

Animal Encounter Report Form

SG-58 REV. 10/12

FOR HEALTHCARE PROVIDER/FACILITY ATTENDING TO ANIMAL BITE PATIENT

PAGE 1

Note to Providers: Complete as much information as possible on page 1 of this form. Fax this report to the local health department immediately.

PATIENT DEMOGRAPHICS

| | | |
|--|--------------------------|---|
| Name (last, first): _____ | | Birth date: / / _____ Age: _____ |
| Address (mailing): _____ | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk |
| Address (physical): _____ | | Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unk |
| City/State/Zip: _____ | | Race: <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. Amer. <input type="checkbox"/> Asian <input type="checkbox"/> Am. Ind/AK Native |
| Phone (home): _____ | Phone (work/cell): _____ | (Mark all that apply) <input type="checkbox"/> Native HI/Other PI <input type="checkbox"/> Unk |
| Alternate contact: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other | | |
| Name: _____ Phone: _____ | | |

PROVIDER INFORMATION

Physician: _____ Phone: _____ Fax: _____
 Facility: _____ Address: _____
 City/State/Zip: _____ Date reported to health department: ___/___/___

BITE/EXPOSURE INFORMATION

| | |
|--|--|
| Exposure date: ___/___/___ | Circumstances of Bite/Exposure |
| Exposure Type Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bite <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Scratch <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Saliva/CNS tissue contact with fresh* wound <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Saliva/CNS tissue contact with mucous membrane <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bat exposure with no definite bite or scratch <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (Describe: _____) <small>*Fresh wound=a wound that has bled within past 24 hours</small> | Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bite or scratch caused a break in the skin If yes, where on body (mark all that apply): <input type="checkbox"/> Head/neck/face <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Torso/chest/back <input type="checkbox"/> Arm <input type="checkbox"/> Foot <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exposure was provoked <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Animal was behaving abnormally |

CLINICAL INFORMATION

| | |
|---|--|
| Hospitalization Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient hospitalized for this exposure If yes, hospital name: _____ Admit date: ___/___/___ Discharge date: ___/___/___ | Treatment Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient wound cleaned <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient started rabies PEP series If yes, name of facility initiating PEP series: _____ If yes, did patient complete series ?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Please document known vaccination dates below: #1: ___/___/___ #2: ___/___/___ #3: ___/___/___ #4: ___/___/___ |
| Death Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient died due to this exposure If yes, date of death: ___/___/___ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient received human rabies immune globulin (RIG) If yes, RIG date: ___/___/___ |
| Vaccination History Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient previously received rabies vaccine prior to this exposure If yes, date of previous vaccination: ___/___/___ | |

ANIMAL INFORMATION

| | |
|--|---|
| Species Causing Exposure (mark all that apply): <input type="checkbox"/> Bat <input type="checkbox"/> Fox <input type="checkbox"/> Raccoon <input type="checkbox"/> Cat or kitten <input type="checkbox"/> Goat <input type="checkbox"/> Rodent <input type="checkbox"/> Cow <input type="checkbox"/> Horse <input type="checkbox"/> Sheep <input type="checkbox"/> Coyote <input type="checkbox"/> Monkey <input type="checkbox"/> Skunk <input type="checkbox"/> Dog or puppy <input type="checkbox"/> Pig <input type="checkbox"/> OTHER (list): _____ <input type="checkbox"/> Ferret <input type="checkbox"/> Rabbit _____ | Ownership status of animal: <input type="checkbox"/> Owned (pet, livestock, etc.) Owner Name: _____ Owner Address: _____ City/State/Zip: _____ Owner Phone: _____ <input type="checkbox"/> Non-owned (wild, stray, etc.) <input type="checkbox"/> Unknown |
| Total number of animals involved in encounter: _____ | |

ADDITIONAL NOTES:

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____ Entered in WVEDSS? Yes No Unk
 Investigation Start Date: / / _____ **Case Classification:**
 Earliest date reported to LHD: / / _____ Confirmed Probable Suspect
 Earliest date reported to state: / / _____ Not a case Unknown

Was owner contacted? Yes No Date Notified: / / _____ By: Phone Letter Visit

Rabies Vaccination Status of Animal:

If pet or livestock, were rabies vaccinations up-to-date*? Yes (Date: / / _____) No Unknown
 *For cats, dogs and ferrets: 1st Dose @3mo, Booster @ 1yr; Booster every 1-3 yrs (depending on manufacturer)
 Veterinarian: _____ Phone: _____

EXPOSURE INFORMATION

Y N U
 Occupational exposure If yes, indicate occupation: _____
 Exposure occurred outside the United States (If yes, please call DIDE immediately for consult)
 Exposure occurred in a county with a history of animal rabies activity
 Where did exposure occur? County: _____ State: _____ Country: _____

OBSERVATION TIMELINE

Instructions: enter exposure date in grey box. Count forward 10 days to determine observation period

| Observation* Period | |
|----------------------------|--------------------------|
| +0 days (Exposure date) | +10 days (Check Date) |
| Calendar dates: / / _____ | / / _____ |
| MM / DD / YYYY | MM / DD / YYYY |

*Period of observation for cats, dogs and ferrets is 10 days. For livestock, 14 days are recommended. Confinement of other species not appropriate.

ANIMAL FOLLOW UP INFORMATION

Y N U
 Animal involved in exposure was able to be confined
 if yes, indicate # days (from exposure to final check): _____ and final status: Healthy Died Lost Other: _____
 If yes, indicate where animal confined: Home Animal Shelter Veterinarian Other: _____
 Animal confinement not possible, but animal was able to be observed following the exposure
 (if yes, indicate # days (from exposure to observation): _____ and final status: Healthy Died Lost Other: _____)
 Other Animals Have Been Exposed (if yes, explain: _____)
 If livestock involved, has Ag been contacted (304-558-2214)

LABORATORY INFORMATION

Y N U
 Animal involved in exposure was submitted for rabies testing (If yes, date: / / _____ and Lab ID#: _____)
 Rabies virus detected in exposing animal via direct fluorescent antibodies (DFA) (If yes, date: / / _____)
 Patient notified of results (if applicable) (If yes, date: / / _____)

PUBLIC HEALTH ISSUES

Y N U
 Human exposure to an animal that was lost-to-follow-up
 Human exposure to an animal that was euthanized or killed and not available for testing
 Other:

PUBLIC HEALTH ACTIONS

Y N U
 Rabies education provided to patient
 Patient referred to healthcare provider
 Rabies PEP recommended to patient
 Referred patient to national indigent rabies vaccine program
 National B Virus Resource Center contacted to assist with exposure management (for exposures involving primates only)
 Responsible pet ownership education provided to animal (i.e., spay/neuter, rabies vaccine, caution w/young children)
 Outreach provided to employer to reduce employee risk (for occupationally-related exposures)
 Patient lost to follow-up
 Other:

NOTES