CONFIDENTIAL							lowa	a Departme	nt of Public Health
Rabies	s (human)	Ager Phone numl				F	COR STATE USE Status: Confirm Suspec Reviewer initials: Referred to anothe	t □ Pi	robable ot a case
CASE									
First and middle				Birth: nder:	E Female	e 🗆	Estimat		Age:
Maiden name:	Suffix:		Pregr	nant: Iarital	☐ Yes [□ Single			date:	/ / Separated
Address line:				tatus:			Parent with		
Zip:	City:		F	Race:			an or Alaskan Nati an American		☐ Unknown] White
State:	County:				🗌 Hawaiia	an or P	acific Islander	[Asian
Long-term care	_(Type: □ Yes □ No □ Unknown	Pa	arent/Gua n	ame:	☐ Hispani	ic or La	itino 🗌 Not His	panic or Lat	tino 🔲 Unknown
Facility name:			arent/Gua pł		()-	-		Туре:	
EVENT									
Event outcome: Outbreak related: Outbreak name: Exposure	Survived this illness Died Died unrelated to this illness Yes No Unknown	Unknown	der informatior	F Pro Fac	First name: ovider title: cility name:	AF		D P	□ PA
	: Yes No Unk To whom	:	are pi	Add	ress line 2:				
Location acquired:	☐ In USA, in reporting state ☐ In USA, outside reporting stat ☐ Outside USA ☐ Unknown		Health c		State:			_ County	r:
	State: Coun	try:	_		Phone :	()	Туре	:
LABORATORY F	INDINGS								
Laboratory:		Acces	sion #:				Collection date:	/	/
Date received:	/ /	Specimen s	source:				Result date:	/	/ ve
Result type:	Preliminary D Final	Tes	st type:				Result:	☐ Negat	
Organism:	Rabies virus	Animal sp	pecies:						
Laboratory:		Acces	sion #:				Collection date:	/	1
Date received:	/ /	Specimen s	source:				Result date:		
Result type:	🗌 Preliminary 🔄 Final	Tes	st type:				Result:	☐ Positi ☐ Negat	
	•								
Organism:	Rabies virus	Animal sp	pecies:						
		·	•						
Laboratory:		Acces	ssion #:						1
Laboratory: Date received:		Acces Specimen s	ssion #:				Collection date: Result date: Result:		/ ve

Confidential PATIENT NAME _

OCCUPATIONS														
Interpret 'occupati	ion' very lo	osely an	d conside	er every	persor	n to have at	least one	'occupa	ation'.					
Occupation type:						Job title:								
Worked after symptom onset:	🗌 Yes	🗌 No	🗌 Unkn	own										
Date worked from:	/	/												
Date worked to:														
Removed from									State:					
Date removed:							()-							
Hai	ndle food:	🗌 Yes	🗌 No	🗌 Unk	nown		Work in a	health o	are setting:	🗌 Yes	🗌 No	🗌 Ur	Iknown	
Attend or provide of Atter	child care: nd school:	☐ Yes ☐ Yes	□ No □ No						are duties in are setting:	🗌 Yes	🗌 No	🗌 Ur	ıknown	
Work in a la	ab setting:	🗌 Yes	🗌 No	🗌 Unk	nown		Healt	h care v	vorker type:					
Occupation type:						lob titlo:								
Worked after														
symptom onset:														
Date worked from:														
Date worked to: Removed from	/	/												
duties:	🗌 Yes	🗌 No	Unkn	own		City:			State:		Cou	nty:		
Date removed:						Phone:			Type:					
Hai Attend or provide of	ndle food: child care:	☐ Yes ☐ Yes	🗌 No	🗌 Unk	nown				are setting: are duties in		_	_		
Atter Work in a la	nd school: ab setting:	☐ Yes ☐ Yes		Unk 🗌 Unk					are setting: vorker type:	🗌 Yes	🗌 No	L] Ur	iknown	
HOSPITALIZATIO	NS													
HOSPITALIZATION		Yes 🗌	No □U	nknown										
Was the case hosp	italized? 🗌				Isolat	ted at entry:	□ Yes	□ No	Unk	Isolation t	ype (entr	y):		
Was the case hosp Hospital:	italized?					,	_	_	_	Isolation t				
Was the case hosp Hospital: Admission date:	italized? [/	1			Disc	ted at entry: charge date: olation type:	/	_	_		ype (entr ospitalize			
