



ANIMAL BITE/RABIES INVESTIGATION FORM

Personal health information is being collected in accordance with the NWT's *Health Information Act* and *Public Health Act* for the purposes of animal bite/rabies assessment and investigations. This information is protected by the privacy provisions of these Acts and will not be used or disclosed unless allowed or required by these Acts or any other Act. If you have any questions about the collection or use of this information, please contact the Environmental Health Unit at 867-767-9066 Ext. 49262.

ATTENTION HEALTHCARE PRACTITIONER

The Health Care Practitioner **MUST** call the NWT reporting line for the OCPHO immediately at **867-920-8646** to speak to a public health officer (24/7) for consultation regarding any of the following exposures:

- The exposure – bite, scratch, etc is to HEAD or NECK of the patient or,
- The animal is a wild mammal or bat,
- The animal lives mainly outside (e.g., sled dog or pet tied outside for most of the time) or,
- Cannot be located or is stray/unknown/unidentifiable or,
- The bite/contact was not provoked (see page 2 for definitions of bite and provoked) or,
- The animal exhibited unusual behavior prior to the incident (see page 2 for the definition of unusual behavior) or,
- The animal for any cause dies within 10 days of the exposure/bite or,
- The victim cannot provide a reliable history (young child, under the influence of alcohol or drugs, dementia, etc.)

If considering rabies Post Exposure Prophylaxis (PEP), consultation with the Office of the Chief Public Health Officer is **mandatory**.

Submit this form to the Environmental Health Unit immediately upon completion



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DEFINITIONS

*Definition of Provoked Incident

In any of the below situations an incident is considered 'provoked' if a person:

- Enters an area that the animal considers its territory
- Moves rapidly (i.e. running, biking) near animal
- Approaches animal's litter
- Approaches injured animal
- Interferes with two fighting animals
- Picks up or pets an unfamiliar animal
- Interferes with animal's food
- Interferes/wrestles/rough play with animal
- Teases animal

*Definition of Contained Animal

An animal is considered 'contained' if it is:

- Leashed and under control of the owner
- Tethered or tied to a secured object
- In a private dwelling
- Within a confined property (i.e., fenced yard)
- In a closed, secured cage

*Definition of Bite

- A bite is defined as any penetration of the skin by teeth

**Animal behaviour indicative of rabies may include:

- Unusual aggression/agitation (often unprovoked, sustained, mindless or intense)
- Excessive boldness (i.e. wild animal not afraid of people)
- Unusual depression
- Excessive salivation, foamy saliva, slack jaw, or difficulty swallowing
- Atypical vocalizations (i.e. change in tone or amount/frequency of vocalizations)
- Behaviour not typical of the species (i.e. nocturnal animal active during daytime)
- Impaired movement (i.e. staggering, weakness, or paralysis)



ANIMAL BITE/RABIES INVESTIGATION FORM

PART 1: PATIENT ASSESSMENT

HUMAN INFORMATION

PATIENT															
Last Name:	First Name:	Guardian Name (if applicable):													
Health Care Card Number:	DOB:	Current Patient Weight (kg):													
Community:	Home Address:														
Patient/Guardian Phone Number:	Email Address:	Other Contact:													
INITIAL TREATMENT															
Initial treatment provided (describe in space below) <i>Note: It is imperative that the wound be cleaned and washed with soapy water, as soon as possible, to its depth for 15 minutes.</i>															
<table border="1"> <thead> <tr> <th>Was the patient provided with a tetanus-containing vaccine during this visit?</th> <th>If available, Date of patient's last tetanus vaccination prior to current one</th> <th colspan="2">Does the patient have previous rabies immunization?</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>Yes, Date _____</td> <td colspan="2"> No (<i>If no, skip this section</i>) Yes, Date Received: _____ Type of Vaccine: Intradermal Intramuscular Unknown Last rabies titre date _____ </td> </tr> <tr> <td>No</td> <td>No</td> <td colspan="2"></td> </tr> </tbody> </table>				Was the patient provided with a tetanus-containing vaccine during this visit?	If available, Date of patient's last tetanus vaccination prior to current one	Does the patient have previous rabies immunization?		Yes	Yes, Date _____	No (<i>If no, skip this section</i>) Yes, Date Received: _____ Type of Vaccine: Intradermal Intramuscular Unknown Last rabies titre date _____		No	No		
Was the patient provided with a tetanus-containing vaccine during this visit?	If available, Date of patient's last tetanus vaccination prior to current one	Does the patient have previous rabies immunization?													
Yes	Yes, Date _____	No (<i>If no, skip this section</i>) Yes, Date Received: _____ Type of Vaccine: Intradermal Intramuscular Unknown Last rabies titre date _____													
No	No														
IF IMMEDIATE CONSULTATION WITH CHIEF PUBLIC HEALTH OFFICER (CPHO) IS REQUIRED (review cover page for instruction) (skip to next section if not required)															
CPHO notified by phone? Yes No	Consult Provided By (Name):	Time of call:	Date of Call:												
CPHO consultation notes:			CPHO Signature:												
Is post-exposure prophylaxis (PEP) recommended? Yes No															
RIG Given: Yes (Part 3 Required) Initial Dose Date: _____ No	Rabies Vaccine Given: Yes (Part 3 Required) Initial Dose Date: _____ No														
Comments on coordination of future rabies vaccine doses:															
REPORT COMPLETION															
_____	_____	_____													
Healthcare Provider (<i>print name</i>)	HCP Contact (phone or email)	Completion Date													

