

Rabies, Possible Exposure – 07101

Guidance for Extended Data Screen

Effective Date: May 20, 2009

NOTE: We will no longer be using Outbreak Module #1437 to collect additional data on rabies, possible exposure case reports. The extended data screen matches the new suggested case report form for possible rabies exposures. For all cases reported prior to May 20, 2009, the Outbreak Module will still be required to be completed.

1. BASIC DATA SCREEN

The screenshot displays the 'merlin' logo and the title 'Communicable Disease Reporting'. The navigation menu includes Home, Cases, Outbreak, Analysis, Resources, Task, EpiGateway, Help, and Log Off. The 'Cases' menu is active. On the left, there are two sidebar menus: 'Profile' (with sub-items: Profile Details, Summary, History, Cases) and 'Case Details' (with sub-item: Get Physician). The main content area is divided into two sections: 'Basic Case Information' and 'Case Information'. In the 'Basic Case Information' section, a note states: 'Note: The fields labels in blue indicate the fields required for "Complete" case status.' Below this, the Name is 'RABIES, CASE' and the Date of Birth (DOB) is '07/04/1975'. The 'Case Information' section contains several fields: 'FL Disease Code' is 'RABIES, POSSIBLE EXPOSURE - 07101'; 'Animal Lab ID' and 'Animal Type' are dropdown menus; 'DX Status' is a dropdown menu set to 'CONFIRMED'; 'Investigator' is a dropdown menu; 'CHD Ref#' is a text input field; 'Outcome' is a dropdown menu; 'Imported' is a dropdown menu set to 'ACQUIRED IN FLORIDA'; 'Origin' is a text input field; 'Outbreak' is a dropdown menu; 'Case Classification' is a dropdown menu; and 'Outbreak ID' is a text input field. There are radio buttons for 'By Outbreak ID' (selected) and 'Detail Search'. A 'Link Animal Rabies Lab' button is located to the right of the 'Animal Type' dropdown. At the bottom, there is a note: 'Note: Enter all dates available. Date Reported to CHD AND one other date field is required.' Below this note are four date input fields: 'Date Onset' (05/18/2009), 'Date Diagnosis' (empty), 'Lab Report Date' (empty), and 'Date Reported to CHD' (05/18/2009).

The following fields will be part of the case review for each reported case.

- Animal Type
 - o Please choose the appropriate option, if known.
 - o If animal type is unknown, choose UNKNOWN in drop-down menu.
 - o If animal type is OTHER, indicate exact animal type in Case Notes.
- Link Animal Rabies Lab
 - o If animal was sent for testing, please link human case to animal test results.
- Outcome
 - o Guidance for this field remains the same. If case received any dose of vaccine/HRIG, choose PROPHYLAXED.
 - o If case did NOT receive any vaccine/HRIG, leave the field blank.
- Outbreak
 - o Follow the guidance provided by the Bureau of Epidemiology for determining whether case was outbreak associated or sporadic. (For rabies PEP, when two or more people have exposures associated with the same animal, this is considered an 'outbreak'.)

2. EXTENDED DATA SCREEN

After the record is saved, the menu to the left of the screen gives you the option 'EXTENDED DATA SCREEN'. Click on this to navigate to the screen.

[Help For This Page](#)

Profile

- Profile Details
- Summary
- History
- Cases

Case

- Basic Data**
- Lab Results
- EPI Link

Case Details

- Case Status
- Set DX Status
- Case Notes
- Extended Data**
- Gen. Physician

Basic Case Information

Note: The fields labels in blue indicate the fields required for "Complete" case status.

Name: **RABIES, CASE** DOB: **07/04/1975**
 SSN:

Case Information

[Print Case Form](#) Case #: **350924**
 Case Status: **INCOMPLETE**

FL Disease Code: RABIES, POSSIBLE EXPOSURE - 07101

Animal Lab ID: Animal Type: [Link Animal Rabies Lab](#)

DX Status: CONFIRMED

Investigator: CHD Ref#: Outcome: **Imported:** ACQUIRED IN FLORIDA

This is a screen shot of the Extended Data Screen. Instructions for each section follow. Note: Depending on responses, different parts of the screen open up for data entry.

