

6.1 Introduction

This section outlines the Newfoundland and Labrador policy and procedure required to complete investigation, control and reporting measures for vector borne and zoonotic diseases. While the risk of rabies is an issue in Labrador, the other vector borne and zoonosis diseases are rarely reported in Newfoundland and Labrador but they may be identified in travellers. These diseases are reported in the province or territory in which they are identified.

Policy

All laboratory confirmed vectorborne and zoonosis related diseases are to be reported to the Regional Medical Officer of Health (RMOH) or designate, who is responsible for ensuring that the appropriate investigation, treatment, case follow up and reporting to the provincial Chief Medical Officer of Health (CMOH) or designate occurs. Environmental Health Officers have the responsibility for carrying out the investigation.

Vectorborne and other Zoonotic Diseases Reportable in Newfoundland and Labrador include:

List A

Anthrax
Rabies
West Nile Virus infection

List B

Brucellosis
Dengue Virus Infection
Hantavirus Pulmonary Syndrome
Lyme Disease
Malaria
Ornithosis/ Psittacosis
Q fever
Typhus
Tularaemia
Plague
Yellow fever

Roles and Responsibilities

The role and responsibilities of the Medical Officer of Health:

- Ensure case/cases are investigated
- Ensure that appropriate public health measures have been activated
- If outbreak, assemble outbreak team

The role and responsibilities of the Investigator:

- Start the investigation upon receipt of a report of illness
- Determines the number, distribution and severity of cases
- Collects information about the pathogen and its vector
- Conduct investigation in accordance with the agent specific procedure
- Assess the factors that contributed to the transmission of the pathogen
- Implement public health measures to stop or reduce transmission
- Disseminates appropriate education on preventive public health measures if necessary
- Reports investigation to the RMOH

The role and responsibilities of the Family Physician:

- Facilitate specimen collection if required
- Treatment of the client based on identification of the pathogen
- Patient education, follow-up, and referral to specialist if required

The role and responsibilities of the Laboratory:

- Report positive tests in writing
- Telephone Reporting

6.2 Q Fever

List B

Case Definition

Confirmed Case

Clinical illness¹ with laboratory confirmation of infection:

- Fourfold or greater change in antibody titre to *Coxiella(C) burnetii* phase 11 or phase 1 antigen in paired serum specimens ideally taken 3-6 weeks apart
- Isolation of *C burnetii* from a clinical specimen by culture
- Demonstration of *C burnetii* in a clinical specimen by detection of antigen or nucleic acid
- Demonstration of *C burnetii* in tissues by immunostaining or electron microscopy

Probable Case

- Clinical illness¹ with a single supportive Immunoglobulin G (IgG) or Immunoglobulin M (IgM) titre or clinical illness in a person who is epidemiologically linked to a confirmed case

¹Clinical illness can be attributed to acute or chronic infection:

- Acute infection is characterized by a febrile illness usually accompanied by rigors, myalgia, malaise, and retrobulbar headache. Severe disease can include acute hepatitis, pneumonia and meningoencephalitis. Asymptomatic infections may also occur
- Chronic infection can cause fatal endocarditis and may evolve months to years after an acute infection, particularly in person with underlying valvular disease. A chronic fatigue-like syndrome has been reported in some Q fever patients.

Clinical Presentation

Q (Query) fever is a zoonosis. Over half of the infections are asymptomatic. There are three distinct manifestation of acute Q fever: i) a self limited febrile illness ii) pneumonia and iii) hepatitis. Fever is the most common manifestation with duration of approximately ten days.

Epidemiology

Occurrence: Q fever occurs worldwide. Its real incidence is unknown due to the asymptomatic nature of some infections, the lack of availability of diagnostic assays and varying reporting requirements. Epidemics have occurred among workers in abattoirs, meat packing plants, and in medical and veterinary centers that use sheep and goats for research. In Newfoundland Labrador the first documented cases were reported in 1999.

Reservoir: Cattle, sheep and goats are the primary reservoirs of Q fever for man. *C burnetii* localizes to the uterus and mammary glands of infected animals.

