

RABIES CONTROL PROGRAM – DUTY TO REPORT

To: Physicians
Registered Nurses in the Extended Class

Date: January 11, 2021

Re: Duty to Report Animal Bite/Animal Contact

This letter is being sent in accordance with the requirements of the Ministry of Health and Long-Term Care, Rabies Prevention and Control Protocol. It is your notification and reminder to report animal bites and/or other animal contact incidents to the Middlesex-London Health Unit (MLHU) Rabies Prevention and Control Program. Reporting incidents is mandated under regulation 557 of the Health Protection and Promotion Act. Attached you will find the required paperwork which is to be completed and forwarded to the MLHU Rabies Fax Line (519-663-0107) whenever an animal incident has been reported.

DUTY TO REPORT

Ontario Regulation 557, Sections 2(1) and 2(2) under the Health Protection and Promotion Act state:

- 2(1) *A physician, registered nurse in the extended class, veterinarian, police officer or any other person who has information concerning either or both of the following shall, as soon as possible, notify the medical officer of health and provide the medical officer with the information, including the name and contact information of the exposed person:*
1. *Any bite from a mammal*
 2. *Any contact with a mammal that is conducive to the potential transmission of rabies to persons. O. Reg. 501/17 s. 1.*
- 2(2) *The owner or the person having the care and custody of an animal,*
(a) that has bitten or is suspected of having bitten a person: or
(b) that is suspected by the medical officer of health of having rabies;
shall provide the medical officer of health with such information and assistance with respect to the animal as the medical officer of health requires. R.R.O. 1990, Reg. 557, s. 2(2).

Each year, the Health Unit investigates approximately 1100 human exposures to animals that can potentially transmit rabies. Positive cases of animal rabies, specifically bat rabies, occur in the City of London and Middlesex County every year. All animal exposure incidents (ie. a bite, scratch, contact with a mucous membrane) are investigated by the Health Unit as per Ontario Regulation 557 of the Health Protection and Promotion Act.

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PROCESS TO REPORT

All animal exposure incidents **and** administration of Rabies Post Exposure Prophylaxis (RPEP) (forms attached) must be reported by fax to the Middlesex-London Health Unit at 519-663-0107.

The Middlesex-London Health Unit will contact the individual to ensure follow-up RPEP scheduling is completed. These vaccinations may be administered at:

1. MLHU will administer Day 3, 7 & 14 (and 28 if required) Monday to Friday by appointment only.
The Health Unit is closed on Weekends and Holidays
2. Walk-in clinic
3. St. Joseph's Urgent Care Centre

The Health Unit is available to receive all fax communications 24 hours a day, 7 days a week.

Business Hours:

Monday to Friday - 8:30 am - 4:30 pm.

Fax reports to 519-663-0107.

If you need to speak with the Rabies Coordinator, please call 519-663-5317

After Hours/Weekends/Holidays:

Please call the Health Unit at 519-663-5317 and the answering service will direct your call to the appropriate individual.

Sincerely,

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health & Chief Executive Officer
519-663-5317
christopher.mackie@mlhu.on.ca

Attachments



Fax to: Rabies Coordinator
Middlesex-London Health Unit
Tel: 519-663-5317
Fax: 519-663-0107

ANIMAL EXPOSURE INCIDENT REPORT

Today's Date: _____ Reporting Agency: _____
(yyyy/mmm/dd)

Contact person for your Office: _____ Phone: _____

All information must be filled in

PERSON EXPOSED

Name: _____ Gender: _____

Phone: _____ Email: _____

Address: _____
(Unit #) (Street) (City/Prov.) (Postal Code)

Parent or guardian contact name: _____

Date of Birth: _____ Weight: _____ **lbs**
(yyyy/mmm/dd) **kgs**

Date exposed to the animal: _____ Time: _____ **AM**
(yyyy/mmm/dd) **PM**

Type of exposure: Bite | Scratch | Non-bite | Handling | Other: _____

Location of wound(s) on body: Face | Head | Neck | Other: _____

Location of incident: _____

Summary of incident: _____

ANIMAL INFORMATION

Species: _____ Name (of pet): _____

Owner Name: _____ Phone: _____

Address: _____
(Unit #) (Street) (City/Prov.) (Postal Code)

Animal Vaccinated: Y | N Date Vaccinated: _____
(yyyy/mmm/dd)

Veterinary Clinic: _____

Animal Alive: Y | N

Personal information contained on this form is collected under the authority of *the Health Protection and Promotion Act*, for the purposes of investigating animal exposures, by Public Health, to prevent rabies. The incident is entered into the provincial database for assisting with the prevention of rabies and for maintaining information regarding animal exposure incidents. If you have any questions about the collection or use of this information, please contact 519-663-5317

Post-Exposure Rabies Vaccine & Rabies Immune Globulin (RIG)

Administration of rabies immune globulin (RIG)(HyperRAB® or IMOGAM®) (for those who have not previously received a full course of pre-exposure or post-exposure rabies vaccine):

RIG must be calculated for each client. The dosage is: 20 I.U. per kilogram, or 9.09 I.U. per pound body weight. The RIG comes in a concentration of: 150 I.U. per ml.

