

St. Thomas Site 1230 Talbot Street St. Thomas N5P 1G9 519-631-9900 Woodstock Site 410 Buller Street Woodstock N4S 4N2 519-421-9901

1-800-922-0096 | www.swpublichealth.ca

POSSIBLE ANIMAL RABIES EXPOSURE REPORT FORM

FAX THIS REPORT TO: 51	9-539-5059		
(This number might be long distance in s	some areas)		
Reporting Agency:		PATIENT	ID STICKER
Date:			
Reported by (Name):			
Contact Telephone No. ()			
Details of Individual Exposed/Bitten			
Name	Sex D.O.B	Age	Weight: Kg.
Full Address	City/Munici	pality	<u> </u>
Parent/Guardian		Phone	
Alternate Phone	Email		
Type of Exposure: Bite (Broke the S	Skin)	posure Scratch	
Other			
Victim Previously Immunized with Rabia	es Vaccine: Yes No Date	e Vaccinated:	
Victim Immunocompromised: ☐ Yes ☐] No		
Location of Wound (e.g. right hand, left	ankle)		
Local treatment of the wound: Yes	No Attending Dr		
Family Dr	Date Seen by Dr		
Date of Incident			
Describe incident:			
Animal Owner's Name:			
Full Address	City/Munici	pality	
Postal Code	_		
Type of Animal: Dog Cat Bat	Other (description):		
Name of Animal:	Breed of Animal: _		
Colour: Size	e:		



St. Thomas Site 1230 Talbot Street St. Thomas N5P 1G9 519-631-9900 Woodstock Site 410 Buller Street Woodstock N4S 4N2 519-421-9901

1-800-922-0096 | www.swpublichealth.ca

Rabies Post-Exposure Prophylaxis for Hospitals

Please complete this form and fax to 519-539-5059

Reporting Hospital:		
Ordering Physician:	PATIENT ID STICKER	
Patient Name:		
Patient Date of Birth:	Patient Weight (<g):< th=""></g):<>
Rabies Immune Globulin (Rablg) *	•	
	ation of therapy. Immune g	dose is 20 IU/kg body weight for all age lobulin is supplied in 150 IU/ml (2 ml) or lating the dosage (see reverse).
Examples for a client weighing 125 k	kg	
 300 IU/ml formulation of Rablg (20 IU/kg x 125 kg ÷ 300 IU/ml 		as follows:
 150 IU/ml formulation of Rablg (20 IU/kg x 125 kg ÷ 150 IU/ml 		as follows:
Please select one: 300 IU/ml c	or 🗌 150 IU/ml	
Day 0:	volume of Rablg ir	n ml administered:
Rabies Vaccine **		
Day 0:	Lot #	Expiry Date:
(date)	Lot #	Expiry Date:
Day 7:(date)	Lot #	Expiry Date:
Day 14:(date)	Lot #	Expiry Date:
For previously unimmunized immu chloroquine or other antimalarials) re		(including those taking corticosteroids, e.
Day 28:(date)	Lot #	Expiry Date:

NOTE

^{*} If anatomically feasible, the full dose of **Rabies Immune Globulin** should be thoroughly infiltrated into the wound and surrounding area. Any remaining volume should be injected intramuscularly using a separate syringe at a site distant from administration of rabies vaccine, unless directed differently from your Public Health Department.

^{**} To get the best antibody response for those ≥ one year, **Rabies Vaccine** should be given intramuscularly into the deltoid muscle. Infants less than one year, the vastus lateralis muscle (anterolateral thigh) is the preferred site. **DO NOT** give subcutaneously, and **NEVER** in the gluteal muscle.

2019 Changes to Formulations of Rable Available in Ontario

As of July 2019, Rablg will be available in one of two formulations:

- 2 mL vials containing 150 IU/ml; or
- 1 mL vials containing 300 IU/ml.

Ensure that the appropriate formula <u>specific to the Rablg formulation being provided to the physician</u> is used to calculate the dose required for the individual to receive Rablg, and use **Table 1** to determine how many vials to dispense:

For 150 IU/ml Rablg in 2 ml vials:

- 20 IU/kg x (client wt in kg) ÷ 150 IU/mL = dose in mL dose in mL ÷ 2 mL/vial = # of vials to order
- 9.09 IU/lb x (client wt in lb) ÷ 150 IU/mL = dose in mL
 dose in mL÷ 2 mL/vial = # of vials to order

For 300 IU/ml Rablg in 1 ml vials:

- 20 IU/kg x (client wt in kg) ÷ 300 IU/mL = dose in mL
 dose in mL ÷ 1 mL/vial = # of vials to order
- 9.09 IU/lb x (client wt in lb) ÷ 300 IU/mL = dose in mL
 dose in mL÷ 1 mL/vial = # of vials to order

Note that while the dose in mL to be administered will be different depending on which formulation of Rablg is being used, the number of vials to be dispensed will still be the same.

Table 1: Number of Vials of Rablg Required per Total Body Weight of Client

Total	Weight	# of Vials	Total Weight		# of Vials
≤33 lbs	≤ 15 Kg	1	>165 – 198 lbs	>75 – 90 Kg	6
>33 – 66 lbs	>15 – 30 Kg	2	>198 – 231 lbs	>90 – 105 Kg	7
>66 – 99 lbs	>30 – 45 Kg	3	>231 – 264 lbs	>105 – 120 Kg	8
>99- 132 lbs	>45 – 60 Kg	4	>264 – 297 lbs	>120 – 135 Kg	9
>132 – 165 lbs	>60 – 75 Kg	5	>297 – 330 lbs	>135 – 150 Kg	10

Note that the amount of Rablg administered may include administration of only a portion of one of the vials ordered. For example, a patient that weighs 52.5 kg and requires 1050 IU of Rablg should only have 3.5 vials administered, rather than 4 full vials, with the remainder of the Rablg in the 4th vial being discarded.