Transmission: Inhalation of contaminated aerosols is the most common mode of transmission. Indirect exposure to contaminated material may also lead to Q fever such as contact with contaminated clothing.

Incubation Period: Dependent on the size of the infecting dose; typically-3 weeks; range is from 3 – 30 days.

Communicability: Person-to person transmission occurs rarely.

Diagnosis: Clinical signs and symptoms must be confirmed by laboratory findings.

Control Measures

Management of Case: Treat the symptoms and giving antibiotics can shorten the course of acute illness and reduce the risk of complications. Tetracycline compounds have been the mainstay of treatment in chronic Q fever. Provide information on the disease and preventative measures needed. Interview the case to determine if others have been infected. Routine practices are recommended for those providing care to a case.

Management of Contacts: Contact investigation should be initiated and a search for the source of the infection.

Management of Outbreaks: An outbreak management team should be established to address infection prevention and control measures.

Preventive Measures

- Educate person in high-risk occupations (sheep, goat and dairy farmers, veterinary researchers, abattoir workers, etc.) on sources of infection and the necessity for adequate disinfection and disposal of animal products of conception
- Observe strict hygienic measures when working in high-risk occupations
- Avoid unpasteurized milk and milk products
- Do not use manure from contaminated farms in gardens
- Require biosafety level 3 facilities for the manipulation of contaminated specimens and cultivation of the organism
- A fact sheet is available at <http://www.ccohs.ca/oshanswers/diseases/qfever.html>

Procedure and Reporting Requirements

- Physicians, laboratories and communicable disease control nurses (CDCNs), and infection control practitioners (ICPs) must immediately report suspect or confirmed cases to the Regional Medical Officer of Health (RMOH)
- RMOH office will notify local physicians, nurse practitioners, environmental health officers, community health nurses, CDCNs, and ICPs, in the particular region as required for follow-up and case investigation
- RMOH reports to provincial office as per list B
- CDCN enters the case into the electronic reporting system and completes an outbreak report form if indicated
- Provincial Disease Control
 - reports the identified case to other health regions
 - reports the identified case to Public Health Agency of Canada
 - provides an analysis of the case/s with reports in the Communicable Disease Report (CDR)

6.3 Rabies

List A

Case Definition

Human rabies is defined as a case of acute encephalomyelitis with laboratory confirmation of infection, including: detection of viral antigen, rabies virus, or a rabies-neutralizing antibody titre greater than or equal to five in an appropriate clinical specimen.

Case Definitions for Diseases under National Surveillance CCDR Volume 26S3
<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/00pdf/cdr26s3e.pdf>

Policy

All animal biting incidents and/or reports of potential human/animal rabies will be investigated; followed up with appropriate wound treatments, rabies prophylaxis, and animal observation/testing; and reported to the Regional Medical Officer of Health (RMOH) or designate. Laboratory confirmed cases are reported to the DHCS as per List A of the Communicable Disease Act.

Definition of “biting incident”: an episode when an animal bites (e.g. dog, cat, fox, bat) or scratches a person, or transmits saliva to a person’s mucous membranes or to an open wound. A bite from a bat may go unnoticed; therefore extra precaution is necessary in these cases.

Roles and Responsibilities

Regional MOH or designate will

- Carry out biting incident investigations.
- Manage appropriate rabies vaccine treatments for victims of biting incidents for appropriate observation/testing of implicated animals.
- Notify local physicians, nurse practitioners, Environmental Health Officer (EHO), Community Health Nurse (CHN) as well as the infection control practitioners (ICP) in that region, as required, for investigation and follow-up of victims of biting incidents, or management of suspect or confirmed cases.
- Report human cases to provincial office as per list A.
- Report all suspected or confirmed animal cases to the Canadian Food Inspection Agency (CFIA).

Provincial Public Health will:

- Supply the vaccine and rabies immune globulin to the regions as needed.
- Notify the Provincial Veterinarian of any suspect or confirmed animal or human cases.
- Report the human case to the Public Health Agency of Canada and other regions.
- Conduct analysis of cases and report in the Communicable Disease Report (CDR).

