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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