

HUMAN RABIES CASE REPORT

Patient name—last		first	middle initial	Date of birth	Age	Sex
Address—number, street			City	State	County	ZIP code
Telephone number						
Home ()			Work ()			
RACE (check one)					ETHNICITY (check one)	
<input type="checkbox"/> African-American/Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____					<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	
If Asian/Pacific Islander, please check one:						
<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Cambodian		<input type="checkbox"/> Chinese		<input type="checkbox"/> Filipino
<input type="checkbox"/> Japanese		<input type="checkbox"/> Korean		<input type="checkbox"/> Laotian		<input type="checkbox"/> Samoan
				<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Other _____

PRESENT ILLNESS

Onset date (mm/dd/yy)	Diagnosis date (mm/dd/yy)	Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No	Attending physician or consultant physician	Telephone number ()
Admit date (mm/dd/yy)	Discharge date (mm/dd/yy)	Medical record number	Hospital name	Telephone number ()

Brief clinical description

Autopsy findings	Outcome of case <input type="checkbox"/> Recovered <input type="checkbox"/> Died—Date _____
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PROBABLE SOURCE OF INFECTION

Date of exposure	Specify circumstances of exposure, including animal species
Location when exposed	
Disposal of animal	
Describe type of exposure (specify if licks, bite, scratches or other; site and severity of wound)	

TREATMENT

Local treatment of wound (specify)				Date	
Antirabies treatment		Type of products			
<input type="checkbox"/> No <input type="checkbox"/> Yes, complete:					
	Number of Doses	Dates		Manufacturer	Code Number
		First Dose	Last Dose		
Hyperimmune serum					
Vaccine					

LABORATORY TESTS

ANIMAL	Date animal specimen was received at laboratory			Date of microscopic report		Date of animal report	
	Type of Test	Type of Specimen	Results	Name and Address of Laboratory			
	Smears						
	Sections						
	Animal Inoculations						
	Other						
HUMAN	Date animal specimen was received at laboratory			Date of microscopic report		Date of animal report	
	Type of Test	Type of Specimen	Results	Name and Address of Laboratory			
	Smears						
	Sections						
	Animal Inoculations						
	Other						

REMARKS (If additional remarks, use reverse side.)

Investigator name (print)	Date	Telephone number ()
Agency name		

CASE DEFINITION

CDC/MMWR, October 19, 1990/Vol. 39/No. RR-13 “Case Definition for Public Health Surveillance.”

Case definition/clinical description:

Rabies is an acute encephalomyelitis that almost always progresses to death within 10 days of the first symptom.

Laboratory criteria for diagnosis:

- Detection by direct fluorescent antibody of viral antigens in a clinical (preferably the brain or the nerves surrounding hair follicles in the neck), or
- Isolation (in cell culture or in a laboratory animal) of rabies virus from cerebrospinal fluid (CSF), or central nervous system tissue, or
- Identification of a rabies-neutralizing antibody titer ≥ 5 (complete neutralization) in the serum or CSF of an unvaccinated person

Case classification:

Confirmed: A clinically compatible illness that is laboratory confirmed.

Comment:

Laboratory confirmation by all of the above methods is strongly recommended.