

Oral Rabies Vaccine Human & Pet Bait/Vaccine Contact Form

Case ID: _____

Administrative	Person taking the call	Agency	Call date:
	Time:		
	Follow-up (if needed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date/Time for Follow-up Call			
Reason Additional Follow Up Needed:			

Caller Information	Name	Phone number (Home or Cell):
		Phone number (Work):
	Street Address (verify via Google maps):	
	City	Zip
	County	Township
How did caller reach us?		
<input type="checkbox"/> Phone number on bait <input type="checkbox"/> Called NYS Dept. of Health directly <input type="checkbox"/> Called county health department directly <input type="checkbox"/> Hospital/physician referral <input type="checkbox"/> Veterinarian referral <input type="checkbox"/> Poison control center referral		<input type="checkbox"/> CDC referral <input type="checkbox"/> NYS DEC referral <input type="checkbox"/> Merial website <input type="checkbox"/> Media <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____

Caller – Additional Information	Reason for Call	<input type="checkbox"/> Complaint	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other: _____
	Was the phone number on the bait still legible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Was the caller aware of the bait program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	If yes, how did the caller find out about the program?			
	<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Television	<input type="checkbox"/> Flyers <input type="checkbox"/> Merial website <input type="checkbox"/> Word-of-mouth	<input type="checkbox"/> Previous year's experience <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	
How was call resolved	<input type="checkbox"/> Provided Information – follow-up needed	<input type="checkbox"/> Referred to USDA		
	<input type="checkbox"/> Provided Information – No follow-up	<input type="checkbox"/> Referred to LHD		
Additional Comments:				

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Human Contact	Date of Incident:		Time of Incident:		
	Did any humans have contact with the pink liquid in the bait (vaccine)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
	Did any humans have contact with pet saliva potentially contaminated with the bait liquid (vaccine)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
	<i>If caller answered "No" to both questions above, provide General Guidance. If caller answered "Yes" or "Unknown" to either question, continue.</i>				
	No. humans with bait contact	Did any humans ingest baits?		If ingested, how many?	
		<input type="checkbox"/> Yes * <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	What type of contact did humans have with baits?		Contact occurred with:		
	<input type="checkbox"/> Bait was damaged; unknown if vaccine leaked to outside of bait; possible contact with skin/mucous membrane <input type="checkbox"/> Vaccine had definite contact with intact skin/broken skin**/mucous membrane** <input type="checkbox"/> Pet saliva potentially contaminated with vaccine came into contact with skin/mucous membrane		<input type="checkbox"/> Intact skin <input type="checkbox"/> Possible but unlikely contact with broken skin/mucous membrane* <input type="checkbox"/> Likely or definite contact with broken skin/mucous membrane **		
	Describe vaccine contact with skin/mucous membrane (including location on body):				
	Did any humans who had contact with baits have:		<input type="checkbox"/> Eczema or other skin condition *** <input type="checkbox"/> Immunocompromised state *** <input type="checkbox"/> or are Pregnant		
	Did person wash hands with soap & water after contact?		<input type="checkbox"/> Yes ** <input type="checkbox"/> No <input type="checkbox"/> Unknown		
	Did any humans who had contact with baits seek medical care?		<input type="checkbox"/> Yes ** <input type="checkbox"/> No <input type="checkbox"/> Unknown		
	Did any humans who had contact with baits experience an adverse event?		<input type="checkbox"/> Yes ** <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Describe adverse event:					
<i>If caller answered "No" to both questions above, provide General Guidance. If caller answered "Yes" or "Unknown" to either question, continue.</i>					
Additional Comments:					

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Pet Contact	Date of Incident: _____		Time of Incident: _____		
	Was the bait find pet-related?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Did any pets have contact with the baits?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	<i>If caller answered "No" to both questions above, skip to Human Contact section. If caller answered "Yes" or "Unknown" to either question, continue.</i>				
	How many of each type of pet had contact with baits?		Did any pets:		
_____ Dog _____ Cat _____ Other: _____		<input type="checkbox"/> Chew/puncture baits <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____			
		If ingested, how many?			
Comments related to pet contact with baits:					