Clinical Presentation

Symptoms: May be mild and result in headache, fever and malaise that can last for days. May be followed by parasthesia at the exposure site. Usually progresses to anxiety, confusion, and agitation progressing to delirium, abnormal behavior, hallucinations and insomnia. Almost always fatal once the clinical symptoms are present.

Epidemiology

Incubation period: Nine days to seven years, but most often three to eight weeks, depending upon the extent and location of the wound, if it was in a vascular area or if it was near a nerve supply.

Occurrence: Worldwide.

Transmission: From saliva of an infected animal, through a bite, a break in the skin, or through the mucous membranes. Caution is advised for healthcare workers to avoid exposure to respiratory secretions and saliva from such an individual. Transmission from an infected individual through a corneal transplant has been documented. Airborne spreading has been reported in caves where bats were roosting, but this rarely occurs.

Period of communicability: Usually three to seven days in dogs and cats (in bats this could be up to 12 days) before clinical signs develop, and throughout the disease. Time frame varies for different animals.

Preventive Measures

Animal control: Animal owners must ensure that their pets are vaccinated and are kept on a leash. Town councils must take care that stray animals are apprehended and do not roam freely in their communities. In regions where rabies is endemic, or is a growing concern, animal control may be used to reduce the at-risk animal population. Stray animals can be removed from the community by either municipal animal control officers, provincial animal health officials, or the RCMP/RNC. These animals may be confined for at least three days to determine if human exposure has occurred, prior to being destroyed, with the option to test for rabies.

At-risk individuals: Individuals who work with animals should seek advice on their need for rabies vaccination. For those who are vaccinated and have continuous exposure to rabies, they should have a rabies titre level checked to confirm their immunity to rabies at least every two years. For those who work in a laboratory with live rabies virus then serological testing for immunity should be done every six months. (Reference: Canadian Immunization Guide 7th Edition see page 294.)

International travel: Travelers to developing countries should seek advice regarding rabies.

Investigation of “biting incidents”: Biting incidents must be investigated, as outlined in Figure 1, to determine if the animal was rabid and may have passed on the virus at the time of the incident. In regions where rabies is endemic, or where rabies has been recently detected, the animal may be placed under observation for 10 days after the incident (see Appendix H-2). If the animal is alive and healthy at the end of this observation period, no treatment of the human is necessary.

The Regional Medical Officer of Health (RMOH) or designate must be kept informed of any reported biting incidents at the earliest possible stage of the investigation. The intake form (see Appendix H-3) should be used to document the details of the incident and must be forwarded to the RMOH or designate following the investigation. The information collected during the investigation will be used to determine the risk to the individual.

Please note the following when completing biting incident investigations:

- **Vaccination status** - An animal that was initially vaccinated (excluding boosters) within 30 days prior to the incident is to be considered unvaccinated.

- **“Provoked” vs. “unprovoked”** - A “provoked” incident is defined as an incident that was the result of **human-initiated actions** (regardless of human intent) such as:
 - invading or interrupting an animal’s territory or actions
 - approaching or handling a sick or injured animal
 - interfering with an animal’s food or possessions
 - provoking the animal’s attention
 - rough handling of the animal
 - throwing objects at the animal
 - prodding, trapping, or cornering the animal.

If, after extensive investigation, the nature of the incident is uncertain because of conflicting reports or insufficient information, the incident will be handled in the same manner as an ‘unprovoked’ incident.

Animal health/behaviour - The possibility that rabies was transmitted to the victim will also be assessed in light of any signs of illness or unusual behaviour in the implicated animal. Assessment of animal health will likely require the consultation of a provincial, regional, local, or CFIA veterinarian (see Figure 1, Step 11.)

