

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Division of Infectious Disease, Communicable Disease Control Section
Potential Human Rabies Exposure Case Report Form

(Note: Report possible rabies exposure first using morb card; after information is available complete this form.)

DEMOGRAPHICS

State ID Number _____ (IDPH use)

Patient's last name _____	First name _____	Phone (____) _____
Street address _____	City _____	ZIP Code _____
State <input type="checkbox"/> Illinois <input type="checkbox"/> Other _____	County _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Age _____ Is age in days/months/years? <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years	Ethnic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
Patient's physician _____	Occupation _____	Phone (____) _____
Date of bite (mo/day/yr) _____		

EXPOSURE CHARACTERISTICS

Type of exposure	
<input type="checkbox"/> Bite (anatomical site _____)	<input type="checkbox"/> Non-bite (contamination of open cut with saliva or nervous tissue)
<input type="checkbox"/> Non-bite (scratch or abrasion)	<input type="checkbox"/> Non-exposure (petting, handling, blood contact)
Where was person exposed? <input type="checkbox"/> Urban <input type="checkbox"/> Rural	
Address where exposed _____ County _____ State _____	
Animal species	
<input type="checkbox"/> Bat	<input type="checkbox"/> Fox/coyote
<input type="checkbox"/> Cat	<input type="checkbox"/> Livestock
<input type="checkbox"/> Dog	<input type="checkbox"/> Rabbit/hare
<input type="checkbox"/> Ferret	<input type="checkbox"/> Raccoon
<input type="checkbox"/> Rodent (rat, mouse, gerbil, guinea pig, hamster, squirrel, etc.)	
<input type="checkbox"/> Skunk	
<input type="checkbox"/> Other _____	
Was the animal? <input type="checkbox"/> Wild <input type="checkbox"/> Domesticated	
Domestic animal ownership <input type="checkbox"/> Patient's family <input type="checkbox"/> Other person <input type="checkbox"/> Stray	
Was the animal vaccinated for rabies?	
<input type="checkbox"/> Not vaccinated	
<input type="checkbox"/> Up-to-date on rabies vaccination	
<input type="checkbox"/> Previously vaccinated for rabies, but not up-to-date	
<input type="checkbox"/> Unknown	
Did the animal exhibit signs of rabies (check all that apply) such as –	
<input type="checkbox"/> Unusual aggression	<input type="checkbox"/> Excess salivation
<input type="checkbox"/> Impaired locomotion	<input type="checkbox"/> Wild animal with no fear of people
<input type="checkbox"/> Paralysis	<input type="checkbox"/> Other _____

EXPOSURE CHARACTERISTICS (CONTINUED)

Provoked/unprovoked (if dog, cat or ferret)

- Provoked (The bite is considered provoked if the animal is placed in a situation in which an expected reaction would be to bite, for example, invading an animal's territory, attempting to pet or handle an unfamiliar animal, startling an animal, running or bicycling past an animal, assisting an injured or sick animal, attempting to separate two fighting animals, trying to capture an animal or removing food, water or other objects from an animal.)
- Unprovoked (The bite is unprovoked if there is no apparent reason.)

Describe the exposure incident _____

- Disposition of animal** Tested for rabies Confined/Quarantined ____ days Unavailable for either
If tested, what were results? Positive Negative Unsatisfactory
If confined, did the animal survive the confinement period? Yes No

RABIES POST-EXPOSURE TREATMENT

Was the person previously vaccinated against rabies? Yes No

Where did the patient first receive a rabies PEP recommendation for this exposure?

- Health care provider Local health department Other _____

Was rabies post-exposure prophylaxis started? Yes No

Who made final recommendation on rabies PEP?

- Health care provider Local health department Other _____

If disagreement about whether rabies PEP was necessary, please provide explanation _____

Rabies PEP treatment

Patient refused recommended rabies PEP

Name of treatment	Date administered (mo/day/yr)	Body site
Rabies immune globulin		
First vaccine dose		
Second vaccine dose		
Third vaccine dose		
Fourth vaccine dose		
Fifth vaccine dose		

Was the series completed? Yes No

Where was rabies PEP received?

- Emergency room
- Physician's office
- Local health department

Person started but did not complete series because –

- Animal was tested negative for rabies
- Patient refused further treatment
- Patient was lost to follow-up
- Other _____

Payment source

- Private insurance Medicaid Worker's compensation Out-of-pocket No source of payment

Submitted by _____ (Name) _____ (organization) _____ (date)