



Rabies virus and other lyssaviruses exposure assessment form

THIS FORM IS NOT FOR USE BY CLINICIANS REQUESTING POST-EXPOSURE PROPHYLAXIS (PEP) FOR PATIENTS WITH A POTENTIAL RABIES EXPOSURE. TO ACCESS PEP, CLINICIANS MUST CONTACT THEIR PUBLIC HEALTH UNIT OR IF AFTER HOURS CALL 1800 434 122

Date of presentation _____

Attending Doctor Details

Attending doctor's name _____ Phone _____

Email _____

Practice/hospital name _____

Practice/hospital address _____ Postcode _____

Patient Details

Patient's name _____ Date of birth _____ Phone _____

Street address _____ Postcode _____

Sex F M Unknown/other Weight (kg) _____ Indigenous status Aboriginal Non-Aboriginal Unknown

Does the patient have an egg allergy? Yes No Is the patient immunocompromised? Yes No

Did the patient: a) Have direct contact with bats through work or volunteering? Yes No Unknown

b) Spend prolonged periods in rabies-endemic areas? Yes No Unknown

c) Work with mammals in rabies-endemic areas? Yes No Unknown

Has patient received rabies vaccination prior to this incident? Yes No Unknown

If yes, details of vaccination (dates/route/brand)

Has patient commenced or received rabies prophylaxis for this incident? Yes No Unknown

If yes, details of prophylaxis (where/dates/route/brand)

Potential exposure details *(if exposure was to a bat in Australia, wherever possible, the PHU should arrange for the bat to be tested)*

Date of exposure _____ Type of exposure Bite Scratch Saliva Other _____

Location of the wound _____

Was the skin broken? Yes No Unknown Did the wound bleed? Yes No Unknown

Depth _____ mm Length _____ mm Describe severity _____

Animal Fruit bat Other bat Dog Monkey Other _____ Exposure category (WHO options I, II, or III) _____

Did the animal appear unwell or behave oddly? Yes No Unknown

Describe the incident

Was the animal tested for rabies/ABL? Yes No Unknown Test result _____

Was the animal vaccinated for rabies/ABL? Yes No Unknown Details _____

Country of exposure _____ Location within country _____
 (if Indonesia, specify island)

Treatment required: human rabies immunoglobulin _____ x 2 mL vials and/or vaccine _____ vials
 (HRIG 2 mL required per 15 kg weight)

Additional Details