6.4 Figure 1: Management of Biting Incident/Rabies Reports

1. Call received by Public Health Office from Emergency setting, physician or the public		
↓		
2. Collect caller's name and telephone number		
↓		
3. Collect detailed incident / report information		
↓		
4. If there is a wound, advise victim to clean wound with soap and water, and to seek medical attention.		
↓		
5. Collect detailed animal information		
↓		
6. Contact RMOH by telephone to discuss possible need for rabies prophylaxis treatment for victim, and/or animal observation/testing.	→	<p>If no risk go to # 10, no reports required for non-risk incidents</p> <p>11. Consult with provincial, regional, local, or CFIA veterinarian regarding animal health.</p>
↓		
7. Observe animal until 10 days after incident, or have animal tested, as required by RMOH	→	
↓		
8. Contact RMOH by telephone to discuss results of animal observation/testing, and possible need for rabies prophylaxis treatment of victim.	→	
↓		
9. Follow up with biting incident victim.		
↓		
10. Complete reports on cases where risk is confirmed and forward to proper authorities (e.g. RMOH, CFIA, Prov. Vet, Dept. HCS).		

If rabies is suspected in any animal, regardless of human exposure, it must be reported to the CFIA, in consultation with the RMOH/designate. The federal "Health of Animals Act and Regulations" (1990, c. 21) gives power to inspectors designated by the President of the Canadian Food Inspection Agency (CFIA) to remove, confine, and

destroy animals. This power can be used in situations where animal rabies is found or suspected. Suspicion of rabies in animals will be determined in consultation with the RMOH/designate and provincial, regional, or local veterinarians, and/or CFIA Animal Health Veterinarians (see figure 1, step 11).

Suspect cases **may** include, but are not limited to, the following:

- An animal exposed to, or suspected of exposure to, a bat or other wild carnivorous mammal.
- Depending on regional epidemiology, unprovoked biting incidents where the animal was not vaccinated for rabies.
- An animal showing signs of illness or unusual behavior, suggestive of rabies, as determined in consultation with a veterinarian.

Animal observations: In regions where rabies is endemic, or there has been recently confirmed rabies in the area animals may be held for observation. The RMOH in consultation with CFIA may decide to keep an animal under observation to eliminate the possibility that it was carrying rabies at the time of the incident. CFIA officials are trained to handle and transport carcasses of potentially rabid animals. **Do not attempt to collect an animal carcass yourself.** In some circumstances the RMOH may request the CFIA to test an animal for rabies.

If the biting animal was infectious at the time of the bite, signs of rabies will usually follow within 3-5 days, with a change in behaviour, and excitability or paralysis. Once an animal begins shedding active virus, death usually occurs within 8 days. If the animal is alive and healthy 10 days after the incident, it could not have been infectious at the time of the bite.

The 10 day observation period will be counted from the date of the incident. Thus, late reporting of incidents may make observation unnecessary once the animal is verified to be healthy.

- A letter of observation (see appendix) may be sent to the owner to provide supportive documentation of the action.
- Educational materials, such as the Animal Observation for Rabies Information (see appendix), may also be supplied to the owner at this time.

The owner should be instructed to notify the RMOH/designate as soon as the animal shows any of the following signs:

- biting indiscriminately (i.e. its limbs or other objects)
- paralysis or weakness of hind limbs
- drooping jaw and/or neck
- abnormal facial expressions
- hiding away or depressed
- change in the animal's usual behaviour
- increase in drool or saliva

If there is any question about the health status of the animal, seek the advice of a veterinarian.

- During the observation period, the animal must be kept either:
 - indoors;
 - in a caged pen; or
 - on a leash.
- It may not be taken on walks beyond the owner's property.

- It must be kept separated from people and other pets, with the exception of animals with unweaned young.
- Instruct the owner to feed and provide water for their pet as normally during this time.
- The animal must not be sold, given away, or euthanized during the 10 day confinement.

If the animal is healthy on the tenth day of confinement (as confirmed by a field visit in endemic areas), it may be released from confinement. An animal should not be released if there is any doubt about its state of health. A letter of release (see appendix) may be sent to the owner (and cc to animal control, where available) to provide supportive documentation of the action.

