

# Rhode Island Department of Health (RIDOH) – Animal Bite Case Report Form

RABIES VACCINE AND RABIES IMMUNE GLOBULIN ADMINISTRATION REQUIRES PRE-AUTHORIZATION BY A RIDOH PHYSICIAN

## Patient Information:

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number(s): Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  Unknown  
Race:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  Unknown  
Name of additional contact: \_\_\_\_\_ Phone no. of additional contact: \_\_\_\_\_

## Incident Information:

Incident date: \_\_\_\_/\_\_\_\_/\_\_\_\_ City of incident: \_\_\_\_\_ State of incident: \_\_\_\_\_ Report date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reported to RIDOH by (name & organization): \_\_\_\_\_ Phone: \_\_\_\_\_  
Describe incident: \_\_\_\_\_ (continue on back)

## Exposing Animal Information:

Type:  Dog  Cat  Bat  Raccoon  Skunk  Other (specify species): \_\_\_\_\_  
If Dog or Cat:  Owned  Stray  Unknown  
Owner:  Victim  Not Victim: If Not Owned By Victim: Owner's Last Name: \_\_\_\_\_ Owner's First Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

## Status of animal at time of report

(Check ONE):  Not captured, but known to victim  Quarantined (location): \_\_\_\_\_  
 Dead but NOT tested for rabies  Submitted for Lab Testing  Not captured

## Wound Information:

Type:  Bite – penetration of the skin by teeth  Scratch or Abrasion  Saliva of animal on wound/lesions/mucosa  Proximity (bats)  
Location:  Arm or Hand  Leg or Foot  Head or Neck  Trunk Details: \_\_\_\_\_

## DO NOT WRITE BELOW THIS LINE – RIDOH OFFICIAL USE ONLY:

Lab Exam (animal): Date of lab result: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rabies number: \_\_\_\_\_  
Exam result:  Positive  Negative  Inconclusive  Unable to test If bat, note species: \_\_\_\_\_

## Final Disposition

(Check ONE):  Alive and well  Quarantined (location): \_\_\_\_\_  
 Dead but NOT tested for rabies  Submitted for Lab Testing  Not captured

Rabies vaccination status:  UTD  Not UTD  Unknown  Does Not Apply

Additional Patient Information (for Vaccine Recipients Only): Weight (lbs.): \_\_\_\_\_ Insurance:  No  Yes Name of plan: \_\_\_\_\_  
Immunosuppressed:  No  Yes: Specify condition (contact medical provider as needed): \_\_\_\_\_

## Recommendations for Post Exposure Prophylaxis:

- No risk exposure: Keep record for case management filing – no data entry required [e.g., non-rabies species; neg. test result; assessed as non-exposure]
- Low risk exposure: No vaccine recommended (Check ONE:  10 day quarantine  Animal remains alive and well  Lowest risk animal type)
- Rabies exposure (Check ONE):
  - HRIG and 4 doses vaccine
  - HRIG and 5 doses vaccine [Person immunocompromised. Titer required 2 weeks after final dose]
  - No HRIG and 2 doses vaccine [Person previously vaccinated with FDA-approved vaccine (HDCV or PCEC)]
  - "Off schedule" vaccination (describe): \_\_\_\_\_
  - Other vaccination recommendation (describe): \_\_\_\_\_
  - Patient refused vaccine [after risk counseling by nurse and/or MD]
- Unable to reach patient -- No response to letter. Letter sent on (date): \_\_\_\_/\_\_\_\_/\_\_\_\_

Vaccine Release Information: Authorizing DOH physician: \_\_\_\_\_ Dispensing Pharmacy: \_\_\_\_\_

Place of RX: 1<sup>st</sup> Dose \_\_\_\_\_ Date of vaccine release: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initial RIDOH Intake Completed by (name): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Case Closed by (name): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Return Form to:

Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology, Room 106, 3 Capitol Hill, Providence, RI 02908  
or Fax to (401)-222-2477 or Phone report to (401)-222-2577, (401)-272-5952 after hours





## **Instructions for Non-RIDOH Staff Completing and Submitting the RIDOH Animal Bite Case Report Form**

### **The Purpose of This Form**

The RIDOH Animal Bite Case Report Form is used to collect information about individuals who have potentially been exposed to the rabies virus through contact or possible contact with an animal. The information is used during the case management process to help RIDOH clinicians determine if a patient needs to be treated prophylactically for rabies exposure and analyzed by epidemiologists to better understand the occurrence of potential human exposure to animal rabies.

