



STATE OF NEW YORK
SCHOHARIE COUNTY DEPARTMENT OF PUBLIC HEALTH

P.O.Box 667, 284 Main Street, Schoharie, New York, 12157
(518) 295-8382

ANIMAL ENCOUNTERS AND FOLLOW-UP REPORT FOR RABIES PROGRAM
(and Provider Guidance)

Section 1:

Guidelines for Emergency Departments and other health care providers:

- **All animal encounters, regardless of injury, are required to be reported to SCDOH.** Call 518-295-8382, Mon-Fri 8:30 am-4:30 pm with questions, concerns or for post exposure prophylaxis authorization. After hours and on holidays, call Schoharie County Sheriff Dept. at 518-295-8114 who will report to the SCDOH Director.
- Personnel should complete **Section 1** and fax to 518-295-8786.
- For patients requiring the first dose of vaccine and HRIG, please first contact SCDOH for authorization.
- Upon receipt of authorization, also complete appropriate fields in **Section 2** including dosage dates and location of patient follow up.
- Fax Section 1 and 2 to SCDOH at 518-295-8786 after prophylaxis is initiated

Reporting Facility/Provider/Other: _____

Victim Information (Please complete all fields to the best of your ability)

Name: _____ DOB: _____ Home/Work Phone #: _____/_____/_____

Parent Name (if child): _____

Address: _____

Type exposure: ___ Bite; ___ Scratch; Other: _____ Date of Incident: ___/___/___

Location of wound if bite or scratch exposure: _____

Brief description of incident: _____

Address where bite/exposure occurred: _____

Physician's Name or ED Name: _____ Phone# _____

Was PEP started? ___ Yes; ___ No; If yes, provided by: _____ (Complete Section #2)

Previously received PEP? ___ Yes; ___ No; If yes, Date: ___/___/___ Weight(for HRIG): _____

Animal Owner Information

Name: _____ Home/Work Phone #: _____/_____/_____

Mailing Address: _____

Physical Address: _____

Animal Information (SCDOH Staff to complete the Confinement/Specimen Follow-Up Form, as appropriate)

Animal type is: dog/cat/other: _____ Animal is: ___ domestic; ___ stray; ___ wild

Breed: _____ Color: _____ Markings: _____

Animal's Name: _____ Animals Current Location: _____

Facility/Provider/SCDOH Personnel Signature: _____ **Date:** ___/___/___

Section 2

Prior to initiating post exposure prophylaxis, please contact SCDOH for authorization at 518-295-8382, Mon-Fri 8:30 am-4:30 pm. After hours, weekends & on holidays call Schoharie County Sheriff Dept. at 518-295-8114 who will report to the SCDOH Director.

Post Exposure Prophylaxis authorized by: _____ Date: ___/___/___

SCDOH Official

Post Exposure Vaccination Schedule

This schedule reflects the current guidelines for rabies vaccine post exposure treatment.

1st Dose Vaccine - Day 0 Date: ___/___/___ at _____ ER

Rt.: ___ Site:___ Lot #: _____ Manufacturer: _____ Reaction: _____

HRIG – Day 0 Date: ___/___/___ at _____ ER

Rt.: ___ Site:___ Lot #: _____ Manufacturer: _____ Reaction: _____

Administering Staff Signature: _____

After administering first dose and HRIG, complete the **date** and **location** column, as appropriate, in the following schedule and fax to SCDOH at **518-295-8786**.

* Please instruct the patient to comply strictly to the following schedule to ensure vaccine protection

Dose	Day	Date	Rte	Site	Lot #	Manuf.	Reaction	Vaccination Location	SCDOH Confirm. Date	SCDOH Nurse
*2	3									
3	7									
4	14									
**5	28									

* Stop after this dose for previously vaccinated individuals. They only require 2 doses, 3 days apart.

**A fifth dose is indicated when the individual is immune compromised (HIV, receiving chemotherapy, asplenic, etc)

Comments: _____

Completed report data is entered into the Rabies Reporting System on the Health Commerce System by Nursing staff.

Date of data entry: ___/___/___