

Rabies/Lyssavirus PEP

Post-Exposure Prophylaxis form

Please complete this form for ALL cases requiring lyssavirus post - exposure prophylaxis.
This includes giving rabies immunoglobulin (HRIG) and/or rabies vaccine and/or tetanus vaccine.

For Guidelines on PEP [Rabies and other lyssaviruses](#) | [The Australian Immunisation Handbook \(health.gov.au\)](#)

Demographic Information

HRN		Notification date		REDCap ID	
First Name			Surname		
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Not stated		
State			Postcode		
Phone			email		
Indigenous status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither				
Notifier Name			Notifier contact		

Exposure Information

Date of exposure		Time of exposure		Place of exposure Country/state	
Wound Type	<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Lick <input type="checkbox"/> Bite & scratch <input type="checkbox"/> Other <input type="checkbox"/> Unknown				
Location of wound <i>multiple sites may be selected</i>	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Torso <input type="checkbox"/> Upper arm <input type="checkbox"/> Lower (arm includes hand) <input type="checkbox"/> Fingers <input type="checkbox"/> Upper leg <input type="checkbox"/> Lower Leg (includes foot and toes)				
Further details of the wound location <i>If applicable</i>					
Depth and severity of wounds observed					
Animal that caused the wound	<input type="checkbox"/> Fruit bat/flying fox <input type="checkbox"/> Other type of bat <input type="checkbox"/> Dog or canine family <input type="checkbox"/> Monkey <input type="checkbox"/> Wildlife-general <input type="checkbox"/> Unknown <input type="checkbox"/> Other				
Did the animal appear unwell or behave in an odd fashion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not answered				
Describe the animal behaviour and circumstances					
Was the animal that caused the wound tested for rabies/ lyssavirus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not answered				
Results of animal testing for rabies/ lyssavirus	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Inconclusive <input type="checkbox"/> Not yet available				

Email your completed form to ImmunisationProgram.TEHS@nt.gov.au

Has the exposed person previously been vaccinated against rabies	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of previous vaccine doses received		Approximate date last rabies vaccine was given	
Is the HRIG recipient considered to be immunocompromised as a result of an unrelated illness, condition or prescribed medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Description of immunocompromising condition					
Treatment details					
Wound assessor	<input type="checkbox"/> GP <input type="checkbox"/> Emergency Dept. <input type="checkbox"/> Public Health Unit <input type="checkbox"/> Health Service				
Guidelines on PEP	Rabies and other lyssaviruses The Australian Immunisation Handbook (health.gov.au)				
Post exposure prophylaxis given in Emergency Dept.	<input type="checkbox"/> HRIG	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date		Weight (kg)
Number of HRIG vials used The Australian Immunisation Handbook recommends: 20 IU per kg of weight Each ml of HRIG has 150 IU Example: A 75 kg person requires 20 IU x 75kg = 1500 IU = 10 ml or (5 x 2ml vials) HRIG is ordered on a pink Blood Product Collection Form		<input type="checkbox"/> 0 < 2mls (1 vial of 2mls) < 15 kg <input type="checkbox"/> 2 < 4mls (2 vials of 2mls) < 30 kg <input type="checkbox"/> 4 < 6mls (3 vials of 2mls) < 45 kg <input type="checkbox"/> 6 < 8mls (4 vials of 2mls) < 60 kg <input type="checkbox"/> 8 < 10mls (5 vials of 2mls) < 75 kg <input type="checkbox"/> 10 < 12mls (6 vials of 2mls) < 90 kg <input type="checkbox"/> 12 < 14mls (7vials of 2mls) < 105 kg <input type="checkbox"/> 14 < 16mls (8 vials of 2mls) < 120 kg <input type="checkbox"/> 16 < 18mls (9 vials of 2mls) < 140kg <input type="checkbox"/> 18 < 20mls (10 vials of 2mls) < 160kg <input type="checkbox"/> 20 < 22mls (11 vials of 2mls) < 180kg <input type="checkbox"/> 22 < 24mls (12 vials of 2mls) < 200kg <input type="checkbox"/> Not described			
Rabies vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date		Vaccine & Batch #	
Has patient received a tetanus vaccine either previously or today?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date		Vaccine & Batch #	
Further Vaccination Management					
Dose Number	Date Required	Date administered	Vaccine & Batch #	Site	Signature
Collection and Privacy Notice The information you provide on this form is collected by NT Health for the purpose of providing a public health response that includes contact tracing and case management under the Notifiable Diseases Act 1981 and Public and Environmental Health Act 2011. The personal information you provide will be managed in accordance with the Information Privacy Principles contained in the Information Act 2002 and will only be stored, used and disclosed in a manner that accords with privacy law. If you have concerns with regard to the privacy of your information please contact NT Health Legal Services at Legal.HEALTH@nt.gov.au or on 08 8999 2402. If you would like to know more about accessing or correcting your information, please contact the Department of Corporate and Digital Development, Freedom of Information unit at FOI@nt.gov.au or on 08 8999 1793.					
Email your completed form to ImmunisationProgram.TEHS@nt.gov.au					