### **Who Should Use This Form?**

Forms should be submitted to RIDOH by health care providers, animal control officers, and other community partners who are collecting information about an animal bite victim. The form is also used by RIDOH on-call staff and clinicians to collect information for case management and epidemiological analysis.

### **How to Submit This Form to RIDOH:**

Once completed, the RIDOH Animal Bites Case Report Form should be submitted by fax (preferred) at 401-222-2477 or by mail to the Center for Acute Infectious Disease Epidemiology, Room 106, 3 Capitol Hill, Providence, RI 02908. If the form is unable to be submitted by fax or mail, please call the Center for Acute Infectious Disease Epidemiology directly at 401-222-2577 to report the incident verbally.

### **How to Fill Out This Form**

#### **General Instructions Part I**

1. Type or print legibly in black or blue ink.
2. Answer all items on the top half of the form completely and accurately.
3. Only fill in the top half of the form above the line that states "DO NOT WRITE BELOW THIS LINE – RIDOH OFFICIAL USE ONLY."

#### ***Section 1: "Patient Information"***

1. Fill in the last and first names of the patient, the age and date of birth of the patient, the patient's residential street address, city, state and zip code and at least one of the following: patient's cell phone number, patient's home phone number, and/or patient's work phone number in the spaces provided.
2. As part of RIDOH's strategic goals, important patient demographic information, including ethnicity and race, is requested. Check the boxes that best describe the patient's ethnicity and race. If unknown, check "Unknown."
3. Provide the name and phone number of an additional contact of the patient who can be reached if the patient cannot be reached directly.

### **Section 2: "Incident Information"**

1. Provide the date the patient was exposed to the animal, the city and state where the incident occurred, the date the incident is being reported to RIDOH (this is most likely today's date), the reporting individual's name and (if applicable) the organization of the reporting individual (e.g. "Dr. John Doe, Rhode Island Hospital Emergency Department"). In addition, provide the phone number of the reporting individual.
2. Give a description of the incident. If additional space for description is required, turn the form over and continue the description in the "Notes" section.

### **Section 3: "Exposing Animal Information"**

1. Check the box that describes the species of animal to which the patient was exposed. If the species is not listed by a checkbox, check "Other" and fill in the name of the species.
2. If the victim was exposed to a dog or a cat, indicate if the dog or cat was "Owned," "Stray," or "Unknown."
  - a. If the box was checked next to "Owned," indicate whether or not the animal was owned by the victim by checking the applicable box of "Victim" or "Not Victim."
    - i. If the animal's owner was determined to be "Not Victim", proceed to the subsection "If Not Owned by Victim" to give the owner's last name, owner's first name, owner's address, and owner's phone number.

### **Section 4: "Status of animal at time of report (Check ONE)"**

1. To indicate the status of the animal at time of report, check only one of the boxes available.

### **Section 5: "Wound Information"**

1. Check the box(es) that most accurately describe(s) the wounds that patient suffered.
  - a. NOTE: Check "Proximity (bats)" if a person has been asleep, incapacitated, or unconscious in the presence of a bat. It can be very difficult to determine if a person has been exposed to the bat's saliva while incapacitated. As a result, these cases are considered "high-risk" exposures.
2. Provide information about the location of the wound(s) by checking the appropriate box(es). Additional details can be provided in the space by "Details" (e.g. "animal saliva in patient's eyes").

**Only fill in the top half of the form above the line that states "DO NOT WRITE BELOW THIS LINE – RIDOH OFFICIAL USE ONLY."**

**If you have completed the steps listed in sections 1-5 completely and accurately, please submit the form following the instructions provided in the "Return Form to" section at the very bottom of the RIDOH Animal Bite Case Report Form or on the first page of this instructional document (see "How to Submit This Form to RIDOH" above).**

### **Questions?**

Call the RIDOH, Center for Acute Infectious Disease Epidemiology, Rabies Control Program at 401-222-2577 between 8:30AM-4:30PM or 401-272-5952 after hours