

RABIES CASE INVESTIGATION WORKSHEET

(Gray shaded sections must be filled out for submission to the laboratory.)

Complete this section for humans (victims) potentially exposed to rabies: Name: City: Parish: Age: Sex: <input type="checkbox"/> male <input type="checkbox"/> female		Complete this section for animals potentially exposed to rabies: Number of animals exposed? Date of exposure:	
Did the victim previously complete a series of rabies vaccine? <input type="checkbox"/> yes <input type="checkbox"/> no		List each animal separately: Species/ID proof of current rabies immunization	
Has the victim had a tetanus vaccine within the past five years? <input type="checkbox"/> yes <input type="checkbox"/> no If no, tetanus vaccine is required.			
Type of exposure (e.g., bite, scratch): Anatomic site: Exposure date: Describe events that led to exposure:		Veterinarian's name: Phone number: Describe events that led to exposure:	
The bite victim is a(n) <input type="checkbox"/> veterinarian <input type="checkbox"/> veterinary technician <input type="checkbox"/> animal control personnel <input type="checkbox"/> volunteer <input type="checkbox"/> general public <input type="checkbox"/> other			
Complete this section for the animals causing the exposure: Number of animals causing exposure:			
List each animal separately:			
Species/ID:	Predominant breed (if a dog)	Proof of current rabies immunization:	Animal confined?
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Complete this section for the person or animal identified above: Has the person or animal been potentially exposed to rabies? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, complete sections below.			
Disposition of animal causing exposure: Check one:			
<input type="checkbox"/> Dog, Cat, or Ferret confined for ten days		<input type="checkbox"/> Animal sacrificed and tested for rabies	
Start date:		Test results:	
End date:		Date received:	
Location of confinement:		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Inconclusive	
Complete this section for exposed humans: (check one)		Complete this section for exposed animals: (check one)	
<input type="checkbox"/> Person received HRIG and 5 doses of rabies vaccine		<input type="checkbox"/> Animal was sacrificed: Date:	
<input type="checkbox"/> Person started series but did not complete because:		<input type="checkbox"/> Animal was re-vaccinated and observed for 45 days	
<input type="checkbox"/> Animal was not rabid		<input type="checkbox"/> Animal was re-vaccinated and observed for 90 days	
<input type="checkbox"/> Patient refused further treatment		<input type="checkbox"/> Animal was quarantined for 6 months, then vaccinated one month before release	
<input type="checkbox"/> Patient was lost to follow-up		<input type="checkbox"/> Animal was quarantined for 6 months	
<input type="checkbox"/> Patient refused treatment		<input type="checkbox"/> Other	
<input type="checkbox"/> No treatment necessary due to completion 10-day quarantine of animal			
<input type="checkbox"/> Other			
Was the bite or other exposure provoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Notes:			
Name of person conducting investigation:			Date:
Specimen Identification Number (ex.4 th specimen submitted in 2015 for this facility = 15-04):		Date Specimen Shipped:	
Name/Address of submitting facility:		Phone:	
Name of person to whom results of testing should be reported:		Fax:	

For Lab Use Only

Condition of Specimen Fresh/Non Decomposed Decomposed Damaged by Trauma/Gunshot

Report to Dr. Gary Balsamo, State Public Health Veterinarian
 Or staff epidemiologist on call 504-568-8315 or 800-256-2748

To Contact OPH Laboratory call Danielle Haydel, Lab Manager
 225-219-5263 or Lab 24-Hr phone 504-458-9537