

# RABIES AND AUSTRALIAN BAT LYSSAVIRUS POST EXPOSURE ASSESSMENT FORM

## Case details

**NCIMS number:** \_\_\_\_\_

<b>First Name:</b>	<b>Surname:</b>	<b>DOB:</b>	<b>Age:</b>	<b>Gender:</b>
<b>Address:</b>	<b>Suburb:</b>	<b>Postcode:</b>		
<b>Phone:</b>	<b>Email:</b>			

**Parent or Guardian name and contact details (optional):**

<b>Indigenous status:</b> <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Unknown	<b>Country of birth:</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other - specify: _____	<b>Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Other - specify: _____
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## Person Notifying (Notifier)

<b>Name:</b>	<input type="checkbox"/> General practice <input type="checkbox"/> Emergency Department <input type="checkbox"/> Other please specify: _____	<b>Clinic/Hospital name:</b>
<b>Address:</b>	<b>Suburb:</b>	<b>Postcode:</b>
<b>Contact number:</b>	<b>Email (and Fax if applicable):</b>	<b>Patient Medicare Number:</b>
<b>Date PHU notified:</b>	<b>Date interviewed:</b>	<b>Interviewed by (name and LHD):</b>

## Exposure details

<b>Date of exposure:</b> _____  <b>Time of exposure:</b> _____  <b>Country of exposure:</b> _____  <b>Region / location of exposure:</b> _____  <b>Type of exposure:</b> <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Lick <input type="checkbox"/> Saliva <input type="checkbox"/> Unknown <input type="checkbox"/> Other – please specify: _____	<b>Resulting in:</b> <input type="checkbox"/> Single or multiple transdermal bites or scratches <input type="checkbox"/> Contamination of mucous membranes with saliva from licks <input type="checkbox"/> Licks on broken skin <input type="checkbox"/> Minor scratches or abrasions without bleeding <input type="checkbox"/> Nibbling of uncovered skin <input type="checkbox"/> Touching or feeding animals <input type="checkbox"/> Animal licks on intact skin <input type="checkbox"/> Exposure to animal blood, urine or faeces <input type="checkbox"/> For bats: direct contact without apparent bites or scratches <input type="checkbox"/> Other, please explain _____ <b>Did the wound bleed?</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK	<b>Please describe the wound:</b> Location of injury <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Trunk <input type="checkbox"/> Upper limb <input type="checkbox"/> Lower limb <input type="checkbox"/> Hands or fingers <input type="checkbox"/> Mucous membranes <input type="checkbox"/> Other _____ Was the skin broken: <input type="checkbox"/> Y <input type="checkbox"/> No <input type="checkbox"/> UNK  Depth, severity, size: _____ Location of broken skin: _____ <b>Please describe treatment of the wound following the exposure:</b> <input type="checkbox"/> Water and soap <input type="checkbox"/> Antiviral application <input type="checkbox"/> None <input type="checkbox"/> Other _____ Tetanus (ADT) vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
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<b>Animal responsible:</b> <input type="checkbox"/> Dog <input type="checkbox"/> Monkey <input type="checkbox"/> Bat <input type="checkbox"/> Cat <input type="checkbox"/> Other please specify: _____  <b>Please describe how the incident occurred:</b> _____ _____ _____ _____	<b>Was the animal:</b> <input type="checkbox"/> Domestic <input type="checkbox"/> Wild <input type="checkbox"/> Unknown  <b>Is the owner/home known?</b> <input type="checkbox"/> Y <input type="checkbox"/> No <input type="checkbox"/> UNK  <b>Is the animal vaccinated against rabies?</b> <input type="checkbox"/> Y <input type="checkbox"/> No <input type="checkbox"/> UNK  <b>Date the animal was last seen alive?</b> _____	<b>Did the animal appear unwell?</b> <input type="checkbox"/> Y <input type="checkbox"/> No <input type="checkbox"/> UNK If yes please describe: _____  <b>Was the animal provoked?</b> <input type="checkbox"/> Y <input type="checkbox"/> No <input type="checkbox"/> UNK If yes please describe: _____  <b>Has the animal been examined or tested for lyssavirus?</b> <input type="checkbox"/> Y <input type="checkbox"/> No <input type="checkbox"/> UNK <b>Notes:</b> _____ _____ _____
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<p><b>Lyssavirus exposure categories</b></p> <p><b>Category 1</b> Touching or feeding animals, licks on intact skin, as well as exposure to blood, urine or faeces or to an animal that has been dead for more than 4 hours</p> <p><b>Category 2</b> Nibbling of uncovered skin, minor scratches or abrasions without bleeding</p> <p><b>Category 3</b> Single or multiple transdermal bites or scratches, contamination of mucous membrane with saliva from licks, licks on broken skin</p> <p><b>Note:</b> To be used in conjunction with algorithms in <a href="#">Appendix 2</a> and <a href="#">Appendix 3</a> of the <a href="#">Rabies and Australian Bat Lyssavirus Control Guideline</a>. PEP management pathways differ following potential bat exposures.</p>	<p><b>Who assessed the wound?</b>  <input type="checkbox"/> GP    <input type="checkbox"/> ED    <input type="checkbox"/> PHU    <input type="checkbox"/> Other _____</p> <p><b>Date wound assessed:</b> _____</p> <p><b>How has the exposure been classified?</b>  <input type="checkbox"/> Category 1  <input type="checkbox"/> Category 2  <input type="checkbox"/> Category 3</p> <p><b>Note:</b> Assessment of possible exposures is not always clear. If in doubt discuss with team lead or staff specialist and err on the side of caution.</p>
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**Person's occupation:** \_\_\_\_\_