- For a client weight of 280 lb, dosage of RIG: $9.09 \text{ I.U.} \times 280 \text{ lb} \div 150 \text{ I.U.} = \mathbf{16.9 \text{ ml}}$
- For a client weight of 125 kg, dosage of RIG: $20 \text{ I.U.} \times 125 \text{ kg} \div 150 \text{ I.U.} = \mathbf{16.7 \text{ ml}}$

If anatomically feasible, the full dose of RIG should be thoroughly infiltrated in the area around and into the wounds. Any remaining volume should be injected intramuscularly in the deltoid, gluteal or anterolateral thigh using a separate syringe and needle. A separate injection site should be used for the first dose of vaccine.

Administration of rabies vaccine (RabAvert® or IMOVAX® - Rabies):

- Rabies vaccine for post-exposure prophylaxis is administered as 1.0 ml IM (1 vial) on days 0, 3, 7, and 14 for those who are previously unimmunized, immunocompetent and not on antimalarials. For those who are immunocompromised or on antimalarials, an extra dose is given on day 28.
- For those who have previously received a full course of pre-exposure or post-exposure rabies vaccine with vaccines available in Canada, 1.0 ml IM is administered on days 0 and 3 without rabies immune globulin. See the [Canadian Immunization Guide, Rabies Chapter](#) for more information.

Rabies vaccine should be given in the deltoid for those 1 year of age or older, and in the anterolateral thigh in infants less than 1 year of age. **DO NOT** administer rabies vaccine subcutaneously. **DO NOT** administer rabies vaccine in the gluteal muscle. **DO NOT** administer rabies vaccine at the same site as rabies immune globulin. Wherever possible, an immunization series should be completed with the same product.

Immunization Clinic

Location: 355 Wellington St., Suite 110, London, ON N6A 3N7, *(inside Citi Plaza).*
The entrance door is located at the southeast corner of King St. and Clarence St.

- **Health Unit is closed on Weekends and Holidays**

An appointment is required:

- To book at an appointment, please call 519-663-5317.

No health card required

NOTICE OF COLLECTON:

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Administration schedule

Rabies vaccine can be administered by the Health Unit if necessary, only if the day 3, 7, 14 or 28 dose(s) fall on a Monday to Friday, and the day is not a holiday; See below / reverse for clinic hours. Please check below / reverse if the day 3, 7, 14 and/or 28 days is to be administered by the Health Unit. Please note that the day 0 dose and the RIG will not be administered by the Health Unit. Please circle the product administered and give the lot number and expiry date.

Please call 519-663-5317 ext. 2309 if you have any questions regarding rabies post-exposure management. After hours call 519-675-7523.

Client: _____

Weight: _____ kg

Day 0 _____ yyyy/mm/dd	Vaccine – 1.0 ml Imovax® / RabAVert® Lot # _____	Expiry date: _____ yyyy/mm/dd	Location Administered: _____ Hospital, clinic, office	Prescribing Provider's Name: _____ Doctor, NP: first & last
Day 0 _____ ml Calculated dose	Immune Globulin HyperRAB® / IMOAM® Lot # _____	Expiry date: _____ yyy/mm/dd	Location Administered: _____ Hospital, clinic, office	Prescribing Provider's Name: _____ Doctor, NP: first & last

Day 3 _____ yyyy/mm/dd	Vaccine – 1.0 ml Imovax® / RabAVert® Lot # _____	Expiry date: _____ yyyy/mm/dd	Location Administered: _____ Hospital, clinic, office	Prescribing Provider's Name: _____ Doctor, NP: first & last
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Day 7 _____ yyyy/mm/dd	Vaccine – 1.0 ml Imovax® / RabAVert® Lot # _____	Expiry date: _____ yyyy/mm/dd	Location Administered: _____ Hospital, clinic, office	Prescribing Provider's Name: _____ Doctor, NP: first & last
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Day 14 _____ yyyy/mm/dd	Vaccine – 1.0 ml Imovax® / RabAVert® Lot # _____	Expiry date: _____ yyyy/mm/dd	Location Administered: _____ Hospital, clinic, office	Prescribing Provider's Name: _____ Doctor, NP: first & last
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If immunosuppressed or on antimalarials:

Day 28 _____ yyyy/mm/dd	Vaccine – 1.0 ml Imovax® / RabAVert® Lot # _____	Expiry date: _____ yyyy/mm/dd	Location Administered: _____ Hospital, clinic, office	Prescribing Provider's Name: _____ Doctor, NP: first & last
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Check if Health Unit to administer any doses (Monday to Friday)