

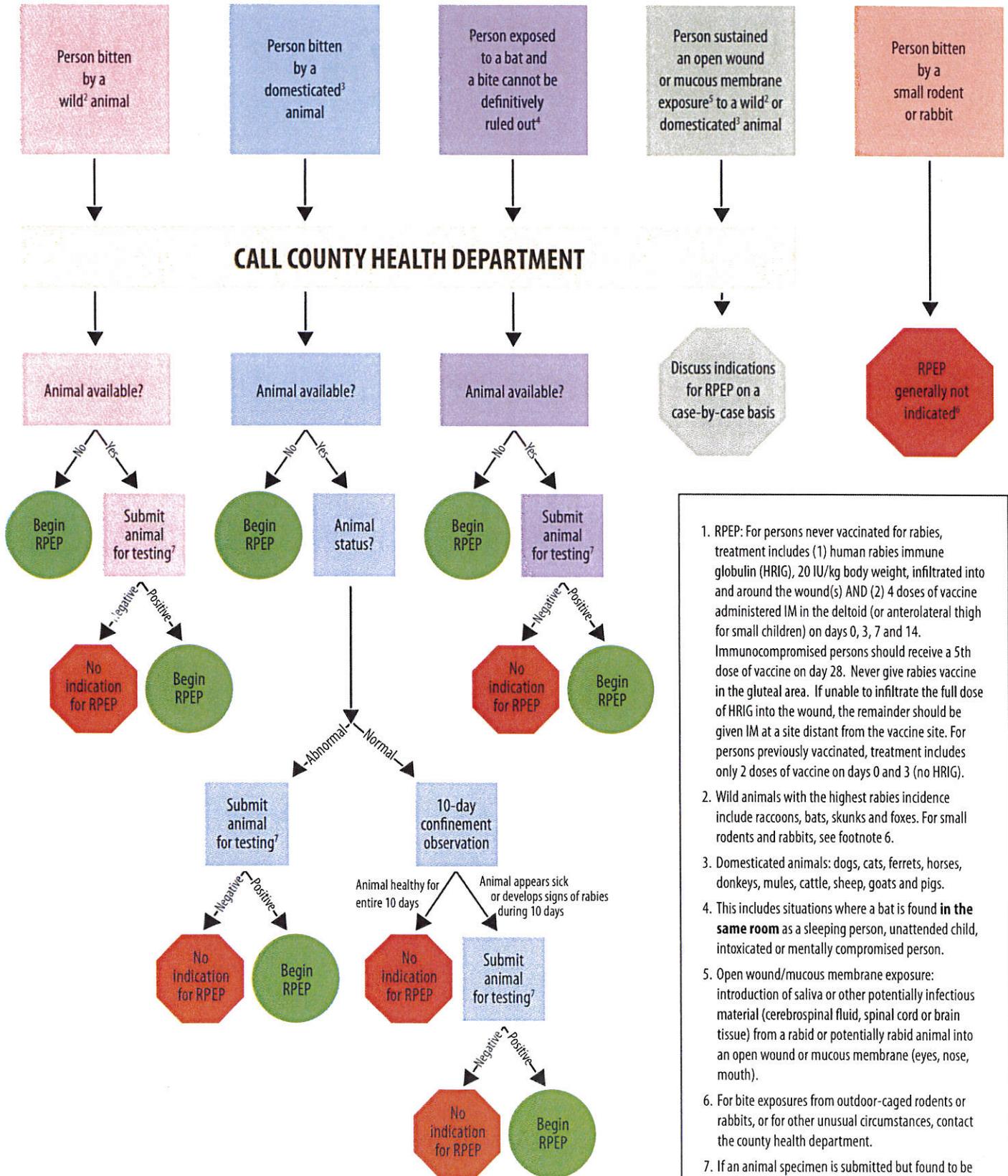
Schoharie County Department of Health
P.O. Box 667, 276 Main Street, Schoharie, NY 12157
(518)295-8382 Fax (518)295-8453
After Hours (518) 295-8114

Rabies Program - Human Exposure Report

Public Health Office Use Only:	
Animal vaccination date: ____/____/____	Letter sent: <input type="checkbox"/> Yes <input type="checkbox"/> No Date sent: ____/____/____
Vaccination exp: _____	Verified by: _____
Confinement Dates: Start ____/____/____	: Stop ____/____/____ Animal Euthanized? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ____/____/____
Rabies Exposure Log Number is: _____	

Type of Animal causing Exposure:	Date of Exposure Incident:	
Animal is:	Type of Exposure:	
Domestic Stray Wild	Scratch Bite Other: (explain)	
Victim's Name:	Victim's Address:	
Age: Phone #:		
Victim's Physician Name and Phone #:	Was Post-Exposure Prophylaxis started?	Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
OR	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insurance Company Name
Emergency Department Name and Phone #:	Tetanus Immunization?	Identification #:
	Date of Last: ____/____/____	_____
Animal Owners Name: (If domestic)	Animal Owner's Address & Phone Number:	
	Phone # Owner can be reached at in 10 days:	
Owner reports animal immunized: Yes <input type="checkbox"/> No <input type="checkbox"/>	Domestic animal's name and description: (breed, coloring, etc)	Veterinarian's Name:
Date Exp:		
IS THE ANIMAL IN CONFINEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		
WHERE IS ANIMAL IN CONFINEMENT? _____		
OWNER INSTRUCTED IN 10 DAY CONFINEMENT AND OBSERVATION REQUIREMENTS?		
YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		
<p>Confinement for a vaccinated animal is defined as in a fenced area, in a home, on a leash, somewhere your pet cannot escape. Animals that are not vaccinated against rabies need to be confined at the owner's expense at an appropriate facility, such as, an animal shelter, vet office, kennel or farm. If your pet develops any signs of illness or a change in behavior during the 10 day period please contact Delaware County Public Health immediately.</p>		

Rabies Post Exposure Prophylaxis (RPEP)¹ Algorithm



1. RPEP: For persons never vaccinated for rabies, treatment includes (1) human rabies immune globulin (HRIG), 20 IU/kg body weight, infiltrated into and around the wound(s) AND (2) 4 doses of vaccine administered IM in the deltoid (or anterolateral thigh for small children) on days 0, 3, 7 and 14. Immunocompromised persons should receive a 5th dose of vaccine on day 28. Never give rabies vaccine in the gluteal area. If unable to infiltrate the full dose of HRIG into the wound, the remainder should be given IM at a site distant from the vaccine site. For persons previously vaccinated, treatment includes only 2 doses of vaccine on days 0 and 3 (no HRIG).
2. Wild animals with the highest rabies incidence include raccoons, bats, skunks and foxes. For small rodents and rabbits, see footnote 6.
3. Domesticated animals: dogs, cats, ferrets, horses, donkeys, mules, cattle, sheep, goats and pigs.
4. This includes situations where a bat is found **in the same room** as a sleeping person, unattended child, intoxicated or mentally compromised person.
5. Open wound/mucous membrane exposure: introduction of saliva or other potentially infectious material (cerebrospinal fluid, spinal cord or brain tissue) from a rabid or potentially rabid animal into an open wound or mucous membrane (eyes, nose, mouth).
6. For bite exposures from outdoor-caged rodents or rabbits, or for other unusual circumstances, contact the county health department.
7. If an animal specimen is submitted but found to be untestable, it should be assumed to be positive for rabies treatment decision making purposes.