MARYLAND REPORT OF HUMAN POST-EXPOSURE RABIES PROPHYLAXIS

Completed By Local Health Jurisdiction or Attending Health Care Provider

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **JURISDICTION:** | | | | | |  | | | | | | | | | | | | | | | | **COMPLETED BY:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DATE:** | | | | | | |  | | | | | | | |
| **PATIENT IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Patient name** | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | **Phone** | | | | | | | | | | ( | | |  | | | | | | ) | |  | | | | - | | |  | | |
|  | | | | (Last) | | | | | | | | | | | | | | | (First) | | | | | | | | | | | | | | | | | | | | | | (M.I.) | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | Number and Street (Not P.O. Box Number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City | | | | | | | | | | | | | | | | | | County | | | | | | | | | | | | | | | | | | Zip Code | | | | | |
| **Date of birth** | | | | |  | | | | **Sex** | | ❑Male | | | | | ❑Female | | | | | | | | | | | ❑Unknown | | | | | | | | | | | | **Is patient Hispanic or Latino?** | | | | | | | | | | | | | | | | | | | | | | | | | | ❑Yes | | | | | | | | | ❑No | | | | | | | |
| **Race** | Select one or more. If multiracial,  select all that apply | | | | | | | | | | | | | | ❑American Indian or Alaskan Native | | | | | | | | | | | | | | | | | | ❑Asian | | | | | | | | | ❑Black or African American | | | | | | | | | | | | | | | | | | ❑Native Hawaiian or  Other Pacific Islander | | | | | | | | | | | | | | | | | | | | | ❑White |
| **EXPOSURE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address of exposure** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | Number and Street (Not P.O. Box Number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City | | | | | | | | | | | | | | | | | | | | | County | | | | | | | | | | | | | | | | Zip Code | | | | | | |
| **Date of exposure: (MM/DD/YY)** | | | | | | | | | |  | | | | | | | | | | | | | | | | **Time** | | | | | | | | | | ❑Dawn | | | | | | | | | ❑Daylight | | | | | | | | | | | | | | ❑Dusk | | | | | | | | | | ❑Dark | | | | | | ❑Unknown | | | | | | |
| **Ownership of rabid/suspect animal** | | | | | | | | | | | | | | ❑Owned | | | | | | | | | | | ❑Not Owned-Feral Cat Colony | | | | | | | | | | | | | | | | | | | | | | | | ❑Not Owned-Other | | | | | | | | | | | | | | | | | | |  | | | | | | | ❑Unknown | | | | | | |
| **Species (rabid/suspect animal)** | | | | | | | | | | | | | ❑Bat | | | | | | ❑Cat | | | | | | | | | ❑Cow | | | | | | ❑Dog | | | | | | | | ❑Ferret | | | | | | | | ❑Fox | | | | | | | ❑Goat | | | | | | | | | | ❑Groundhog/Woodchuck | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | ❑Horse/Pony | | | | | | | | | | | | | ❑Monkey (Specify Species) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | ❑Rabbit | | | | | | | | | | | ❑Raccoon | | | | |
|  | | | | | | | | | | | | | ❑Skunk | | | | | | | | | | ❑Sheep | | | | | | | | ❑Squirrel | | | | | | | | | | | | ❑Other : | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | ❑Unknown | | | | | | | | |
| **DISPOSITION OF ANIMAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Was animal tested?** | | | | | | | | | | | | | ❑Yes | | | | **Lab accession #** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | ❑No | | | | | | | ❑Unknown | | | | | | | | | | | | | | | | |  | |
| **Rabies test result** | | | | | | | | | | | | | ❑Positive | | | | | | | | | | | ❑Negative | | | | | | | | | | | | | ❑Unsatisfactory | | | | | | | | | | | | | | | | ❑Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10 day quarantine?** | | | | | | | | | | | | | Date started (MM/DD/YY) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Date completed (MM/DD/YY) | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **If quarantine was not completed, explain why** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Was the animal vaccinated?** | | | | | | | | | | | | | ❑Yes | | | | **Date of expiration** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | ❑No | | | | | | ❑Unknown | | | | | | | | | | | | | | | | | |  | | |
| **ANATOMICAL SITE OF EXPOSURE TO RABID/SUSPECT ANIMAL** (Check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ❑Head / Neck | | | | | | | | ❑Arm / Hand | | | | | | | | | ❑Leg / Foot | | | | | | | | | | | | | | | ❑Torso (Trunk) | | | | | | | | | | | | | | | | ❑Unknown | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **TYPE OF EXPOSURE TO RABID/SUSPECT ANIMAL** (Check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ❑Single bite | | | | | | | | | ❑Saliva in eye, nose, or mouth | | | | | | | | | | | | | | | | | | | | | | | | | | ❑ Saliva contaminating open wound | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ❑Multiple bites | | | | | | | | | ❑Skinning / Dressing animal | | | | | | | | | | | | | | | | | | | | | | | | | | ❑Touching / Petting / Treating animal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ❑Scratch | | | | | | | | | ❑Bat in room | | | | | | | | | | | | | | | | | | | | | | | | | | ❑Other: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CIRCUMSTANCES OF EXPOSURE** (Check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ❑Patient approached animal | | | | | | | | | | | | | | | ❑ Animal approached patient | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ❑Petting / Touching / Playing / Picking up | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ❑Feeding / Taking food away from animal | | | | | | | | | | | | | | | ❑Skinning / Dressing animal carcass | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ❑Eating the rabid / suspect animal | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ❑Treating / Nursing / Examining animal | | | | | | | | | | | | | | | ❑Breaking up fight between animals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ❑Unprovoked attack by animal | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ❑Unknown | | | | | | | | | | | | | | | ❑Other (Explain) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRE AND POST-EXPOSURE RABIES PROPHYLAXIS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Was patient pre-immunized against rabies?** | | | | | | | | | | | | | | | | | | | | ❑Yes | | | | | | | | | **Date series completed** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | ❑No | | | | | | | | | | ❑Unknown | | | | | | | | | | | | | |
| **Type of post-exposure prophylaxis given** | | | | | | | | | | | | | | | | | | | | | ❑Complete – HRIG & 4 vaccine doses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ❑Incomplete: # of doses given | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| ❑Booster – 2 vaccine doses | | | | | | | | | | ❑Unknown | | | | | | | | ❑Not given | | | | | | | | | | | | | | ❑Other: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for not completing PEP** | | | | | | | | | | | | ❑Patient refused | | | | | | | | | | | | | | ❑Animal negative | | | | | | | | | | | | | | | | | | ❑Other: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | ❑Unknown | | | | |
| **Date series started (**MM/DD/YY) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | **Date series completed/stopped (**MM/DD/YY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **COMMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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