Management of animal outbreaks: During an outbreak, strategies would be in place to educate the community on how to decrease the chance of exposure to rabies. Provincial and Regional Veterinarians may use their powers under the Department of Natural Resources' "Dog Act" (RSNL 1990 Chapter D-26) and "Livestock Health Act and Regulations" (RSNL 1990 Chapter L-22) to confine and/or destroy animals when disease is suspected or confirmed. Peace officers, such as the RCMP/RNC, also share these powers under the "Dog Act".

Control Measures

Management of human case and contacts: Transmission of rabies from person to person has not been documented, however, the potential for exposure does exist. If a health care worker is caring for an infected individual, caution is advised to prevent contact with respiratory secretions. In cases where humans have been exposed to the saliva of an infected individual, it is recommended that the exposed individual be treated with post-exposure prophylaxis (see Figure 2 Post-Exposure Prophylaxis).

If there is a chance that an individual has been exposed to rabies it is important to **begin wound management as quickly as possible:**

- The injury should be cleaned thoroughly with soap and water (see Figure 1, Step 4).
- Medical treatment should be sought as soon as possible, for assessment and care of the wound.
- When there is a high suspicion of exposure to a rabid animal then, upon the approval of the RMOH, care would include post-exposure prophylaxis (see table below).
- The wound should be also assessed by a physician the same as for any other wound: the tetanus status of the individual must be updated and consideration given to the use of antibiotics.

NOTE: RPEP to be given to persons of all ages when they wake up to a bat found in the same room because the possibility of a bite cannot be reasonably be excluded (CIG page 289).

6.5 Figure 2: Post-Exposure Prophylaxis (RMOH authorization required)

Patient History	Prophylactic Treatment	Dosage*	Location	Time*
No previous rabies vaccination	Rabies Immune Globulin (RIG); and	20 IU/kg body weight	Large injury: infiltrate wound and surrounding area; remainder to be injected intramuscularly at a site distant from vaccine administration	Day 0
	Rabies Vaccine	5 doses of Human Diploid Cell Vaccine (HDCV)	Deltoid Muscle	Days 0, 3, 7, 14, and 28
Previously vaccinated with complete series of approved HDCV, or, an unapproved schedule, and demonstrating neutralizing rabies antibodies when tested	Rabies Vaccine (only)	2 doses of HDCV	Deltoid Muscle	Days 0 and 3
Previously vaccinated but not meeting above criteria	Rabies Immune Globulin (RIG); and	20 IU/kg body weight	Large injury: infiltrate wound and surrounding area; remainder to be injected intramuscularly at a site distant from vaccine administration	Day 0
	Rabies Vaccine	Rabies antibodies not present before immunization: 5 doses of HDCV	Deltoid Muscle	Days 0, 3, 7, 14, and 28
		Rabies antibodies present before immunization: 2 doses of HDCV	Deltoid Muscle	Days 0 and 3

* **Note:** Check with product monograph and current Canadian Immunization Guide

6.6 (Rabies) Appendix H-1 Contact Information

Canadian Food Inspection Agency	Phone Number	Fax Number	E-mail Address
Dr. Karla Furey Regional Veterinarian	772-4714	772-2282	fureykk@inspection.gc.ca
Animal Health	Phone Number	Fax Number	E-mail Address
Dr. Hugh Whitney Provincial Veterinarian	729-6879	729-0055	hughwhitney@gov.nl.ca
Medical Officers of Health	Phone Number	Fax Number	E-mail Address
Dr. David Allison Eastern Health	752-4192 / 4831	752-4989	davidallison@easternhealth.ca
Dr. Catherine Donovan Eastern Health	229-1573 / 1571	229-1591	catherinedonovan@easternhealth.ca
Dr. Ann Roberts Central Health	292-2559/2454		ann.roberts@centralhealth.nl.ca
Vacant Western Health	637-5417 637-5000 x. 5628	637-5160	
Dr. Muna Ar-Rushdi Labrador Grenfell Health	897-2351	896-4032	muna.arrushdi@lqhealth.ca
Dr. Faith Stratton - Provincial MOH	729-3430	729-0730	fstratton@gov.nl.ca
MOH On-Call (24 Hour Emergency Number)	1-866-270-7437		

6.7 (Rabies) Appendix H-2 Sample Animal Observation Letter

[Name of Animal Owner]
[Address of Animal Owner]

Dear [Name],

It has been reported that your [species of animal] was involved in a biting/scratching incident on the [date].