Was the case hosp Hospital: Admission date: Currently isolated:	italized? [/ / Yes	/	Unk	 Cur	Disc rent isc	charge date: olation type:	/	/		Days h	ospitalize	ed:		
Was the case hosp Hospital: Admission date: Currently isolated: Hospital:	italized? [/ / Yes	/		 Cur	Disc rent isc Isolat	charge date: olation type: ted at entry:	/	/ 	Unk	Days h	ospitalize	y):		
Was the case hosp Hospital: Admission date: Currently isolated:	italized? [/ / Yes	/	Unk	 Cur	Disc rent isc Isolat	charge date: olation type:	/	/ 	Unk	Days h	ospitalize	y):		
Was the case hosp Hospital: Admission date: Currently isolated: Hospital: Admission date: Currently isolated:	italized? [/ / Yes / Yes	/] Unk	 Cur	Disc rrent iso Isolat Disc	charge date: olation type: ted at entry:	/ / /	/ 	Unk	Days h	ospitalize	y):		
Was the case hosp Hospital: Admission date: Currently isolated: Hospital: Admission date:	italized? [/ / Yes / Yes	/] Unk	 Cur	Disc rrent iso Isolat Disc	charge date: olation type: ted at entry: charge date:	/ / /	/ 	Unk	Days h	ospitalize	y):		
Was the case hosp Hospital: Admission date: Currently isolated: Hospital: Admission date: Currently isolated: CLINICAL INFO &	italized? [/ / Yes / Yes	/] Unk	 Cur	Disc rent isc Isolat Disc rent isc	charge date: olation type: ted at entry: charge date:	/	/ No /	Unk	Days h Isolation t Days h	ospitalize ype (entr	ed: y): ed:		
Was the case hosp Hospital: Admission date: Currently isolated: Hospital: Admission date: Currently isolated: CLINICAL INFO &	italized? [/ / Yes / Yes DIAGNOS	/] Unk	 Cur	Disc rent isc Isolat Disc rent isc	charge date: olation type: ted at entry: charge date: olation type:	/	/ No /	Unk	Days h Isolation t Days h	ospitalize ype (entr	ed: y): ed:		
Was the case hosp Hospital: Admission date: Currently isolated: Hospital: Admission date: Currently isolated: CLINICAL INFO &	italized? [/ Yes / Yes DIAGNOS DIAGNOS	/ No [/ No [S Unk (tion]	☐ Unk ☐ Unk Onset date	 e: lo [] Ur	Disc rent iso Isolai Disc <u>rent iso</u> /	charge date: olation type: ted at entry: charge date: olation type: /	/	/ No /	Unk Hours/Da	Days h Isolation t Days h ays High	ospitalize ype (entr ospitalize	ed: y): ed: vn fever		C/F
Was the case hosp Hospital: Admission date: Currently isolated: Hospital: Admission date: Currently isolated: CLINICAL INFO & Fever: _ Yes	italized? / / Yes / Yes DIAGNOS DIAGNOS Agita Aversio airflow on f	///	Unk Unk Onset date		Disc rent isc Isolat Disc rent isc /	charge date: olation type: ted at entry: charge date: olation type: / Encephalitis Excitability	/ Yes Duration Yes Yes	/ No /	Unk Unk Hours/Da	Days h Isolation t Days h aysHigh	ospitalize ype (entr ospitalize nest know /luscle kness	ed: y): ed: vn fever		C/F
Was the case hosp Hospital: Admission date: Currently isolated: Hospital: Admission date: Currently isolated: CLINICAL INFO & Fever: _ Yes	italized? / / Yes / Yes DIAGNOS DIAGNOS airflow on f Aversio airflow on f	///	☐ Unk ☐ Unk Onset date		Disc rent isc Isolat Disc rent isc /	charge date: olation type: ted at entry: charge date: olation type: / Encephalitis	/ Yes Duration Yes Yes Yes Yes	/ No /	Unk Hours/Da	Days h Isolation t Days h ays High ays Se	ospitalize ype (entr ospitalize nest know Auscle ikness ralysis izures	ed: y): ed: vn fever. Q Yes Q Yes Q Yes		C/F