Did the case receive the wound during occupational (including volunteering) activity?     Y     N     UNK

Did the case spend more than a month in a rabies enzootic area?     Y     N     UNK

Was the case working with mammals in a rabies enzootic area?     Y     N     UNK

Did the case work with live lyssavirus in a laboratory?     Y     N     UNK

**Notes:** \_\_\_\_\_

**Exposure details – bats in Australia**

<p><b>For bats in Australia:</b> Is the bat available for testing? <input type="checkbox"/> Y    <input type="checkbox"/> N</p>	<p><b>If yes, please note name and contact details of wildlife rescue or veterinary practice coordinating testing.</b> _____</p>
<p><b>For bats in Australia:</b> Please note the results of the testing  <input type="checkbox"/> ABLV positive  <input type="checkbox"/> ABLV negative  Date results notified: _____</p>	<p><b>Has the patient/treating clinician been informed of the results?</b> <input type="checkbox"/> Y    <input type="checkbox"/> N</p> <p><b>Have the results been attached to NCIMS?</b> <input type="checkbox"/> Y    <input type="checkbox"/> N</p> <p><b>Was post exposure prophylaxis discontinued due to a negative result?</b> <input type="checkbox"/> Y    <input type="checkbox"/> N</p>

<b>Previous treatment</b>	<b>Risk assessment for current exposure</b>
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**Has the case been vaccinated for rabies in the past?**  
 Y     N     UNK

**If yes, is documented evidence available:**  
 Y     N     UNK

**Total number of doses received previously:**  
\_\_\_\_\_

**Vaccine brand (see [Immunisation Handbook](#)):**  
\_\_\_\_\_

**Date of last dose:**  
\_\_\_\_\_

**Last VNAb titre and date (if known):**  
\_\_\_\_\_

**Was this for:**  
 Pre exposure     Post exposure     UNK

**Reason for vaccination:**  
 Travel     Occupation (veterinary or wildlife care)     UNK  
 Other (specify) \_\_\_\_\_

**Last tetanus short date (if known):**  
\_\_\_\_\_

**Was post exposure prophylaxis for this exposure commenced overseas?**  
 Y     N     UNK  
(See next page to document PEP provided in Australia)

**If yes, what have they received so far?**  
 Rabies immunoglobulin (RIG)  
If yes what date: \_\_\_\_\_ Brand: \_\_\_\_\_  
Amount used: \_\_\_\_\_

Rabies vaccine:  
If yes, provide dose number, vaccine name, time and date:

Dose 1    Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm  
Vaccine: \_\_\_\_\_

Dose 2    Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm  
Vaccine: \_\_\_\_\_

Dose 3    Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm  
Vaccine: \_\_\_\_\_

Dose 4    Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm  
Vaccine: \_\_\_\_\_

**Does the case have documented evidence?**  Y     N     UNK  
If yes, please scan and attach to NCIMS. See Documentation section for complete list of items to upload.