You are asked to keep this animal under household observation until [date of release] to ensure that your animal has not passed rabies virus to the victim.

Please ensure the following during this period:

- Keep your pet separated from other animals and people, including family members.
- Feed and provide water for your pet as normal during this time.
- Use a leash when walking your pet on your outdoor property.
- Refrain from allowing your animal to roam free outside.
- Notify me **immediately** if your pet begins to show any of the following signs:
 - change in animal's usual behaviour or any signs of illness
 - biting indiscriminately (i.e. its limbs or other objects)
 - weakness or paralysis of hind limbs
 - drooping jaw and/or neck
 - abnormal facial expressions
 - hiding away or depressed
 - increase in drool or saliva

You will be contacted at the end of this observation period to ensure that your animal is healthy. If deemed healthy, the animal may be released from observation at that time.

Thank you for your cooperation in this regard.

Yours truly,

[Name of Investigator]
[Phone number]
cc. [MOH or designate]

6.8 Animal Observation for Rabies Information

1. What is Rabies?

Rabies is a deadly disease of animals which can also affect people. It is caused by a virus that can be passed in the saliva of an infected animal. The virus can infect another animal or a person when the infected saliva enters a bite, scratch, or a mucous membrane such as the eyes, mouth, or nose. The virus then slowly travels to the brain of the infected animal or person, at which point it will cause changes in their behavior.

2. Why do I need to keep my pet under observation?

Your animal is being observed as a result of a biting or scratching incident. An animal infected with rabies can pass the virus as early as ten days before showing rabies symptoms. If your pet shows symptoms of rabies within ten days of the incident, then there may be a chance that the rabies virus was passed in its saliva.

3. How do I look after my pet during the observation period?

Your pet must be kept indoors, in a caged pen, or on a leash during the observation period. It may not be taken on walks beyond your property. It must be kept separated from people and other pets. Please feed and provide water for your pet as normal during this time.

4. Is my family at risk by keeping our pet in the house?

There is no risk of getting rabies if you keep your pet confined and separated from you and your family.

5. Can I keep my pet around other animals?

No. Your pet must be kept apart from animals and people during the ten day observation period. One exception is in the case of pets with unweaned young, which may continue to be fed by its mother.

6. Can I sell or give away my pet, or have my pet 'put to sleep'?

No, only in exceptional circumstances. **You must have permission from the investigator to have your pet destroyed, sold, given away, or otherwise disposed of during the observation period.**

Animal Observation for Rabies Information (side 2)**7. What should I do if my pet starts to act strangely?**

Please notify the investigator **immediately** (see phone number below) if your pet begins to show any of the following signs:

- change in the animal's usual behavior or any signs of illness
- biting indiscriminately (i.e. its limbs or other objects)
- paralysis or weakness of hind limbs
- drooping jaw and/or neck
- abnormal facial expressions
- hiding away or depressed
- increase in drool or saliva

8. Is it too late to get a rabies shot for my pet?

If your pet is healthy after the observation period, and has not had its rabies shots, **we strongly recommend** that you arrange for your pet to have its shots.

9. Do any of my family members need to get rabies shots?

If your pet is healthy after the 10 day observation period, you do not need to worry about getting rabies shots. If your pet is found to have rabies, the Medical Officer of Health will decide on the course of action to avoid the risk of rabies to you and your family.

10. How can I keep this from happening again?

- Ensure that your pets have all of their rabies shots up to date.
- Keep your pets under control indoors, or on a leash when outdoors.
- If your pet tends to bite or scratch people, talk to a vet about its' behaviour.
- Keep away from, and refrain from feeding, any stray pets and wild animals.
- Report to public health officials or wildlife conservation officers, if you see any animals acting strangely.

