

HEALTH CARE PROVIDER
ANIMAL BITE REPORT FORM
CHAUTAUQUA COUNTY HEALTH DEPARTMENT
(716) 753-4481 FAX (716) 753-4344

Name of Healthcare Provider (*Hospital, Practice, Agency*) _____ Date _____

Person Bitten/Scratched

Name _____ Age _____ Parent's Name (if child) _____

Street _____ Date of Bite _____

City/Village _____ Date of Treatment _____ Phone B _____

State _____ Zip Code _____ H _____

Wound Treatment

Washed with soap & water virucidal agent Other, describe _____

Description of Biting/Scratching Animal

Dog Cat Other (describe) _____

Animal name _____ Age _____ Type _____

Description of animal, i.e., size, color _____

Animal Owner's Information

Name _____ Phone Number _____

Street _____

City/Village _____

State _____ Zip Code _____

Current location of biting animal _____

Describe circumstances of the incident _____

Health Department must be notified prior to initiating anti rabies prophylaxis (see back of form for treatment guidelines).

Treatment authorized? Yes No By Whom? _____

Patient Information

Patient weight _____ Vaccine (circle) HDCV/PCEC site/dose _____

HRIG: site/dose _____ site/dose _____ site/dose _____

Form completed by _____ Date _____ Time _____

4/5/2005

Check if you need more forms

Rabies Postexposure Prophylaxis Schedule – United States, 1999

<u>Vaccination Status</u>	<u>Treatment</u>	<u>Regimen*</u>
Not previously vaccinated	Wound cleansing	All postexposure treatment should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as a povidone-iodine solution should be used to irrigate the wounds.
	RIG	Administer 20 IU/kg body weight. If anatomically feasible, the full dose should be infiltrated around the wound(s) and any remaining volume should be administered IM at an anatomical site distant from vaccine administration. Also, RIG should not be administered in the same syringe as vaccine. Because RIG might partially suppress active production of antibody, no more than the recommended dose should be given.
	Vaccine	HDCV, RVA, or PCEC 1.0 mL, IM (deltoid area**), one each on days 0***, 3, 7, 14 and 28.
Previously vaccinated****	Wound cleansing	All postexposure treatment should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as a povidone-iodine solution should be used to irrigate the wounds.
	RIG	RIG should not be administered.
	Vaccine	HDCV, RVA, or PCEC 1.0 mL, IM (deltoid area*), one each on days 0*** and 3.

HDCV = human diploid cell vaccine; PCEC=purified chick embryo cell vaccine; RIG=rabies immune globulin; RVA=rabies vaccine adsorbed; IM, intramuscular.

*These regimens are applicable for all age groups, including children.

**The deltoid area is the only acceptable site of vaccination for adults and older children. For younger children, the outer aspect of the thigh may be used.

Vaccine should never be administered in the gluteal area.

*** Day 0 is the day the first dose of vaccine is administered.

****Any person with a history of preexposure vaccination with HDCV, RVA or PCEC; prior postexposure prophylaxis with HDCV, RVA or PCEC; or previous vaccination with any other type of rabies vaccine and a documented history of antibody response to the prior vaccination.

EMERGENCY CONSULTATION NUMBERS - 8:00 a.m. – 5:00 p.m.

Mayville Office
7 North Erie Street
753-4481

Dunkirk Office
1170 Central Avenue
366-8831

Jamestown Office
110 East Fourth Street
661-8110

Evenings/Weekends/Holidays

Chautauqua County Sheriff's Office: 753-4231