK NA

Injury or exposure circumstances known
 Date of exposure: ___/___/___
 Exposure location: _____
 Anatomic site of injury or wound (e.g. head, arm): _____

Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

Exposure details: _____

No risk factors or exposures could be identified

Patient could not be interviewed

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

Treatment recommended
 if yes:
 Human RIG given Y N DK NA
 Date: ___/___/___
 RIG refused

PUBLIC HEALTH ISSUES

Y N DK NA

Public health issues

PUBLIC HEALTH ACTIONS

Animal disposition: Sent for testing Under observation
 Healthy after 10 day observation
 Lost to follow-up Other: _____
 Quarantine site contact name: _____
 Quarantine site address: _____
 Quarantine site phone: _____

Investigator _____ Phone/email: _____

Investigation complete date ___/___/___

Local health jurisdiction _____

Record complete date ___/___/___