



Rabies virus and other lyssaviruses exposure assessment form

FOR PUBLIC HEALTH UNIT AND COMMUNICABLE DISEASE CONTROL DIRECTORATE USE ONLY

Date of presentation dd/mm/yyyy CDCD ID No. _____

Attending Doctor Details

Attending doctor's name _____ Phone _____
 Email _____ Fax _____
 Practice/hospital name _____
 Practice/hospital address _____
 _____ Postcode _____

Patient Details

Patient's name _____ Date of birth dd/mm/yyyy
 Street address _____
 Suburb & postcode _____ Phone _____

Sex F M 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 dd/mm/yyyy 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 _____

Did the animal appear unwell or behave oddly? Yes No Unknown (WHO options I, II, or III)

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

WHEN COMPLETE



or save and email to vaccineorders@health.wa.gov.au