Complete Part 2 before submitting the form.

Questions? Call 867-767-9066 Ext. 49262 (daytime) or 867-920-8646 (afterhours)



ANIMAL BITE/RABIES INVESTIGATION FORM

PART 2: INCIDENT DETAILS

PROVIDE ONLY THIS PAGE TO BY-LAW ENFORCEMENT OR ANIMAL ENFORCEMENT

UNIQUE IDENTIFIER (Added by EHO)	
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PATIENT INFORMATION		
Patient Last Name:	Patient First Name:	Guardian Name (if applicable):
Incident Community:	Patient Home Address:	
Patient/Guardian Phone Number:	Patient Email address:	Other Contact:

EXPOSURE INFORMATION					
Incident Date:		Incident Time:			
Location of exposure:	Type of exposure:	Breaks to skin/Bleeding	Was animal contained at the time of attack? *	Provoked Incident? *	Travel-related Incident?
Head/Neck	Scratch	Yes	Yes	Yes	Yes
Torso	Bite*	No	No	No	No
Extremities	Contact with saliva	Unknown	Unknown	Unknown	Unknown
Finger/s	Punctured Wound				
Mucosa	Other (specify)				
Other (specify):					

Description of incident (where, what happened, animal behaviour prior to incident, etc.)

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ANIMAL INFORMATION					
Owner's Name:		Phone Number:		Address:	
Was the owner present at the time of the incident? Yes No Unknown					
Animal Type	Animal Type	Animal Current State	Animal Current Location	Animal Aggression History	Prior Rabies Vaccine
Dog	Indoor Pet	Dead	With Owner	Yes	Yes
Cat	Outdoor Pet	Alive	Unknown	No	Date _____
Fox	Stray/Feral	Unknown	With Someone	Unknown	No
Other (Specify):	Wild		Else (specify)		Unknown
	Unknown				

Any other identifying description of animal (size, colour, breed, age, etc.):

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SUBMISSION		
https://sft.gov.nt.ca/filedrop/~zgCvef		
FAX: 867-669-7517 (Both Part 1 and Part 2 together)	Reason for using FAX	Lack of technology & computer access Lack of training on sft submission Other: _____

Please do not complete Part 3 unless requested by CPHO.

Questions? Call 867-767-9066 Ext. 49262 (daytime) or 867-920-8646 (afterhours)



ANIMAL BITE/RABIES INVESTIGATION FORM PART 3: HSS PUBLIC HEALTH & COMMUNICABLE DISEASE CONTROL UNIT FOLLOW-UP

Applicable only when PEP (RIG) or Rabies Vaccine are authorized and issued.

PATIENT INFORMATION				
Last Name:		First Name:		HCN:
PRE-EXPOSURE TREATMENT				
Did patient have a previous rabies immunization?		Yes	No	Did patient receive previous post-exposure prophylaxis?
				Yes
				No
POST-EXPOSURE TREATMENT (ONLY FILL IN THIS SECTION IF A VACCINE WAS PROVIDED)				
Recommendation:				
_____ OCPHO Reviewer (print name)		X _____ Signature		_____ Date of Case Review
Rabies Immune Globulin				
Was RIG Administered:		Yes	No	Dosage:
				Date Administered:
Lot Number:		Location:		Health Care Provider (print name):
Expiry Date:		Wound Infiltration	Intramuscularly	
Rabies Vaccine				
Dose 1 (Day 0) Date Administered:	_____ Community	_____ Healthcare Provider (print name)	X _____ Signature	_____ Date
Dose 2 (Day 3) Date Administered:	_____ Community	_____ Healthcare Provider (print name)	X _____ Signature	_____ Date
Dose 3 (Day 7) Date Administered:	_____ Community	_____ Healthcare Provider (print name)	X _____ Signature	_____ Date
Dose 4 (Day 14) Date Administered:	_____ Community	_____ Healthcare Provider (print name)	X _____ Signature	_____ Date
Dose 5 (Day 28) <i>if necessary</i> Date Administered:	_____ Community	_____ Healthcare Provider (print name)	X _____ Signature	_____ Date
CDC NOTES				