

Health Care Provider  
**ANIMAL BITE REPORT FORM**  
*Chautauqua County Health Department*  
(716) 753-4481 FAX (716) 753-4344

Name of Healthcare Provider (*Hospital, Practice, Agency*) \_\_\_\_\_ Date \_\_\_\_\_

**Person Bitten/Scratched**

Name \_\_\_\_\_ Parent's/Guardian's Name (if child) \_\_\_\_\_  
Street \_\_\_\_\_ Age \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ Date of Bite \_\_\_\_\_  
City/Village \_\_\_\_\_ Date of Treatment \_\_\_\_\_ Business Phone # \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell # \_\_\_\_\_ Home Phone # \_\_\_\_\_

**Wound Treatment**

Washed with soap & water    virucidal agent    Other, describe \_\_\_\_\_

**Description of Biting/Scratching Animal**

Dog    Cat    Other (describe) \_\_\_\_\_  
Animal name \_\_\_\_\_ Age \_\_\_\_\_ Type \_\_\_\_\_  
Description of animal, i.e., size, color \_\_\_\_\_

**Animal Owner's Information**

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Street \_\_\_\_\_ Cell # \_\_\_\_\_  
City/Village \_\_\_\_\_ Business Phone # \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current location of biting animal \_\_\_\_\_

Describe circumstances of the incident \_\_\_\_\_

**Health Department must be notified prior to initiating postexposure rabies prophylaxis (see back of form for treatment guidelines).**

Treatment authorized? Yes    No    By Whom? \_\_\_\_\_

**Patient Information**

Patient weight \_\_\_\_\_ Vaccine (circle) HDCV/PCEC    site/dose \_\_\_\_\_  
HRIG: site/dose \_\_\_\_\_    site/dose \_\_\_\_\_    site/dose \_\_\_\_\_  
Form completed by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**EMERGENCY CONSULTATION NUMBERS:**

**MONDAY - FRIDAY – 8:30 a.m. to 4:30 p.m.**

**Mayville Office**

7 North Erie Street  
Mayville, New York 14757  
Ph. 753-4481 Fax 753-4344

**EVENINGS/ WEEKENDS/ HOLIDAYS:**

**Mark Stow, Director Environmental Health**

Cell phone: 269-4981

**Communicable Disease Control**

Cell phone: 269-9952

**Christine Schuyler, Public Health Director**

Cell phone: 269-9952

Home phone: 763-6908

**Robert Berke, M.D., M.P.H., Medical Consultant**

Cell phone: 269-4450

Home phone: 326-4025

**Chautauqua County Sheriff's Office: 753-4231**

**Rabies Postexposure Prophylaxis Schedule – United States, 2010**

<b><u>Vaccination Status</u></b>	<b><u>Treatment</u></b>	<b><u>Regimen*</u></b>
<b><u>Not previously vaccinated</u></b>	<b>Wound cleansing</b>	All postexposure treatment should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as a povidone-iodine solution should be used to irrigate the wounds.
	<b>RIG</b>	Administer 20 IU/kg body weight. If anatomically feasible, <b>the full dose</b> should be infiltrated around the wound(s) and any remaining volume should be administered IM at an anatomical site distant from vaccine administration. Also, RIG should not be administered in the same syringe as vaccine. Because RIG might partially suppress active production of antibody, no more than the recommended dose should be given.
	<b>Vaccine</b>	HDCV or PCECV 1.0 mL, IM (deltoid area**), one each on days 0***, 3, 7, and 14. ¶
<b><u>Previously vaccinated****</u></b>	<b>Wound cleansing</b>	All postexposure treatment should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as a povidone-iodine solution should be used to irrigate the wounds.
	<b>RIG</b>	RIG should <b>not</b> be administered.
	<b>Vaccine</b>	HDCV, RVA, or PCEC 1.0 mL, IM (deltoid area*), one each on days 0*** and 3.

HDCV = human diploid cell vaccine; PCECV=purified chick embryo cell vaccine; RIG=rabies immune globulin; IM, intramuscular.

\*These regimens are applicable for all age groups, including children.

\*\*The deltoid area is the only acceptable site of vaccination for adults and older children. For younger children, the outer aspect of the thigh may be used. Vaccine should never be administered in the gluteal area.

\*\*\* Day 0 is the day the first dose of vaccine is administered.

¶ For persons with immunosuppression, rabies PEP should be administered using all 5 doses of vaccine on days 0, 3, 7, 14, & 28.

\*\*\*\*Any person with a history of preexposure vaccination with HDCV or PCECV or rabies vaccine adsorbed (RVA); prior postexposure prophylaxis with HDCV, RVA, or PCECV; or previous vaccination with any other type of rabies vaccine and a documented history of antibody response to the prior vaccination.