**Ohio Oral Rabies Vaccine Contact Report Form – Fall 2008**

Name of Caller (optional may use initials): ___________________________ Phone #: ___________________________

Date of Call: ______________ Date of Bait Contact: ______________ County: __________________________

Street Address or Intersection where Found: ____________________________________________________________

City: ___________________________ State: ______ Zip code: __________________________

**For the following questions on circumstances of find, if multiple baits are involved, answer for worst exposure:**

Total number of baits found: _______________ Type of bait found: □ Fishmeal Polymer Block □ Coated Sachet

Location of find: □ On or hit dwelling □ Around home / in yard □ Roadside □ Park or public area □ Farm □ Unknown □ Other

Condition of Bait: □ Intact □ Damaged bait, sachet intact □ Sachet ruptured □ Unsure if sachet ruptured

**Type of exposure to person(s)**

□ Unknown □ Skin contact with vaccine* □ No skin contact, bait seen □ Other, vaccine contact,* (describe) □ No skin contact, bait picked up □ Skin contact, bait picked up

**Type of exposure to pet(s) or other animals**

Species involved: ___________________________ Number animals involved: ___________________________

□ None involved □ Picked up, sachet ruptured 
□ Unknown □ Other, vaccine contact, (describe) 
□ No contact, bait seen/sniffed □ Picked up, bait intact

If human or other animal has contact with vaccine, did the finder or anyone with regular contact with the animal have any underlying health conditions**: □ YES □ NO If yes, describe

_____________________________________________________________________________________________

Human adverse reaction described: __________________________________________________________________

Animal adverse reaction described: __________________________________________________________________

**Rabies Awareness Questions:**

Did the finder know what the bait was at the time of the find? □ YES □ NO

Did the finder know we were distributing ORV bait at this time? □ YES □ NO

If yes, where did he hear about the ORV baiting? ____________________________________________

How did caller get the ORV telephone number: □ Off the bait □ Veterinarian □ Health Department □ Physician/Hospital □ Media □ Other ____________________________________________

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* If the skin has been breached (i.e., a bite by an animal with vaccine in its mouth, contamination of eczema, scratches, open wounds, skin lesions) or if the vaccine has had contact with mucous membranes, describe under other. Inform the individual to see their physician promptly for appropriate diagnostic tests and have the physician contact the health department and the CDC.

** Individuals with a history or presence of eczema, other acute, chronic, or exfoliative skin conditions OR who are immunosuppressed are at a higher risk of complications and need to be watched particularly closely.
List persons in addition to caller that were exposed to the vaccine:

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<tr>
<th>Name</th>
<th>Address/Phone</th>
<th>Exposure</th>
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**General Recommendations**

**Human Contact:**
- If bait is intact, pick up with paper towel/gloves and place into suitable habitat away from pets and children.
- If bait is damaged or no suitable area to distribute, protecting your hands, place into a plastic bag and dispose in trash.
- Wash with soap and water any skin that may have had contact with baits or vaccine. For eyes or mucous membranes, flush with sterile or potable water.
- If you develop any kind of lesion or reaction in the next 14 days contact your doctor and call us.

**Pet Contact:**
- If you are concerned about your pet eating baits, check the area for more baits and remove any baits from pet areas.
- Most baits disappear within 24 hours; however consider keeping your pet from exploring new areas for up to 5 days.
- If your pet ingested vaccine, avoid getting the pets saliva into your eyes, mucous membranes or on skin lesions for 24 hours.
- If your pet ate a large number of baits, it may develop a short-term diarrhea. This is due to the fish oil in the bait. If the diarrhea lasts for more than 24 hours, please contact your veterinarian and let us know.

Other ________________________________________________________________________________________

Other Comments

Person Taking Call _________________________________Agency: _________________________________

Distribution method: Ground   Air   Unknown   Times baited: _____

Follow up (if needed):

Date: __________________________ Name Interviewer: _________________________________

For questions or any unusual cases please call the Ohio Department of Health Zoonoses Program 888-722-4371
Please fax the completed contact sheet to Scott O’Dee, ODH Zoonoses Program at (614) 644-1057