

Every animal bite is reportable to local Animal Control:

Phone: 815-434-8661 Fax: 815-433-6209

Consult with the Health Department prior to the start of Rabies Post Exposure Prophylaxis (PEP). A low risk animal may negate the need for PEP or a situation where the Health Department would not recommend PEP.

Report to the Health Department:

- * Any exposure to a bat, not just a bite.
- * Any bite from a wild animal other than a rodent or rabbit (high-risk fox, coyote, skunk, raccoon, bat)
- * Any bite from a dog or cat that is not provoked or in which the animal has signs suggestive of rabies (extremely aggressive, excess salivation, paralyzed, walking circles or other neurologic signs)
- * Any bite from a large domestic animal (cow, horse, etc.) or exotic animal (lion, tiger, monkey, etc.)
- * Bites from any animal where they are unsure if rabies PEP is needed so a consultation can take place.



Adam C Diss
Sheriff of LaSalle County
Animal Control

707 E. Etna Road

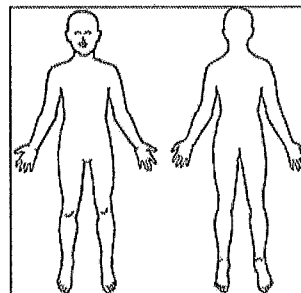
Ottawa, IL 61350

Phone: 815.434-8661 Fax: 815.434-7725

Dr. Hoyt Rees D.V.M.

Fax to: 815.434-7725 or email to: Animalcontrol@lasallecountyil.gov

Treating Clinic: _____
Treating Physician: _____
Address: _____
Phone: _____
Date Bite Reported: _____



Circle Area of Injury

Comments: (use back or bottom of page if needed)

Date bite occurred: _____

Reporting Agency: _____

Name of Officer or individual filling out report: _____

Address where bite occurred: _____

Name of Patient: _____

DOB: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Secondary Phone: _____

Name of Parent/Guardian (if under 18): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Secondary Phone: _____

Owner of Animal: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Secondary Phone: _____

Type of Animal: ☐ Dog ☐ Cat ☐ Other Breed Name: _____

Rabies Vaccination: ☐ Yes ☐ No ☐ Unknown Date Vaccinated: _____

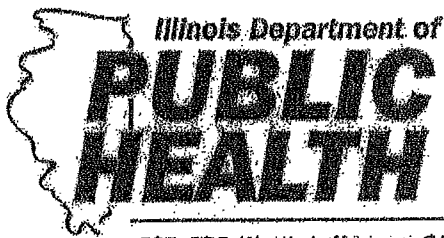
☐ 1-year ☐ 3-year Tag #: _____ Clinic where vaccinated: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Quarantine Location: _____

Comments: _____



Pat Quinn, Governor

Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

TO: Local Health Departments, Regional Offices of Illinois Department of Public Health, Emergency Departments, Infectious Disease Physicians, Infection Control Professionals

FROM: Connie Austin, D.V.M., M.P.H., Ph.D.
State Public Health Veterinarian

DATE: May 19, 2011

SUBJECT: Rabies Post-exposure Prophylaxis Protocol, May 2011

It has come to our attention that several Illinois hospital emergency departments are reportedly not administering human rabies immune globulin (HRIG) as part of their rabies post-exposure prophylaxis (rabies PEP) regimen. This memorandum is to address the appropriate administration of rabies PEP.

The document containing recommendations for rabies PEP is entitled, "Human Rabies Prevention – United States, 2008. Recommendations of the Advisory Committee on Immunization Practices". This document can be found at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm>

The recommended rabies PEP regimen for an immunocompetent person not previously vaccinated for rabies includes concurrent administration of HRIG and rabies vaccine on day 0, followed by rabies vaccination on days 3, 7 and 14. A summary table of the rabies PEP regimen is provided at the end of this document. After the release of the ACIP on rabies prevention, the committee reviewed the data on rabies PEP and determined that the fifth dose of rabies vaccine on day 28 was not needed for immunocompetent individuals. Vaccine and HRIG on day 0 should be given at separate locations. HRIG provides an immediate supply of virus neutralizing antibodies to bridge the gap until the production of active immunity following vaccine administration. Active antibody response from vaccine takes 7 to 10 days to develop. Use of HRIG provides a rapid, passive immunity that persists with a half life of approximately 21 days. Three persons bitten by rabid animals in a study in China who were only administered rabies vaccines and not rabies immune globulin developed rabies and died. Therefore, the recommended protocol in the ACIP using HRIG and four doses of rabies vaccine should be used in the United States to prevent development of rabies after sufficient exposure to a suspect or confirmed rabid animal. Failure to administer HRIG could result in an exposed patient developing rabies.

In persons who are immunocompromised, an additional rabies vaccine dose should be administered on Day 28. In persons who are pre-exposure vaccinated for rabies or who have previously received rabies PEP, rabies PEP consists of two doses of rabies vaccine on days 0 and 3 with no need to administer HRIG.

Currently neither HRIG nor rabies vaccine is in short supply. Manufacturers have traditionally been able to fill orders for rabies biologics for PEP by overnight delivery when the order is placed by early afternoon. Information on rabies biologics can be found on the IDPH Intranet (Infectious disease, communicable disease, A-Z, rabies) for local health departments and others who have access to this site. Health care providers can contact their local health department for this information.

We are requesting that each hospital emergency department review their rabies PEP regimen protocol and make sure that it includes the administration of human rabies immune globulin as recommended in the rabies ACIP to avoid adverse patient outcomes. [Hospital emergency department personnel can contact their local health department for any questions about rabies PEP and whether rabies PEP is recommended for any particular exposure.]