Was the case hosp Hospital: Admission date: Currently isolated: Hospital: Admission date: Currently isolated: CLINICAL INFO & Fever: Yes	italized?	/	Unk Unk Onset date	Cur Cur Cur Cur	Disc rent isc Disc rent isc / nk f nk f nk f nk	charge date: olation type: ted at entry: charge date: olation type: / Encephalitis Excitability Fever	/ Yes Duration Yes Yes	/ No /	Unk Unk Hours/Da	Days h Isolation t Days h ays High wea Pai Se Se ch	ospitalize ype (entr ospitalize nest know /luscle kness ralysis izures ensory anges	ed: y): ed: ovn fever. Yes Yes Yes Yes Yes	□ No □ No □ No □ No	C/F
Was the case hosp Hospital: Admission date: Currently isolated: Hospital: Admission date: Currently isolated: CLINICAL INFO & Fever: Yes	italized?	/	☐ Unk ☐ Unk Onset date Yes □N Yes □N Yes □N	Cur Cur Cur Cur	Disc rent isc Disc rent isc / nk f nk f nk f nk	charge date: olation type: ted at entry: charge date: olation type: / Encephalitis Excitability Fever Headache	/ Yes Duration Yes Yes Yes Yes	/ No /	Unk Unk Unk Unk Unk Unk	Days h Isolation t Days h ays High wea Pai Se Se ch T	ospitalize ype (entr ospitalize nest know Auscle ikness ralysis izures ensory	ed: y): ed: ovn fever. Yes Yes Yes Yes Yes		C/F
Was the case hosp Hospital: Admission date: Currently isolated: Hospital: Admission date: Currently isolated: CLINICAL INFO & Fever: Yes	italized?	//	Unk Unk Onset date Yes N Yes N Yes N Yes N Yes N Yes N	Cur Cur Cur Cur	Disc rent isc Disc rent isc / nk f nk f nk f nk	charge date: olation type: ted at entry: charge date: olation type: / Encephalitis Excitability Fever Headache	/ Yes Yes Yes Yes Yes Yes	/ No / No No No No	Unk Unk Unk Unk Unk Unk Unk	Days h Isolation t Days h ays High wea Pai Se Se ch T	ospitalize ype (entr ospitalize nest know /luscle kness ralysis izures ensory anges rouble lowing	ed: y): ed: Q Yes Q Yes Q Yes Q Yes Q Yes	□ No □ No □ No □ No	C/F
Was the case hosp Hospital: Admission date: Currently isolated: Hospital: Admission date: Currently isolated: CLINICAL INFO & Fever: Yes	italized? / / Yes / Yes DIAGNOS DIAGNOS airflow on f Aversio airflow on f Aversio airflow on f	//	Unk Unk Onset date Yes N Yes N Yes N Yes N Yes N Yes N	Cur Cur Cur Cur Cur Cur Cur Cur Cur Cur	Disc rent isc Disc rent isc / / nk f nk nk nk	charge date: olation type: ted at entry: charge date: olation type: / Encephalitis Excitability Fever Headache Malaise	/ Yes Ves Yes Yes Yes Yes Yes Yes	/ No / 	Unk Unk Unk Unk Unk Unk Unk	Days h Isolation t Days h ays High wea Pai Se Se Ch T swall Site clea at tim	ospitalize	ed: y): ed: Q Yes Q Yes Q Yes Q Yes Q Yes	No No No No No	C/F

TREATMENT				
Pre-exposure vaccination				
Vaccinated for rabies: Yes No Unkno	wn			
Date vaccinated: / /	Date vaccinated:	/ /	Date vaccinated:	/ /
Lot #:	Lot #:		Lot #:	
Vaccine type:	Vaccine type:		Vaccine type:	
Manufacturer:	Manufacturer:		Manufacturer:	
Data vassingtadu / /	Data vasainatadu		Dete vessingted	
Date vaccinated: / /				
Lot #:				
Vaccine type:				
Manufacturer:	Manufacturer:		Manufacturer:	
Post-exposure treatment				
Rabies Immune Globulin: Yes No Ur	IKNOWN			
Date given:				
Dose: Unit:				
Route:				
Vaccinated for this exposure: Yes No				
Date vaccinated: / /				1 1
Lot #:	Lot #:		Lot #:	
Vaccine type:	Vaccine type:		Vaccine type:	
Manufacturer:	Manufacturer:		Manufacturer:	
Date vaccinated: / /	Date vaccinated:	/ /	Date vaccinated:	1 1
Lot #:	Lot #:		 Lot #:	
Vaccine type:	Vaccine type:		-	
Manufacturer:	Manufacturer:			
Therapeutic medication prescribed: Yes		List medications:		
		List medications.		