Home Cases Outbreak Analysis Resources Task EpiGateway Help Log Off

Profile / Case Information

Name: **RABIES, CASE** Date of Birth: **07/04/1975**
 SSN:

FL Disease Code: **07101 - RABIES, POSSIBLE EXPOSURE** Case #: **350924**
 Event Date: **05/18/2009** Case Status: **INCOMPLETE**

Additional Testing Information

1. Was animal sent for testing? Yes No Unknown

Date tested:

Why was the animal sent for testing?

Please specify:

Why animal was not tested for rabies?

Please specify:

PEP Information

2. Was PEP recommended? Yes No Unknown

3. Was PEP initiated? Yes No Unknown

Optional PEP Information

Who was consulted for PEP recommendation?

If neither consulted, who recommended PEP?
 Name:
 Telephone:

Date PEP initiated:

Was patient previously vaccinated? Yes No Unknown

If yes, date of vaccination:

Type of PEP (current)

If continuing vaccinations:
 Begun in county:
 State:

QUESTION GUIDANCE

1. Was animal sent for testing?

YES – If the animal was sent for testing to the Bureau of Laboratories, choose YES. (Go to A.)

NO – If the animal was not sent for testing, choose No. (Go to B.)

A. The following data entry boxes will open if **YES** is chosen:

- a. **Date tested:** please enter the date that the animal was tested.
- b. **Why was the animal sent for testing?** Please choose from the following options:
 - Wild – animal was wild, and observation/quarantine not indicated
 - Injured – animal was injured and observation/quarantine would be inhumane
 - Neurological – animal was exhibiting symptoms of neurological illness
 - Other – other reason, please specify in box below
 - Unknown – reason that animal was tested is unknown

The screenshot shows a form titled "Additional Testing Information" with a sub-section "1. Was animal sent for testing?". At the top right, there are three radio buttons: "Yes" (selected), "No", and "Unknown". Below this, there are four rows of input fields:

- "Date tested:" followed by a text input box.
- "Why was the animal sent for testing?" followed by a dropdown menu. The dropdown is open, showing a list of options: "INJURED", "NEUROLOGICAL", "OTHER", "UNKNOWN", and "WILD".
- "Please specify:" followed by a text input box.
- "Why animal was not tested for rabies?" followed by a dropdown menu.
- "Please specify:" followed by a text input box.

B. The following data entry box will open if **NO** is chosen:

- a. **Why animal was not tested for rabies?** Please choose from the following options:
 - Escaped – animal escaped or was not found for testing
 - Observed 10 days – animal was found and able to be observed
 - Other – other reason, please specify in the box below
 - Unknown – reason that animal was not tested is unknown

The screenshot shows the same "Additional Testing Information" form, but with the "No" radio button selected. The layout is similar to the previous screenshot, but the dropdown menu for "Why animal was not tested for rabies?" is open, showing a list of options: "ESCAPED", "OBSERVED 10 DAYS", "OTHER", and "UNKNOWN".

2. Was PEP recommended?

YES – If PEP was recommended for this case, choose Yes.

NO – If PEP was not recommended for this case, choose No.

UNKNOWN – If it is unknown whether this case was recommended PEP, choose Unknown.

PEP Information

2. Was PEP recommended?

Yes No Unknown

3. Was PEP Initiated?

YES – If case received any dose of vaccine/HRIG, choose Yes. (Go to A, Page 4-6.)

NO – If the person did not receive any dose of PEP, choose No. (Go to B, Page 6.)

UNKNOWN – If it is unknown if the person received any PEP, choose Unknown (Go to Question 4 on Page 6).

A. If **YES** is chosen, the following **OPTIONAL** data entry boxes will open. This is for CHD use only. If the CHD uses the Merlin record as the medical record, the following additional data entry fields can be used for additional case information. Guidance on these optional questions follow on [Pages 5 and 6](#), highlighted with a **red box**.

PEP Information

2. Was PEP recommended?

Yes No Unknown

3. Was PEP initiated?

Yes No Unknown

Optional PEP Information

Who was consulted for PEP recommendation?

If neither consulted, who recommended PEP?

Name:

Telephone:

Date PEP initiated:

Was patient previously vaccinated?

Yes No Unknown

If yes, date of vaccination:

Type of PEP (current)

If continuing vaccinations:

Begun in county:

State:

If other:

Please specify:

PEP supplied by:

PEP administered by:

If PEP not given:

Please specify:

OPTIONAL PEP INFORMATION

1. **Who was consulted for PEP recommendations?** The options in the drop-down box include CHD, State Health Office, or Neither.

- If Neither is chosen, please specify the **Name** and **Telephone** of the recommending person in the boxes below.

Optional PEP Information

Who was consulted for PEP recommendation?

If neither consulted, who recommended PEP?

Name:

Telephone:

COUNTY HEALTH DEPARTMENT
NEITHER
STATE HEALTH OFFICE

2. **Date PEP initiated:** Please provide the date that first PEP dose given.

Date PEP initiated:

3. **Was patient previously vaccinated?**

YES – If person has ever had pre- or post-exposure prophylaxis, choose Yes.

If yes, date of vaccination: If Yes, the provide date of last vaccination in the box below.

NO – If person has never had pre- or post-exposure prophylaxis, choose No.

UNKNOWN – If it is unknown whether person has ever had pre- or post-exposure prophylaxis, choose Unknown.

Was patient previously vaccinated? Yes No Unknown

If yes, date of vaccination:

4. **Type of PEP (current):** Please select the type of PEP recommended from the drop-down.

- **2 vaccines (previously vaccinated)** – person has been previously vaccinated and only requires 2 series follow-up
- **Continuing vaccinations** – vaccines were started elsewhere and case is finishing/continuing series locally. Please provide County and State of place where vaccine series was started in the boxes below.
- **HRIG + 5 vaccines** – full vaccine series (HRIG + 4/5 vaccines) was recommended
- **Other** – other PEP was recommended, please specify in box below

Type of PEP (current)

If continuing vaccinations:
Begun in county:

State:

If other:
Please specify:

2 vaccines (previously vaccinated)
Continuing vaccinations
HRIG + 5 vaccines
Other

5. **PEP supplied by:** Please select where PEP was obtained from the drop-down menu. The options are DOH (State or CHD pharmacy), Private MD, or Unknown.

PEP supplied by:

PEP administered by:

If PEP not given:

Please specify:

DOH (State or CHD pharmacy)
Private MD
Unknown

6. **PEP administered by:** Please select who administered PEP to case from the drop-down menu. The options are CHD, ER, Private MD, or Unknown.

PEP administered by:

If PEP not given:

Please specify:

CHD
ER
Private MD
Unknown

B. If **NO** is chosen, the following **OPTIONAL** data entry box opens. Guidance for completing this optional data field follows on [Page 7](#), highlighted in a **red box**.

PEP Information

2. Was PEP recommended? Yes No Unknown

3. Was PEP initiated? Yes No Unknown

Optional PEP Information

Who was consulted for PEP recommendation?

If neither consulted, who recommended PEP?

Name:

Telephone:

Date PEP initiated:

Was patient previously vaccinated? Yes No Unknown

If yes, date of vaccination:

Type of PEP (current)

If continuing vaccinations:

Begun in county:

State:

If other:

Please specify:

PEP supplied by:

PEP administered by:

If PEP not given:

Please specify:

OPTIONAL PEP INFORMATION

1. If PEP not given, Please specify: Please provide a brief description/summary of the reason that PEP was not given in the box provided (examples: patient refused PEP, patient lost to follow-up, animal was alive at end of observation period, etc.)

If PEP not given:

Please specify:

4. Animal was:

The following options are available in the drop-down menu:

- **Owned** – animal is domestic (dog, cat, livestock) and has a known owner
- **Stray** – animal is domestic and the owner of the animal is not known
- **Wild** – animal is not a domestic animal (examples: raccoon, fox, bat, etc.)
- **Unknown** – animal ownership status and type is unknown

Animal Information

4. Animal was:

5. Patient relationship to animal:

Please specify:

6. Type of exposure:

OWNED
STRAY
UNKNOWN
WILD

5. Patient relationship to animal:

The following options are available in the drop-down menu:

- **Occupational** – person was exposed while on the job (example: vet, vet technician, animal rehab worker, etc.)
- **Owner** – person was the owner/responsible party of the animal
- **Other** – other relationship to animal (example: child of animal owner, neighbor of animal owner, etc.); please specify in box below
- **Unknown** – relationship with animal is unknown; also, use this option for wild or stray animals

Animal Information

4. Animal was:

5. Patient relationship to animal:

Please specify:

6. Type of exposure:

Where was the bite (anatomically)?

OCCUPATIONAL
OTHER
OWNER
UNKNOWN

6. Type of exposure:

The following options are available in the drop-down menu:

- **Bite** – primary exposure was a bite; please specify location of the bite in the following question: Where was the bite (anatomically)?
- **Scratch** – primary exposure was a scratch only (if bite and scratch, choose BITE)
- **Other** – other exposure, please specify in the box below (example: saliva exposure to mucous membrane or open wounds, bat in bedroom while sleeping, etc.)
- **Unknown** – type of exposure is unknown

Animal Information	
4. Animal was:	<input type="text"/>
5. Patient relationship to animal:	<input type="text"/>
Please specify:	<input type="text"/>
6. Type of exposure:	<input type="text"/>
Where was the bite (anatomically)?	<input type="text"/>
Please specify:	<input type="text"/>

6. Type of exposure: dropdown menu options: BITE, OTHER, SCRATCH, UNKNOWN

7. Animal ever vaccinated against rabies?

YES – If the animal is known to have been vaccinated against rabies, choose Yes. (Go to A.)

NO – If the animal is known not to ever have been vaccinated against rabies, choose No.

Choose this option for wild animals.

UNKNOWN – If it is unknown whether the animal has ever been vaccinated against rabies, choose Unknown.

7. Animal ever vaccinated against rabies?

Yes No Unknown

A. If **YES** is chosen, the following data entry boxes will open:

a. **If vaccinated, vaccinated by:** the options in the drop-down box include Vet, Owner, Unknown

b. **Most recent vaccination date:** please fill in the most recent date of known vaccination

c. **Type of vaccination:** please fill in the type of vaccination, examples are provided

7. Animal ever vaccinated against rabies?

Yes No Unknown

If vaccinated:

If vaccinated by:

Most recent vaccination date:

Type of vaccination:

"(e.g., 1st vaccine, 1-year, 3-year, unknown, etc.)"

8. Was attack provoked?

YES – If the case somehow provoked the animal attack, choose Yes.
The following are just some examples of possible provoked attacks:

- Trying to feed wild animal
- Trying to remove wild animal from property
- Trying to assist injured wild animal
- Adopted wild animal as pet
- Sick/injured domestic animal
- Food or toy involved
- Domestic animal protecting property
- Aggressive animal/guard dog
- Rough play with animal
- Inappropriate handling of animal
- Chasing animal (bike or on foot)

NO – If the attack was not provoked in anyway, choose No.

UNKNOWN – If it is unknown whether the attack was provoked, choose Unknown.

8. Was attack provoked?

Yes No Unknown

OPTIONAL INFORMATION (for CHD Use Only)

The following questions are also **OPTIONAL** questions for CHD use, to be used as needed/indicated.

Optional Information (for CHD Use Only)

9. Incident reported to Animal Control (AC)?

 Yes No Unknown

Wound care information

10. Patient washed wound?

Yes No Unknown

How long after exposure?

Physician's wound care

11. Patient saw physician on (date):

12. Washed/flushed wound?

Yes No Unknown

13. Gave tetanus?

Yes No Unknown

14. Gave antibiotics?

Yes No Unknown

15. Sutured wound?

Yes No Unknown

16. Other treatment (please specify):

COMPLETION AND SUBMISSION

After completing the Extended Data Screen information, click SAVE at the bottom of the page. There will be a warning for any missing information that is required to be entered in Merlin. Otherwise, save and submit as usual.

QUESTIONS/CONCERNS/COMMENTS

Cases will be sent back to the County's Task List if the Basic Data Extended Data Screens are not completed according to these instructions. Please contact Kristina Weis at (850) 245-4444 ext. 2016 or email at Kristina_Weis@doh.state.fl.us if you have any questions about the guidance in this document. If you have any questions about Merlin, please contact the Merlin Helpdesk at Merlin_Helpdesk@doh.state.fl.us.

The changes in 'Rabies, Possible Exposure' reporting described here are permanent, and will be a required part of case reporting from here forward.

Thank you for your continued partnership! We look forward to working with you.