



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.



# Rabies and other lyssaviruses: Exposure form

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, clinicians **MUST** contact their [Public Health Unit](#) or if after hours call 1800 434 122.

## TREATING DOCTOR / PRACTICE DETAILS

Date of presentation: \_\_\_\_\_

Treating clinician name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Hospital/practice/service name: \_\_\_\_\_

Hospital/practice/service address: \_\_\_\_\_

Postcode: \_\_\_\_\_

## 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: \_\_\_\_\_

## 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: \_\_\_\_\_

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)

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: \_\_\_\_\_*

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)*

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**:*

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):*

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

## 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)*

## 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 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		