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 Province's database in the potential eventuality of Rabies Immunoprophylaxis or a Human Rabies case.

Reporting Office or Hospital: ___________________________ Phone: ______________________

Attending Physician: _________________________________

PERSON EXPOSED

Date of Exposure: ________________

Type of Exposure
Bite:  ❑ Handling: ❑
Scratch:  ❑ Other: ___________

Area Affected
Head/Face ❑
Neck ❑
Other, please specify: ________________

WEIGHT*: _____ KG/LBS (Please circle)

* If patient is visiting the area, please provide both the visiting and home address.

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.
Comments regarding incident/exposure:
________________________________________________________________________________
________________________________________________________________________________

Vaccine Update

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.

PROVIDE KNOWN ANIMAL INFORMATION BELOW

ANIMAL INFORMATION

Type of Animal

Dog ❑ Bat ❑
Cat ❑ Fox ❑
Ferret ❑ Skunk ❑
Livestock ❑ Raccoon ❑
Other: ___________

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

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: _____________________________________________
### High Risk Exposures

<table>
<thead>
<tr>
<th>Animal species</th>
<th>Condition 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.** Unknown, stray or escaped.</td>
<td>Phone and Fax</td>
<td>Local treatment of the wound. 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. 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 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. 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. 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. Rabies post-exposure prophylaxis may be warranted. A risk assessment must be conducted by PHS.</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.

**August 2018**