MANDATORY REPORTING FORM
POSSIBLE RABIES EXPOSURE REPORT

High risk exposures must be phoned and faxed to Public Health Services.
Low risk exposures can be faxed only. Refer to Rabies Risk Assessment Reporting Guideline.
Phone: 905-546-2489 Use this form to FAX all exposure reports. FAX: 905-546-2787

Personal information contained on this form is collected under the authority of the Health Protection & Promotion Act, for the purposes of investigation by Public Health Services and the entry of the information to the Provinces database in the potential eventuality of Rabies Immunoprophylaxis or a Human Rabies case.

Reporting Office or Hospital: ___________________________ Phone: ______________________
Back line if available.
Attending Physician: _________________________________

PERSON EXPOSED

Date of Exposure: __________________

Type of Exposure
Bite:    ☐ Handling: ☐
Scratch: ☐ Other: ____________

Area Affected
Head/Face ☐
Neck ☐
Specify: ________________

WEIGHT*: ______ KG/LBS (Please circle)
* Weight required if rabies PEP ordered.

Comments regarding incident/exposure:
________________________________________________________________________________
________________________________________________________________________________

PROVIDE KNOWN ANIMAL INFORMATION BELOW

Vaccine Update
Recent changes to rabies post-exposure prophylaxis now include 4 doses on day 0, day 3, day 7 and day 14 with the exception of those persons who are immunocompromised including those on corticosteroids, other immunosuppressive drugs, antimalarials and those with immunosuppressive illnesses who will continue to require the 5th dose on day 28. Please have the ordering physician determine if the patient is considered immunocompromised, requiring the 5 doses to ensure that the correct amount of vaccine is delivered. For assistance please call (905) 546-2424 ext. 3327.

ANIMAL INFORMATION

Type of Animal

Dog ☐ Bat  ☐
Cat ☐ Fox ☐
Ferret ☐ Skunk ☐
Livestock ☐ Raccoon ☐
Other: ____________

If exposed is also animal owner please tick box. ☐ If not please fill out below:

Owner Name: ____________________________________________
Owner Address: ________________________________________ City: ______________________
Owner Telephone No.: __________________________________

Pet Name: ____________________________________________

Is the domestic animal vaccinated against rabies?
☐ Yes ☐ No

Please affix patient label with name, address, telephone, sex and date of birth. Provide guardian information for under-aged children in the comments section below.
### High Risk Exposures

<table>
<thead>
<tr>
<th>Animal species</th>
<th>Condition of animal at time of exposure</th>
<th>Reporting required for Public Health Services (PHS)</th>
<th>Management of exposed person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dog, Cat or Ferret</td>
<td>Rabid or suspected to be rabid.**</td>
<td>Phone and Fax</td>
<td>Local treatment of the wound.</td>
</tr>
<tr>
<td></td>
<td>Unknown, stray or escaped.</td>
<td></td>
<td>Rabies Prophylaxis (RabIg &amp; HDCV or PCECV)</td>
</tr>
<tr>
<td>Skunk, bat, fox, coyote, raccoon, and other carnivores.</td>
<td>Regard as rabid as raccoon strain rabies is established in the local animal population in this area.</td>
<td>Phone and Fax</td>
<td>Local treatment of the wound.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rabies Prophylaxis (RabIg &amp; HDCV or PCECV)</td>
</tr>
</tbody>
</table>

**Note:** In cases where the bite has occurred to the head or neck, rabies prophylaxis should be started immediately and can be discontinued if the animal test is negative for rabies.

### Low Risk Exposures

<table>
<thead>
<tr>
<th>Animal species</th>
<th>Condition of animal at time of exposure</th>
<th>Reporting required for Public Health Services (PHS)</th>
<th>Management of exposed person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dog, Cat or Ferret</td>
<td>Healthy, +/- rabies immunization available for 10 day observation</td>
<td>Fax</td>
<td>Local treatment of the wound.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>At first sign of rabies in animal, PHS may recommend administering RabIg and starting HDCV or PCECV. If bite wound is to the head or neck; then begin immediately.</td>
</tr>
<tr>
<td>Livestock, rodents, lagomorphs (hares and rabbits)</td>
<td>Consider Individually.</td>
<td>Fax</td>
<td>Local treatment of the wound.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bites of these animals may warrant post-exposure rabies prophylaxis if the behaviour/circumstance of the animal was highly unusual.***</td>
</tr>
<tr>
<td>Non-contact bats found in bedroom</td>
<td>Consider individually.</td>
<td>Fax</td>
<td>Local treatment of the wound.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rabies post-exposure prophylaxis may be warranted. A risk assessment must be conducted by PHS.</td>
</tr>
</tbody>
</table>

***Note:***