Additional Information to Collect if Contact with Liquid Vaccine

Human – Regarding Higher-level Exposures to Liquid Vaccine	Name: _____		Age: _____
	Phone Numbers		
	Home: _____		
	Work: _____		
	Cell: _____		
	Ever vaccinated against smallpox?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Additional questions for individuals with immune deficiencies or skin disorders		
	Does the individual wear contact lenses?*		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	For hand exposures, individuals may prefer to not use contacts the next 2 weeks or at a minimum if any lesion develops. Lesions may start as tiny bumps.		
	Does the contact live or work with individuals that are immune suppressed or have skin disorders?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		If Yes – Type _____	
If yes, any lesions develop, please keep covered with gauze and away from contact with others or other areas of the body until provided further instructions.			
Additional notes regarding vaccine exposure:			

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Baits – Location & Circumstances Found	How many of each type of bait were found? _____ Coated sachets _____ Fishmeal polymers _____ Unknown	Did the caller know what the baits were? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
	How many baits were found and where were they found? _____ Residence _____ Farm _____ Street _____ School _____ Park/playground _____ Wooded area, residential _____ Wooded area, non-residential (i.e. park) _____ Pet retrieved bait _____ Unknown, other reason _____ Other:	Street Address (Verify address via Google Maps) _____		
		City _____	Zip code _____	
		County _____		
	Was any property damaged by the baits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, what type of property? Describe damage <input type="checkbox"/> House <input type="checkbox"/> Automobile <input type="checkbox"/> Pool <input type="checkbox"/> Other:			
	Were any of the baits punctured, damaged, or ingested?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Distribution Method <input type="checkbox"/> Hand/car <input type="checkbox"/> Plane <input type="checkbox"/> Helicopter <input type="checkbox"/> Boat <input type="checkbox"/> Unknown <input type="checkbox"/> Other:_____			
	Comments regarding baits & program from caller: _____ _____ _____			
Notes regarding caller: _____ _____ _____				

General Guidance

Bait Disposal

- If bait is intact, pick it up with gloves and place in suitable area (into deeper cover or under bushes) where pets and children will not find it.
- If bait is damaged or there is no suitable area to place bait, use a plastic bag or gloves to pick up the bait, place it in a plastic bag and dispose of in trash.

Human Contact:

- Use soap and water to cleanse any skin that may have had contact with the bait and/or liquid vaccine.
- If a reaction to the vaccine occurs within 14 days, the individual should contact the New York State Department of Health (NYSDOH, phone numbers below) and their physician.

Pet Contact:

- If a pet chews on a bait, do not try to take it away from the animal since you may be bitten in the process.
- Check the area for additional baits and remove baits from pet areas.
- Consider restricting pets from exploring new areas for up to 5 days, although many baits will be taken up by wildlife within 24 hours.
- If a pet ingests vaccine, avoid contact with pet's saliva for 24 hours after ingestion. Wear gloves or use a plastic bag to dispose of any damaged baits (see above).
- If a pet ingests a large number of fishmeal baits, it may vomit or develop diarrhea due to the fish oil in the baits. If diarrhea persists for more than 24 hours, contact the NYS DOH (phone numbers below) and your veterinarian.

Guidance: for Human Contact with Liquid Vaccine and, either contact with mucus membrane or broken skin or other known conditions

- * This is a very attenuated virus, in the very rare event a **lesion or other reaction to the vaccine occurs within 14 days**, contact the NYS DOH and your physician. It is important to contact the NYS DOH to report the reaction, as well as to obtain specific information on the vaccine, possible complications, treatment, and so that we may document all possible adverse reactions.
- ** **If eye contact occurred with pink liquid vaccine**, contact lenses should be removed and the eye should be flushed with sterile water or saline. The individual should be advised to follow up with their physician or ophthalmologist.
If a lesion or other reaction to the vaccine occurs within 14 days, contact the NYS DOH and your physician. It is important to contact the NYS DOH to report the reaction, as well as to obtain specific information on the vaccine, possible complications, and treatment.
- *** **Individuals with a history of or presence of eczema or other acute, chronic, or exfoliative skin conditions OR who are immunosuppressed (HIV, cancer, corticosteroids, transplant recipients, taking Remicaid® or similar agents)** are at a higher risk of complications. They should be advised to contact their physician immediately and be closely monitored for the development of any lesions.
For questions or to report a reaction to the vaccine, contact the New York State Department of Health, Bureau of Communicable Disease Control.

Primary Contact: Brian R. Laniewicz, BCDC, NYSDOH – (518) 473-4439
Backup: Dr. Andie Newman or Dr. Bryan Cherry – (518) 473-4439
 After hours: NYSDOH Duty Officer – (866) 881-2809

Comments	Other comments (if more room needed write on back of page):
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