West Virginia Bureau for Public Health — Your Health, Your Safety, Our Purpose
Department of Health & Human Resources

Animal Encounter Report Form

SG-58 REV. 10/12 **FOR HEALTHCARE PROVIDER/FACILITY ATTENDING TO ANIMAL BITE PATIENT** **PAGE 1**

Note to Providers: Complete as much information as possible on page 1 of this form. Fax this report to the local health department immediately.

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: (Mark all that apply) ☐White ☐Black/Afr. Amer. ☐Asian ☐Am. Ind/AK Native ☐Native HI/Other PI ☐ Unk

PROVIDER INFORMATION

Physician: _____ Phone: _____ Fax: _____
Facility: _____ Address: _____
City/State/Zip: _____ Date reported to health department: ___/___/_____

BITE/EXPOSURE INFORMATION

Exposure date: __ / __ / ____

Exposure Type

Y N U
☐ ☐ ☐ Bite
☐ ☐ ☐ Scratch
☐ ☐ ☐ Saliva/CNS tissue contact **with fresh* wound**
☐ ☐ ☐ Saliva/CNS tissue contact with mucous membrane
☐ ☐ ☐ Bat exposure with no definite bite or scratch
☐ ☐ ☐ Other (Describe:_____)

*Fresh wound=a wound that has bled within past 24 hours

Circumstances of Bite/Exposure

Y N U
☐ ☐ ☐ **Bite or scratch** caused a break in the skin
If yes, where on body (mark all that apply): ☐Head/neck/face ☐Hand ☐Leg ☐Torso/chest/back ☐Arm ☐Foot
☐ ☐ ☐ Exposure was provoked
☐ ☐ ☐ Animal was behaving abnormally

CLINICAL INFORMATION

Hospitalization

Y N U
☐ ☐ ☐ Patient hospitalized for this exposure
If yes, hospital name: _____
Admit date: __ / __ / ____ Discharge date: __ / __ / ____

Death

Y N U
☐ ☐ ☐ Patient died due to this exposure
If yes, date of death: __ / __ / _____

Vaccination History

Y N U
☐ ☐ ☐ Patient previously received rabies vaccine prior to this exposure
If yes, date of previous vaccination: ___ / ___ / _____

Treatment

Y N U
☐ ☐ ☐ Patient wound cleaned
☐ ☐ ☐ Patient started rabies **PEP** series
If yes, name of facility initiating PEP series:
_____
If yes, did patient **complete series?**: ☐Yes ☐No ☐Unknown
Please document known vaccination dates below:
#1: __/__/____ #2: __/__/____ #3: __/__/____ #4: __/__/____
☐ ☐ ☐ Patient received human rabies immune globulin (**RIG**)
If yes, RIG date: __ / __ / ____

ANIMAL INFORMATION

Species Causing Exposure (mark all that apply):

☐ Bat ☐ Fox ☐ Raccoon
☐ Cat or kitten ☐ Goat ☐ Rodent
☐ Cow ☐ Horse ☐ Sheep
☐ Coyote ☐ Monkey ☐ Skunk
☐ Dog or puppy ☐ Pig ☐ OTHER (list): _____
☐ Ferret ☐ Rabbit

Total number of animals involved in encounter: _____

Ownership status of animal:

☐ Owned (pet, livestock, etc.)
Owner Name: _____
Owner Address: _____
City/State/Zip: _____
Owner Phone: _____
☐ Non-owned (wild, stray, etc.)
☐ Unknown

ADDITIONAL NOTES:

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____ **Entered in WVEDSS?** ☐Yes ☐No ☐Unk

Investigation Start Date:__ / __ / ____ **Case Classification:**

Earliest date reported to LHD: __ / __ / ____ ☐ Confirmed ☐ Probable ☐ Suspect

Earliest date reported to state: __ / __ / ____ ☐ Not a case ☐ Unknown

Was owner contacted? ☐ Yes ☐ No Date Notified: ___/___/_____ By: ☐ Phone ☐ Letter ☐ Visit

Rabies Vaccination Status of Animal:

If pet or livestock, were rabies vaccinations up-to-date*? ☐ Yes (Date: __ / __ / ____) ☐ No ☐ Unknown

*For cats, dogs and ferrets: 1st Dose @3mo, Booster @ 1yr; Booster every 1-3 yrs (depending on manufacturer)

Veterinarian: _____ Phone: _____

EXPOSURE INFORMATION

Y	N	U	
☐	☐	☐	Occupational exposure **If yes**, indicate occupation: _____
☐	☐	☐	Exposure occurred outside the United States (**If yes**. please **call DIDE immediately** for consult)
☐	☐	☐	Exposure occurred in a county with a history of animal rabies activity

Where did exposure occur? **County:** _____ **State:**_____ **Country:** _____

OBSERVATION TIMELINE

***Instructions**: enter exposure date in grey box. Count forward 10 days to determine observation period*

Observation* Period

	+0 days (Exposure date)	+10 days (Check Date)
Calendar dates:	__ / __ / ____	__ / __ / ____
	MM / DD / YYYY	*MM / DD / YYYY*

*Period of observation for cats, dogs and ferrets is 10 days. For livestock, 14 days are recommended. Confinement of other species not appropriate.

ANIMAL FOLLOW UP INFORMATION

Y	N	U	
☐	☐	☐	Animal involved in exposure was able to be confined **if yes**, indicate # **days** (from exposure to final check): ___ and final **status**: ☐Healthy ☐Died ☐Lost ☐Other:_____ **If yes,** indicate where animal confined: ☐ Home ☐ Animal Shelter ☐ Veterinarian ☐ Other:_____
☐	☐	☐	Animal confinement not possible, but animal was able to be observed following the exposure (**if yes**, indicate # **days** (from exposure to observation): ___ and final **status**: ☐Healthy ☐Died ☐Lost ☐Other:_____)
☐	☐	☐	Other Animals Have Been Exposed (if yes, explain: _____)
☐	☐	☐	If livestock involved, has Ag been contacted (304-558-2214)

LABORATORY INFORMATION

Y	N	U	
☐	☐	☐	Animal involved in exposure was submitted for rabies testing (If yes, date: __/__/____ and Lab ID#: _____)
☐	☐	☐	Rabies virus detected in exposing animal via direct fluorescent antibodies (DFA) (If yes, date: __/__/____)
☐	☐	☐	Patient notified of results (if applicable) (If yes, date: ___/___/_____)

PUBLIC HEALTH ISSUES

Y	N	U	
☐	☐	☐	Human exposure to an animal that was lost-to-follow-up
☐	☐	☐	Human exposure to an animal that was euthanized or killed **and** not available for testing
☐	☐	☐	Other:

PUBLIC HEALTH ACTIONS

Y	N	U	
☐	☐	☐	Rabies education provided to patient
☐	☐	☐	Patient referred to healthcare provider
☐	☐	☐	Rabies PEP recommended to patient
☐	☐	☐	Referred patient to national indigent rabies vaccine program
☐	☐	☐	National B Virus Resource Center contacted to assist with exposure management (for exposures involving primates only)
☐	☐	☐	Responsible pet ownership education provided to animal (i.e., spay/neuter, rabies vaccine, caution w/young children)
☐	☐	☐	Outreach provided to employer to reduce employee risk (for occupationally-related exposures)
☐	☐	☐	Patient lost to follow-up
☐	☐	☐	Other:

NOTES