Summary of the Rabies PEP Regimen

Product	Recommended time of administration	Administration details
HRIG	Day 0 (If not administered on day 0 can be given up to and including day 7 of the series)	20 IU/kg. If anatomically feasible, infiltrate the bite wound with the full dose. Any remaining volume should be given IM at a site distant from vaccine administration. If a non-bite exposure occurred, HRIG can be given IM at a site distant from vaccine administration. Not needed for patient previously given full series of rabies PEP or patient pre-exposure vaccinated for rabies.
Rabies vaccine dose 1	Day 0	Administered IM. In deltoid for adults. For children, anterolateral aspect of the thigh is also acceptable. The gluteal area should NEVER be used because it results in lower titers.
Rabies vaccine dose 2	Day 3	See vaccine dose 1 information
Rabies vaccine dose 3	Day 7	See vaccine dose 1 information
Rabies vaccine dose 4	Day 14	See vaccine dose 1 information
Rabies vaccine dose 5 (for immunocompromised patients only)	Day 28	See vaccine dose 1 information

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Division of Infectious Disease, Communicable Disease Control Section
Potential Human Rabies Exposure Case Report Form

(Note: Report possible rabies exposure first using morb card; after information is available complete this form.)

DEMOGRAPHICS

State ID Number _____ (IDPH use)

Patient's last name _____		First name _____	Phone (____) _____
Street address _____		City _____	ZIP Code _____
State	<input type="checkbox"/> Illinois <input type="checkbox"/> Other _____	County _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Age _____ Is age in days/months/years? <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years	Ethnic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
Patient's physician _____		Occupation _____	
Date of bite (mo/day/yr) _____		Phone (____) _____	

EXPOSURE CHARACTERISTICS

Type of exposure	
<input type="checkbox"/> Bite (anatomical site _____)	<input type="checkbox"/> Non-bite (contamination of open cut with saliva or nervous tissue)
<input type="checkbox"/> Non-bite (scratch or abrasion)	<input type="checkbox"/> Non-exposure (petting, handling, blood contact)
Where was person exposed? <input type="checkbox"/> Urban <input type="checkbox"/> Rural	
Address where exposed _____ County _____ State _____	
Animal species	
<input type="checkbox"/> Bat	<input type="checkbox"/> Fox/coyote <input type="checkbox"/> Rodent (rat, mouse, gerbil, guinea pig, hamster, squirrel, etc.)
<input type="checkbox"/> Cat	<input type="checkbox"/> Livestock <input type="checkbox"/> Skunk
<input type="checkbox"/> Dog	<input type="checkbox"/> Rabbit/hare <input type="checkbox"/> Other _____
<input type="checkbox"/> Ferret	<input type="checkbox"/> Raccoon
Was the animal? <input type="checkbox"/> Wild <input type="checkbox"/> Domesticated	
Domestic animal ownership <input type="checkbox"/> Patient's family <input type="checkbox"/> Other person <input type="checkbox"/> Stray	
Was the animal vaccinated for rabies?	
<input type="checkbox"/> Not vaccinated	
<input type="checkbox"/> Up-to-date on rabies vaccination	
<input type="checkbox"/> Previously vaccinated for rabies, but not up-to-date	
<input type="checkbox"/> Unknown	
Did the animal exhibit signs of rabies (check all that apply) such as -	
<input type="checkbox"/> Unusual aggression	<input type="checkbox"/> Excess salivation
<input type="checkbox"/> Impaired locomotion	<input type="checkbox"/> Wild animal with no fear of people
<input type="checkbox"/> Paralysis	<input type="checkbox"/> Other _____

EXPOSURE CHARACTERISTICS (CONTINUED)**Provoked/unprovoked (if dog, cat or ferret)**

- ☐ Provoked (The bite is considered provoked if the animal is placed in a situation in which an expected reaction would be to bite, for example, invading an animal's territory, attempting to pet or handle an unfamiliar animal, startling an animal, running or bicycling past an animal, assisting an injured or sick animal, attempting to separate two fighting animals, trying to capture an animal or removing food, water or other objects from an animal.)
- ☐ Unprovoked (The bite is unprovoked if there is no apparent reason.)

Describe the exposure incident _____

Disposition of animal ☐ Tested for rabies ☐ Confined/Quarantined ____ days ☐ Unavailable for either

If tested, what were results? ☐ Positive ☐ Negative ☐ Unsatisfactory

If confined, did the animal survive the confinement period? ☐ Yes ☐ No

RABIES POST-EXPOSURE TREATMENTWas the person previously vaccinated against rabies? ☐ Yes ☐ No

Where did the patient first receive a rabies PEP recommendation for this exposure?

☐ Health care provider ☐ Local health department ☐ Other _____Was rabies post-exposure prophylaxis started? ☐ Yes ☐ No

Who made final recommendation on rabies PEP?

☐ Health care provider ☐ Local health department ☐ Other _____If disagreement about whether rabies PEP was necessary, please provide explanation _____

_____**Rabies PEP treatment**☐ Patient refused recommended rabies PEP

Name of treatment	Date administered (mo/day/yr)	Body site
Rabies immune globulin		
First vaccine dose		
Second vaccine dose		
Third vaccine dose		
Fourth vaccine dose		
Fifth vaccine dose		

Was the series completed? ☐ Yes ☐ No

Where was rabies PEP received?

- ☐ Emergency room
- ☐ Physician's office
- ☐ Local health department

Person started but did not complete series because -

- ☐ Animal was tested negative for rabies
- ☐ Patient refused further treatment
- ☐ Patient was lost to follow-up
- Other _____

Payment source☐ Private insurance ☐ Medicaid ☐ Worker's compensation ☐ Out-of-pocket ☐ No source of payment

Submitted by _____ (Name) _____ (organization) _____ (date)