	-			
	EXPOSURE PERIOD	_		חנ
Enter onset date in dark-line box. Enter dates for start of	*****			<u> </u>
exposure period and start and end of communicable period.	The incubation period rabies is 3 to 8 weeks		Rabies is communicable in people before the onset of symptoms throu duration of illness. Communicability	ugh the
sha or communicable period.	İ		animals varies by animal.	
RISK FACTORS/TRAVEL				
<i>Risks 8 weeks prior to onset of symptoms:</i> Traveled within Iowa? City in		Departure	Return	
			/ date: _ Return	1 1
Yes No Unk State:	City:	date: /	/ date:	
Traveled outside U.S.?		Departure date: /	Return / date:	1 1

Confidential	PATIENT NAME		I.	owa Departmen	t of Public Health
Animal contact:	Yes INO Unknown Yes No Unknown	Goats 🔲 Yes 🗌 No 🗌 Unknown	Animal type: Dom	estic 🛛 Yes	□No □ Unk
Beavers	🗌 Yes 🗌 No 🗌 Unknown 🛛 He	orses 🛛 🗍 Yes 🗍 No 🗍 Unknown		Stray 🗍 Yes	🔲 No 🗍 Unk
Cats Cattle		Pigs Yes No Unknown			□No □ Unk □No □ Unk
Coyote Dogs		heep 🛛 Yes 🗌 No 🗍 Unknown kunk 🔄 Yes 🗌 No 🗍 Unknown			
Animal breed:		Animal description:			
	Bat in house 🔲 Yes 🔲				
Exposure type:	Bat in sleeping area ☐ Yes ☐I Bat or animal bite ☐ Yes ☐I	No ∐ Unk No ∏ Unk U	Scratch ☐ Yes ☐N Inknown ☐ Yes ☐N		
Date exposure occurred:	Anim	al vaccination Unvaccinated status: Vaccinated	Vaccine not curre Unknown	ent	
Animal vaccination date:	/ / Was	bite provoked:	🗌 Unk		
Exposure site infor	mation				
Address:			Animal disposition Lost to follow-up		
City:	State:	Deceased a	sed and sent for testing nd NOT sent for testing	☐ Yes ☐No ☐ Yes ☐No	🔲 Unk
Zip:	County:	III and	III and under quarantine I NOT under quarantine		🗌 Unk
Phone:	Туре:		y and under quarantine r 10 days of quarantine	☐ Yes ☐No ☐ Yes ☐No	
Animal Owner know	vn: 🗌 Yes 🔲 No 📄 Unknown				
Animal control nam	ne/veterinarian:	Animal quarantine site	information Facilit		
Address:		Address:			
City:	State:	City:	State	e:	
Zip:	County:	Zip:	Count	y:	
Phone: ()	Туре:	Phone: ()-	- Туре	e:	
CONTACTS					
Contacts with the s	ame exposures? 🗌 Yes 🗌 No [Unknown			
Contacts with the s Name	ame exposures as the case or expos DOB	sures to the case (while case was Gender	s symptomatic) Address/Phon	le	
		Male			
	L	Female Zip code:	Phone:		
F	Relationship to case	List symptor	ns	Symptom onset date	Is contact a case?
☐ Spouse ☐ Child	Sexual contact Family member (non-household			1 1	□ Yes - □ No
Sibling	Friend/acquaintance				
☐ Roommate ☐ Parent/ guardian	Contact- work/school/etc				-
		case create a new event and/or cas			
Name	DOB	Gender	Address/Phon	le	
		Male Female			
		Zip code:	Phone:		
	Relationship to case	List sympton	ns	Symptom onset date	Is contact a case?
☐ Spouse ☐ Child	Sexual contact Family member (non-household)		/ /	□ Yes - □ No
Sibling	Friend/acquaintance	,			
☐ Roommate ☐ Parent/ guardian	Contact- work/school/etc				-

NOTES: