

# Ohio Oral Rabies Vaccine Contact Report Form – Spring 2007

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 \_\_\_\_\_

\* 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:

Name	Address/Phone	Exposure
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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**