Contact Information:**Investigator:**

Name:

Telephone

#: _____

6.9 Sample Animal Release Letter

[Name of Animal Owner]
[Address of Animal Owner]

Dear [Name],

It has been reported that your [species of animal] was involved in a biting/scratching incident on the [date].

As your animal was found to be healthy at the end of the observation period there was no risk that rabies virus was passed to the victim. Therefore, your animal is officially released from its home observation.

In spite of this release, please consider the following recommendations:

- Ensure your pet is vaccinated.
- Never allow your pet to roam free. Keep it indoors, caged, penned, or on a leash.
- If your animal tends to bite people or other animals, seek advice from a vet.
- Never approach or feed wild or stray animals.
- Report any unusual animals to the Department of Natural Resources.

Thank you for your cooperation during this observation period.

Yours truly,

[Name of Investigator]
[Phone number]

cc. [MOH or designate and animal control, where available]

6.10 (Rabies) Appendix H-3

Rabies Investigation And Referral Form
1. Biting Incident Information
Victim's name: _____ DOB: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Address: _____ Parent/Guardian name: _____ City: _____ Province: _____ Postal Code : _____ Phone: (Home) _____ (Work) _____ Fax: _____ Exposure date: _____ Kind of exposure: <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other: _____ Physician's name: _____ Physician's Phone: _____ Short description of the incident: _____ _____ _____ _____ _____ _____ _____ _____
1.1 Wound Information
Location of wound: _____ _____ Description of wound: (Include the presence of bleeding, tissue or bone damage.) _____ _____ _____ Treatment: (Advise victim to clean wound thoroughly with soap and water, as soon as possible.) _____ _____ Given By: _____ Date: _____
1.2 Public Health Information
Date of last Tetanus vaccination: _____ Tetanus vaccination given: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of previous rabies vaccination _____ Patient Weight: _____ _____ <i>Rabies Vaccine is released only on authority of Regional MOH or MOH on Call.</i> Rabies vaccine required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dosage: _____ Lot #: _____ Rabies Immune Globulin: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dosage: _____

Lot #: _____ Tetanus vaccine required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dosage: _____ Lot #: _____ If no, date of previous dose: _____ Is follow-up required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ _____ Follow-up completed by: _____ Date: _____
2. Animal Information
Name: _____ Species: _____ Breed: _____ Age: _____ Sex: _____ Colour: _____ Tattoo: _____ Microchip: _____ Other ID: _____ _____ Location of animal: _____ _____ Reason for complaint: <input type="checkbox"/> Human exposure <input type="checkbox"/> Signs of illness <input type="checkbox"/> Other: _____ Animal alive: <input type="checkbox"/> Yes <input type="checkbox"/> No Contact with wild animals: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of contact: _____ Animal vaccinated: <input type="checkbox"/> Yes <input type="checkbox"/> No Last vaccination date: _____ Name of vaccine: _____ Specimen submitted for testing: <input type="checkbox"/> Yes <input type="checkbox"/> No Date submitted: _____ Test results: _____
2.1 Animal Owner Information
Name: _____ Address: _____ City: _____ Province: _____ Postal code: _____ Phone: (Home) _____ (Work) _____ Fax: _____
3. Animal observation to be conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Animal Observation Information <i>(This section is to be completed if the animal needs to be observed until 10 days after the incident.)</i> Observation by: <input type="checkbox"/> GSC <input type="checkbox"/> CFIA <input type="checkbox"/> Other _____ Date of referral : _____

Date observation period started: _____ Date observation period will end: _____ Description of animal behavior prior to incident: _____ _____ _____
Condition of the animal at the end of the observation period _____ _____ _____
5. Rabies suspected? <input type="checkbox"/> Yes <input type="checkbox"/> No (If rabies is suspected, it must be reported to the CFIA.)
Information completed by: _____ Date _____