

# Rabies, Human

**Immediately notify WV Bureau for Public Health, Division of Infectious Disease Epidemiology 1-800-423-1271**

## PATIENT DEMOGRAPHICS

Name (last, first): \_\_\_\_\_  
 Address (mailing): \_\_\_\_\_  
 Address (physical): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ Phone (work/cell): \_\_\_\_\_  
 Alternate contact:  Parent/Guardian  Spouse  Other  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_\_  
 Sex:  Male  Female  Unk  
 Ethnicity:  Not Hispanic or Latino  
 Hispanic or Latino  Unk  
 Race:  White  Black/Afr. Amer.  
 (Mark all that apply)  Asian  Am. Ind/AK Native  
 Native HI/Other PI  Unk

## INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): \_\_\_\_\_  
 Investigation Start Date: \_\_/\_\_/\_\_\_\_  
 Earliest date reported to LHD: \_\_/\_\_/\_\_\_\_  
 Earliest date reported to DIDE: \_\_/\_\_/\_\_\_\_

Entered in WVEDSS?  Yes  No  Unk  
 Case Classification:  
 Confirmed  Probable  Suspect  
 Not a case  Unknown

## REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source:  Laboratory  Hospital  HCP  Public Health Agency  Other  
 Reporter Name: \_\_\_\_\_ Reporter Phone: \_\_\_\_\_  
 Primary HCP Name: \_\_\_\_\_ Primary HCP Phone: \_\_\_\_\_

## CLINICAL

Onset date: \_\_/\_\_/\_\_\_\_ Diagnosis date: \_\_/\_\_/\_\_\_\_ Recovery date: \_\_/\_\_/\_\_\_\_

### Clinical Findings

Y N U  
   Fever (Highest measured temperature: \_\_\_\_\_ °F)  
   Malaise  
   Headache  
   Nausea/vomiting  
   Anxiety  
   Muscle spasms  
   Dysphagia  
   Anorexia  
   Ataxia  
   Priapism  
   Seizures  
   Hyperactivity  
   Hallucinations  
   Insomnia

### Clinical Findings (continued)

Y N U  
   Aerophobia  
   Hydrophobia  
   Localized weakness  
   Localized pain/ Paresthesias  
   Confusion or delirium  
   Agitation or combativeness  
   Autonomic instability  
   Hypersalivation  
   Encephalitis  
   Ascending flaccid paralysis  
   Coma

### Hospitalization

Y N U  
   Patient hospitalized for this illness  
 If yes, hospital name: \_\_\_\_\_  
 Admit date: \_\_/\_\_/\_\_\_\_ Discharge date: \_\_/\_\_/\_\_\_\_

### Death

Y N U  
   Patient died due to this illness If yes, date of death: \_\_/\_\_/\_\_\_\_

## VACCINATION HISTORY

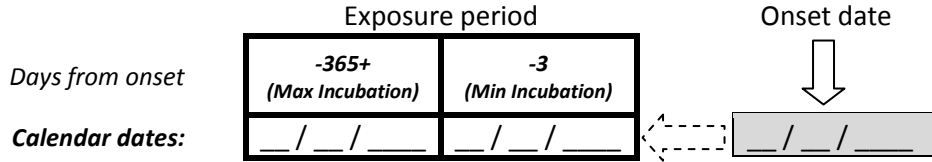
Y N U  
   Previously received rabies vaccine  
 If yes, date: \_\_/\_\_/\_\_\_\_

## LABORATORY (Please submit copies of all labs associated with this illness to DIDE)

Y N U  
   Detection of Lyssavirus antigens in a clinical specimen (preferably the brain or the nerves surrounding hair follicles in the nape of the neck) by direct fluorescent antibody test  
   Isolation (in cell culture or in a laboratory animal) of a Lyssavirus from saliva or central nervous system tissue  
   Identification of Lyssavirus specific antibody (i.e. by indirect fluorescent antibody (IFA) test or complete rabies virus neutralization at 1:5 dilution) in the CSF  
   Identification of Lyssavirus specific antibody (i.e. by indirect fluorescent antibody (IFA) test or complete rabies virus neutralization at 1:5 dilution) in the serum of an unvaccinated person  
   Detection of Lyssavirus RNA (using reverse transcriptase-polymerase chain reaction [RT-PCR]) in saliva, CSF, or tissue

## INFECTION TIMELINE

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period



## EPIDEMIOLOGIC EXPOSURES (based on the above exposure period)

Y N U

History of travel during exposure period (if yes, complete travel history below):

Destination (City, Country)	Arrival Date	Departure Date	Reason for Travel

Suspicious animal exposure(s)

### Most recent exposure:

Date/location: \_\_\_\_\_

Species involved:  Dog  Cat  Raccoon  Skunk  Fox

Bat  Other: \_\_\_\_\_

Exposure type:  Bite  Scratch  Other: \_\_\_\_\_

### Previous exposure:

Date/location: \_\_\_\_\_

Species involved:  Dog  Cat  Raccoon  Skunk  Fox

Bat  Other: \_\_\_\_\_

Exposure type:  Bite  Scratch  Other: \_\_\_\_\_

Where did exposure most likely occur? County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

## PUBLIC HEALTH ISSUES

Y N U

Case donated blood products, organs or tissue in the 30 days prior to symptom onset

Date: \_\_/\_\_/\_\_

Agency/location: \_\_\_\_\_

Type of donation: \_\_\_\_\_

Potential human exposures

Epi link to another confirmed case of same condition

Epi link to a documented exposure

Case is part of an outbreak

Other: \_\_\_\_\_

## PUBLIC HEALTH ACTIONS

Y N U

Notification of blood bank or hospital

PEP recommended for human exposures (indicate #: \_\_\_\_\_)

Disease education and prevention information provided to patient and/or family/guardian

Facilitate laboratory testing of other symptomatic persons who have a shared exposure

Patient is lost to follow up

Other: \_\_\_\_\_

## WVEDSS

Y N U

Entered into WVEDSS (Entry date: \_\_/\_\_/\_\_)

Case Status:  Confirmed  Probable  Suspect  Not a case  Unknown

## NOTES

