This form is **ONLY** for use by (or as directed by) Public Health. To access post-exposure prophylaxis for patients with a potential rabies or Australian bat lyssavirus exposure, including cache stock held at select WA hospitals and primary care clinics, clinicians **MUST** contact their Public Health Unit, or call 1800 434 122 if after hours.

Department of Health
GOVERNMENT OF WESTERN AUSTRALIA

Rabies and other lyssaviruses: Exposure form

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TREATING DOCTOR / PRACTICE DETAILS

Date of presentation: _____

Treating clinician name: _____

Phone number: _____

Email address: _____

Hospital/practice/service name: _____

_____

Hospital/practice/service address: _____

_____ Postcode: _____

PATIENT DETAILS

Patient name: _____

Date of birth: _____ Phone: _____

Parent/guardian name (if applicable): _____

Sex: ☐ Female ☐ Male ☐ Other _____

Is the patient of Aboriginal and/or Torres Strait Islander origin?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

Measured weight (kg): _____

Street address: _____

_____ Postcode: _____

Does the patient have an egg allergy? ☐ Yes ☐ No ☐ Unknown

(Verorab is suitable for people with egg allergy)

Is the patient immunocompromised? ☐ Yes ☐ No ☐ Unknown

If yes, specify condition: _____

Has the patient received rabies vaccination **prior** to this incident?

☐ Yes ☐ No ☐ Unknown

*If yes, details of vaccination (e.g. dates, route, brand) and whether this was for **pre-exposure** prophylaxis or following a **prior incident**:*

Usual GP practice and phone number, or where patient plans to attend for further rabies vaccine doses (where applicable):

EXPOSURE AND WOUND DETAILS

Date of exposure: _____

Animal(s): ☐ Fruit bat (flying fox) ☐ Other bat ☐ Dog ☐ Cat

☐ Monkey ☐ Squirrel ☐ Other _____

(if exposure to a bat in Australia, where possible, Public Health should arrange for the bat to be tested)

Type of exposure: ☐ Bite ☐ Scratch ☐ Saliva ☐ Lick ☐ Other

Was the skin broken? ☐ Yes ☐ No ☐ Unknown

Did the wound bleed? ☐ Yes ☐ No ☐ Unknown

Severity of wound: _____

Location of wound: _____

- ○ WHO Cat I: Touching or feeding animals, animal licks on **intact** skin, or exposure to animal blood, urine or faeces only
- ○ WHO Cat II: Nibbling of uncovered skin, minor scratches or abrasions **without** bleeding
- ○ WHO Cat III: Single or multiple transdermal bite or scratch, or contamination of mucous membrane or broken skin with saliva from animal licks, or exposures due to direct contact with bats (even if bites or scratches are not apparent)

Was the animal tested for rabies/Australian bat lyssavirus?

☐ Yes, pending ☐ Yes, result _____ ☐ No ☐ Unknown

Was the animal vaccinated against rabies/Australian bat lyssavirus?

☐ Yes ☐ No ☐ Unknown

If yes, provide details _____

Country of exposure: _____

Location within country: _____

(if Indonesia, specify island)

Additional incident details (including behaviour of the animal):

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

If yes, details of prophylaxis (e.g. where, dates, route, brand):

TREATMENT DETAILS AND AUTHORISATION

If human rabies immunoglobulin (HRIg) is required:

dose = 20 x patient weight (in kg) ÷ 150 = _____ mL

vials = dose in mL ÷ 2 = _____ x 2mL vials

(round up to nearest whole vial)

Public health physician/registrar authorising the below doses of rabies vaccine and vials of HRIg: _____

	Rabies vaccines	HRIg vials
To be released from cache stock		
To be delivered to the site		

CHECKLIST *(tick all that apply)*

- ☐ Considered need for tetanus booster?
- ☐ Treating clinician provided link to Administration of rabies vaccine and HRIG for post-exposure prophylaxis factsheet?
- ☐ Patient provided with the Rabies and Lyssavirus HealthyWA factsheet?
- ☐ Patient provided with local Public Health Unit phone number?
- ☐ Discussed plan for further rabies vaccine doses with patient (e.g. when and where)?
- ☐ Public Health completed order form for delivery of (or replacement of cache) rabies vaccine and/or HRIg?

Public Health **ONLY** to email the completed form to Vaccine Orders – forms emailed from other health professionals will **NOT** be accepted. Do **NOT** send this form to Onelink.