**Is the case immunocompromised:**  Yes     No     Unk  
If yes, specify: \_\_\_\_\_

**Does the case have a history of anaphylaxis or severe allergic reaction to eggs?**  
 Y     N     UNK  
If yes, MIRV or Verorab should be ordered for treatment as Rabipur is derived from chicken egg and is contraindicated for those with an egg allergy.

**Cases current weight in kg:**  
\_\_\_\_\_

## Treatment details in Australia

### What products are being provided in Australia?

Human Rabies Immunoglobulin (HRIG)

If yes, please note calculated dose \_\_\_\_\_ ml.

Number of 2 ml vials ordered: \_\_\_\_\_

Date ordered: \_\_\_\_\_ Brand: \_\_\_\_\_

Order number: \_\_\_\_\_

Date administered: \_\_\_\_\_

Administered by:  GP  ED  Other \_\_\_\_\_

Where HRIG will be administered (contact person's name, address and contact number):

\_\_\_\_\_

\_\_\_\_\_

**Note:** The following formulae can be used to calculate the volume and number of vials of HRIG required:

- Total units required (x) = Patient weight in kg x 20 IU
- Volume of HRIG needed to administer in mL (y) = (x) ÷ 150 IU
- Total number of vials needed to order (round up where required) = (y) ÷ 2

Calculations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further information about treatments for rabies and other lyssaviruses are available on the [Australian Immunisation Handbook](#).

Follow up serology (for immunocompromised contacts):

VNAb titre: \_\_\_\_\_ Collection date: \_\_\_\_\_

Vaccines

If yes, number of vaccines needed \_\_\_\_\_

Date ordered: \_\_\_\_\_ Brand: \_\_\_\_\_

Order number: \_\_\_\_\_

Requested delivery date: \_\_\_\_\_

Where each vaccine will be administered:

Dose date	Contact person's name, address, contact details	Administered by
Day 0 _____ _____	_____ _____ _____	<input type="checkbox"/> GP <input type="checkbox"/> ED <input type="checkbox"/> Other _____
Day 3 _____ _____	_____ _____ _____	<input type="checkbox"/> GP <input type="checkbox"/> ED <input type="checkbox"/> Other _____
Day 7 _____ _____	_____ _____ _____	<input type="checkbox"/> GP <input type="checkbox"/> ED <input type="checkbox"/> Other _____
Day 14 _____ _____	_____ _____ _____	<input type="checkbox"/> GP <input type="checkbox"/> ED <input type="checkbox"/> Other _____

**Other days (Note: if the case is immunocompromised, an additional dose on Day 28 is required)**

Date: \_\_\_\_\_

**Notes/issues:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is the person administering PEP the same as the person notifying?**

Y  N

**If no, please provide the details of where PEP will be administered.**

Practice/GP name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact number, email address and fax: \_\_\_\_\_

\_\_\_\_\_

**Has the person/practice administering PEP been provided with information about post exposure treatment and correct routes of administration?**

Y  N

If yes, date provided: \_\_\_\_\_

## Documentation

**Have NCIMS progress notes been updated?**  Y  N

**Have all question packages in NCIMS been completed?**  Y  N

**Suggested documents that may be attached to NCIMS:**

- Copy of this completed questionnaire
- Images of wound
- Copies of documentation from overseas
- Copies of letter provided to local treating clinician/practice
- Confirmation of vaccine/HRIG order/dispatch
- Copy of AIR Immunisation History Statement with PEP completion

**Note:** Please ensure Lyssavirus contacts are entered into NCIMS as

- Condition = Lyssavirus – Unspecified
- Event type = Contact / Exposed person

**PHU case manager** \_\_\_\_\_

**LHD Name:** \_\_\_\_\_

**Date finalised:** \_\_\_\_\_